

Receipt # _____

LINCOLN COUNTY
SANITARY PERMIT RENEWAL APPLICATION

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

Permit Renewals must be received within 2 years of the original issue date.

APPLICATION CONTACT INFORMATION – TYPE OR PRINT

Property Owner Name	
Property Owner's Mailing Address	Phone Number ()
City, State	Zip Code

SITE INFORMATION – TYPE OR PRINT

Parcel Identification Number (PIN)	Property Legal Description GL _____ OR _____ ¼, _____ ¼,	
Site Address	Section _____, Township _____ North, Range _____ E	
Subdivision Name or CSM Number	Lot Number	Block Number

PERMIT INFORMATION:

Original sanitary permit # _____ Date issued _____
Name of responsible plumber on original sanitary permit: _____

RESPONSIBILITY STATEMENT:

I, the under signed, attest that the plans and/or plumber have not changed since the original application.

Owner Name (print)	Owner's Signature	Date
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OFFICE USE ONLY:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn	Permit Renewal Fee: \$50.00	Date Renewed	Issuing Agent Signature
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COMMENTS:

CONDITIONS OF RENEWAL / REASONS FOR DENIAL: