Safety and Buildings Division
201 W. Washington Ave., P.O. Box 7162
Madison, WI 53707–7162

County

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

Sanitary Permit Application

State Transaction Number

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 Servies. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

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

Govt. Lot _____

_____ ¼, _____ ¼, Section _____
(circle one)

T _____ N; R _____ E or W

City, State	Zip Code	Phone Number

II. Type of Building (check all that apply)

☐ 1 or 2 Family Dwelling – Number of Bedrooms _____

☐ Public/Commercial – Describe Use _____

☐ State Owned – Describe Use _____

Lot #

Block #

CSM Number

Subdivision Name

☐ City of _____

☐ Village of _____

☐ Town of _____

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A.	☐ New System	☐ Replacement System	☐ Treatment/Holding Tank Replacement Only		☐ Other Modification to Existing System (explain)
B.	☐ Permit Renewal Before Expiration	☐ Permit Revision	☐ Change of Plumber	☐ Permit Transfer to New Owner	List Previous Permit Number and Date Issued

IV. Type of POWTS System/Component/Device: (Check all that apply)

☐ Non-Pressurized In-Ground ☐ Pressurized In-Ground ☐ At-Grade ☐ Mound ≥ 24 in. of suitable soil ☐ Mound < 24 in. of suitable soil

☐ Holding Tank ☐ Other Dispersal Component (explain)_____ ☐ Pretreatment Device (explain)_____

V. Dispersal/Treatment Area Information:

Design Flow (gpd)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation

VI. Tank Info

	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank										
Dosing Chamber										

VII. 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)

VIII. County/Department Use Only

☐ Approved	☐ Disapproved ☐ Owner Given Reason for Denial	Permit Fee $	Date Issued	Issuing Agent Signature

IX. 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