

FOREST COUNTY RV PERMIT APPLICATION
PLEASE PRINT ALL INFORMATION

PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION

Property Owner: _____

Mailing Address: _____

City, State, and Zip: _____

Contact Information: Phone: _____ E: Mail: _____

PROPERTY DESCRIPTION AND ADDRESS

Zoning District: _____ Township: _____

Tax Parcel Number (12 digits) _____

Section _____ Township _____ N Range _____ E Total Acres: _____

Property Address: _____

Size of RV _____ L x _____ W

Sanitary Permit Number: _____

Applicant Certification:

The undersigned hereby applies for the above-described permit and certifies that the information provided is complete, and accurate. The applicant understands that the issuance of this permit creates no legal liability, expressed or implied, on Forest County and that failure to comply with the permit may result in suspension and or revocation of this permit or other penalty. If the information I have provided on this application is found to be erroneous, I may be both cited and fined for any offense to the applicable ordinance. The undersigned hereby assumes all responsibility for this project and hereby grants Forest county Zoning staff permission to enter and inspect the property as needed. The undersigned also agrees to pay \$100.00 yearly fee.

Signature _____ Date _____

For Office Use Only

Approved/Denied _____ Date _____

Conditions _____

Lot Layout Diagram

Please attach survey map or accurate drawing of the property if available. If not available, provide a lot layout including the location of all existing structures, and proposed new structures/additions.

1.



Drawing Scale (1 Square= _____ ft.)

List all applicable dimensions below and on scaled drawing:

Primary Structure:

_____ ft. to Side lot line

_____ ft. to Side lot line

_____ ft. to Rear lot line

_____ ft. to Centerline

_____ ft. to Ordinary High Water Mark

Accessory Structure:

_____ ft. to side lot line

_____ ft. to Side lot Line

_____ ft. to Rear Lot Line

_____ ft. to Centerline

_____ ft. to OHWM

Other:

_____ ft. from Septic to Structure

_____ ft. from Drain Field to Structure

Submit complete land use permit application with application fee to:

Forest County Zoning Dept.
200 East Madison Street,
Crandon, WI 54520

HOLDING TANK SERVICING CONTRACT

This contract is made between the holding tank owner(s) and the pumper

Holding Tank Owner(s) Name(s)

Pumper's Name

We acknowledge the installation of a holding tank on the following property:

Parcel ID # _____

Legal Description: _____

1. Owner agrees to file a copy of this contract with Forest County
2. Owner agrees to have the holding tank(s) serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for purpose of servicing the holding tank(s). The owner agrees to maintain the access road so the pumper can service the holding tank(s) as mutually agreed upon by the owner and pumper.
3. Pumper agrees to submit reports for the servicing of the holding tank(s) to Forest County, as required by SPS 383.55, WI. Admin. Code. Pumper further agrees to include the following in these reports:
 - a. Name, address and registration number of the person servicing the holding tank
 - b. Name of the owner of the holding tank
 - c. Location of the property on which the holding tank is installed
 - d. Dates on which the holding tank was serviced
 - e. Dates on which the holding tank was serviced.
 - f. Volumes in gallons fo the contents pumped from the holding tank for each servicing.
4. This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with the Forest County Zoning Office within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s)- Print

Owner(s) Signature(s)

Subscribed and sworn to before me on this date: _____

Notary Public State of Wisconsin

My Commission Expires: _____

Pumper's Name-Print

Pumper's Registration #

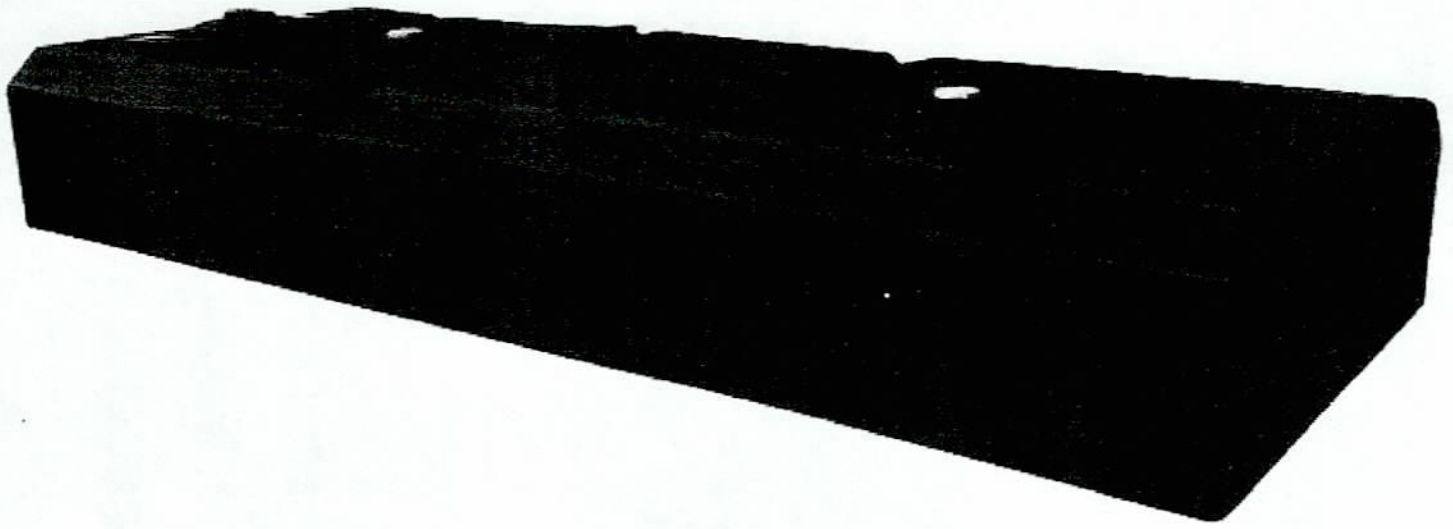
Pumper's Signature

Subscribed and sworn before me on this date: _____

Notary Public State of Wisconsin

My Commission expires _____

500 Gallon Above Ground Septic Holding Tank



1

Add To Quote

Save For Later

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Specifications

Specifications

Part #	AGN500
Product Type	Above Ground Holding Tank
Technical Drawing	Protank AGN500 Drawing
Specific Gravity	1.9
Weight (lbs)	200
Ship Freight Class	300
UV Inhibitors	Yes
Color	Black
Material	Polyethylene
Translucent	No
Gallon Indicators	No
Manufacturer Warranty	3 Year Warranty
Dimensions	130" Length x 52" Width x 22" Height
Capacity (Gallons)	500
Liquid Access	1 Manway / Lid - 2 Ports
Manway / Lid 1	8" Threaded Vented Lid
Max Temp Allowed	130° F / 54° C

Nationwide Authority in Liquid Handling. Call (866) 776-8265 or sales@protank.com.