

Forest County Zoning and Recycling

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RV PERMIT APPLICATION CHECKLIST

- ☐ Sanitary Permit Application (\$150.00) if using a camping transfer unit.
- ☐ Servicing Contract
- ☐ RV Permit Application

INSTRUCTIONS

A sanitary permit is required prior to the issuance of the RV permit. You will need either a septic system or a Camping Transfer Unit. If you choose to go with the Camping Transfer Unit, you can fill out the sanitary application. We require a minimum size of 250 gallons for the transfer unit. We will also require the manufacturers name of the tank. The servicing contract needs to be signed and sent in along with your sanitary application.

Privies are not allowed if the RV has plumbing.

If you choose to go with a septic system, a licensed septic installer will take care of any permitting required.

Please read Section 5.07 of the General Zoning ordinance or Section 24.1 of the Shoreland Zoning Ordinance for requirements of an RV permit.

☐ NEW

☐ RENEWAL

FOREST COUNTY PERMIT APPLICATION
PLEASE PRINT ALL INFORMATION

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: _____

Please provide a site map on a separate sheet of paper.

- ☐ Full year permit (\$500)
☐ Limited Permit (Memorial Day to Labor Day, \$250.)

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.

Signature _____ Date _____

For Office Use Only

Approved/Denied _____ Date _____

Conditions _____

PLOT PLAN DRAWING. A detailed drawing of the plot plan must be given. Include on the drawing ALL the information requested below. If parcel has a CSM (Certified Survey Map) please attach a copy. **All proposed structures, lot lines and grading/cleared areas MUST be staked and flagged prior to onsite visit.**

- 1) Shape of the parcel, include all lot line dimensions. Indicate north with arrow.
- 2) Show the location and names of all surrounding roads.
- 3) Show the location and names of all water bodies (lakes, rivers, creeks, ponds, etc.).
- 4) Indicate any wetlands or floodplain on property.
- 5) Show the location of the construction on the parcel including the following measurements:
 - a) distance from the centerline of all roads;
 - b) distance from the right-of-way of all roads;
 - c) distance to all lot lines;
 - d) distance to ordinary high water mark.
- 6) Show ALL existing buildings on parcel.
- 7) Show septic tank or holding tank and indicate distance to construction.
- 8) Show septic system drainfield and indicate distance from construction.
- 9) Show well and distance to construction.

Also, fill in the measurements in the spaces below:

_____ feet to centerline of road	_____ feet to right-of-way	_____ feet to both side lot lines
_____ feet to septic tank	_____ feet to drainfield	
_____ feet to wetland area	_____ feet to ordinary high water mark	

A large grid of graph paper, approximately 30 units wide by 40 units high, intended for the plot plan drawing.

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

☐ 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: _____

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 of 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 _____