



Industry Services Division
 4822 Madison Yards Way
 Madison, WI 53705
 P.O. Box 7302
 Madison, WI 5302

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 _____
 Govt. Lot _____

City, State _____ Zip Code _____ Phone Number _____
 _____ 1/4, _____ 1/4, Section _____

II. Type of Building (check all that apply)
 1 or 2 Family Dwelling – Number of Bedrooms _____ Lot # _____ T _____ N _____ R _____ E or W
 Public/Commercial – Describe Use _____ Block # _____ Subdivision Name _____
 State Owned – Describe Use _____ CSM Number _____

City of _____
 Village of _____
 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. New System Replacement System Other Modification to Existing System (explain) _____ Additional Pretreatment Unit (explain) _____

B. Holding Tank In-Ground (conventional) At-Grade Mound Individual Site Design Other Type (explain) _____

C. Renewal Before Expiration Revision Change of Plumber 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										
Dosing Chamber										

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

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

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