

Receipt # _____

Permit #: _____

LINCOLN COUNTY SANITARY PERMIT APPLICATION
POWTS RECONNECTION / POWTS REPAIR

LINCOLN COUNTY ZONING
801 N. Sales Street, Suite 103, Merrill, WI 54452-1632

In accordance with SPS 383, Wis. Adm. Code and Lincoln County Private Sewage System Ordinance

APPLICATION INFORMATION – TYPE OR PRINT

Property Owner Name		Property Legal Description GL ¼, ¼, Sec. , T N, R E			
Property Owner's Mailing Address			Lot Number	Block Number	
City, State	Zip Code	Phone Number ()		Subdivision Name or CSM Number	

TYPE OF BUILDING: (Check one) <input type="checkbox"/> 1 or 2 Family Dwelling – No. of bedrooms _____ <input type="checkbox"/> Public / Commercial - Describe Use _____		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	Site address (if different from above): _____
Septic evaluation was done: <input type="checkbox"/> Yes <input type="checkbox"/> No Soil Boring verification was done: <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel Tax Number(s) _____	

TYPE OF PERMIT: <input type="checkbox"/> POWTS Reconnection <input type="checkbox"/> POWTS Repair			
Type of system _____ Original sanitary permit # _____ Date issued _____			

RESPONSIBILITY STATEMENT: <input type="checkbox"/> I, the under signed, assume responsibility for the POWTS activity for which this permit is issued.			
Plumber's Name: (Print)	Plumber's Signature	MP/MPSRW No:	Business Phone Number:
Plumber's Address (Street, City State, Zip Code): _____			

OFFICE USE ONLY:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn	Permit Fee: (Effective 5/1/16) \$125.00	Date Issued	Issuing Agent Signature

COMMENTS:

CONDITIONS OF APPROVAL / REASONS FOR DENIAL:

Reconnect / Repair Permit form (rev 5/1/16)

PLEASE ATTACH A SIGNED 8½" x 11" DETAILED PLOT PLAN DRAWING
ATTACH EVALUATION, SOIL BORING INFO AND/OR SIGNED MAINTENANCE FORM IF REQUIRED