

# FOREST COUNTY ZONING

200 East Madison - Courthouse  
Crandon, WI 54520  
(715) 478-3893 Fax (715) 478-3974

Fee: \_\_\_\_\_

## SANITARY PERMIT APPLICATION

## PERMIT #

### I. Application Information - Please Print All Information

### Parcel #

Property Owner Name

1/4 1/4, S T N, R E

Property Owner's Mailing Address

Lot Number \_\_\_\_\_ Block Number \_\_\_\_\_

Nearest Road \_\_\_\_\_

City, State

Zip Code

Phone Number

Subdivision Name or CSM Number

( )

### II. Type of Permit (Check All That Apply)

Reconnect (Attach system evaluation per county policy)

Previous Sanitary Permit # \_\_\_\_\_

Vault Privy (Complete Tank Section V. below & attach copy of Privy Installation & Soil Test)

Pit Privy (Attach copy of Soil Test & Privy Installation Agreement)

Nonwater Using Toilet (Complete Section VI Below)

Renewal

Change of Owners (Complete Section III & Sign VII Below)

Change of Plumbers (Complete Section IV & Sign VII Below)

### III. Change of Owners

Previous Owner Name (Please Print)

ADDRESS

PHONE NUMBER

### IV. Change of Plumbers

I, the undersigned, assume responsibility for installation of the private sewage system that has been previously approved for this property.

Plumber Signature

Previous Plumber Name (if changed)

Plumber Address

Previous Plumber Address

MP/MPRS Number

Phone Number

MP/MPRS Number

Phone Number

Permit Renewal Date

Permit Transfer Date

Original Permit # & Issuance Date

State Plan ID #

### V. Tank Information

Capacity In Gallons

Manufacturer

Prefab Concrete

Site Con-structed

Steel

Fiber-Glass

Plastic

### VI. NON-WATER USING TOILET TYPE

Chemical Organic Incinerator Other

MANUFACTURER

Model #

**VII. Responsibility Statement:** The undersigned hereby makes application for the above permit for the work described and located as shown herein. The undersigned agrees that all such work shall be done in accordance with all requirements of the sanitary ordinance and all other applicable ordinances of Forest County and applicable laws and regulations of the State of Wisconsin. The undersigned hereby grants the County permission to enter upon and inspect the property as needed. Permit is valid for 2 years unless otherwise indicated.

Signature of Owner/Agent or Plumber \_\_\_\_\_ Date \_\_\_\_\_

**VIII. Office Use Only:** Permit Issued \_\_\_\_\_ Permit Denied \_\_\_\_\_

Permit Issued by \_\_\_\_\_

Conditions of Approval/Reasons for Disapproval: