



Industry Services Division
 4822 Madison Yards Way
 Madison, WI 53705
 P.O. Box 7162
 Madison, WI 53707-7162

County _____
 Sanitary Permit Number (to be filled in by Co.) _____

Sanitary Permit Application

In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

State Transaction Number _____
 Project Address (if different than mailing address) _____

I. Application Information – Please Print All Information

Property Owner's Name			Parcel #		
Property Owner's Mailing Address			Property Location		
City, State		Zip Code	Phone Number		
			Govt. Lot _____ _____ ¼, _____ ¼, Section _____		

II. Type of Building (check all that apply)		Lot #	T _____ N _____ R _____ E or W
<input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____		Block #	Subdivision Name
<input type="checkbox"/> Public/Commercial – Describe Use _____		CSM Number	<input type="checkbox"/> City of _____
<input type="checkbox"/> State Owned – Describe Use _____			<input type="checkbox"/> Village of _____
			<input type="checkbox"/> Town of _____

III. Type of POWTS Permit: (Check either "New" or "Replacement" and other applicable on line A. Check one box on line B. Complete line C if applicable.)

A.	<input type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Other Modification to Existing System (explain) _____	<input type="checkbox"/> Additional Pretreatment Unit (explain) _____
B.	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> In-Ground (conventional)	<input type="checkbox"/> At-Grade	<input type="checkbox"/> Mound
C.	<input type="checkbox"/> Renewal Before Expiration	<input type="checkbox"/> Revision	<input type="checkbox"/> Change of Plumber	<input type="checkbox"/> Transfer to New Owner
				List Previous Permit Number and Date Issued _____

IV. Dispersal/Treatment Area and Tank Information:

Design Flow (gpd)	Design Soil Application Rate(gpd/sf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation						
Tank Information	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosing Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print)	Plumber's Signature	MP/MPRS Number	Business Phone Number
Plumber's Address (Street, City, State, Zip Code)			

VI. County/Department Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee \$	Date Issued	Issuing Agent Signature
<input type="checkbox"/> Owner Given Reason for Denial				

Conditions of Approval/Reasons for Disapproval

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size