

# FOREST COUNTY ZONING

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

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

## SANITARY PERMIT APPLICATION

PERMIT # \_\_\_\_\_

### 1. 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

Camper Transfer Unit

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

MANUFACTURER \_\_\_\_\_

Model # \_\_\_\_\_

Chemical  Organic  Incinerator  Other

### 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: \_\_\_\_\_