

 commerce.wi.gov Wisconsin Department of Commerce		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707-7162		County <div style="text-align: center; border: 1px solid black; padding: 2px;">22-GRANT</div>						
<div style="border: 1px solid black; padding: 5px;"> <h2 style="margin: 0;">Sanitary Permit Application</h2> <p style="font-size: small; margin: 5px 0;">In accordance with s. Comm. 83.21(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 Commerce. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.</p> </div>				Sanitary Permit Number (to be filled in by Co.)						
				State Plan I.D. Number:r						
I. Application Information – Please Print All Information				Project Address (if different than mailing address)						
Property Owner's Name										
Property Owner's Mailing Address				Parcel # Property Location ____ 1/4, ____ 1/4, Sec ____ T ____ N R ____ W						
City, State	Zip Code	Phone Number								
II. Type of Building (check all that apply) <input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____ <input type="checkbox"/> Public/Commercial – Describe Use _____ <input type="checkbox"/> State Owned – Describe Use _____			Lot #	Lot# _____ Blk# _____ Subdivision Name _____						
			Block #							
			CSM Number		<input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> Town of _____					
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)										
A.	<input type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Treatment/Holding Tank Replacement Only	<input type="checkbox"/> Other Modification to Existing System (explain)						
B.	<input type="checkbox"/> Permit Renewal Before Expiration	<input type="checkbox"/> Permit Revision	<input type="checkbox"/> Change of Plumber	<input type="checkbox"/> Permit Transfer to New Owner	List Previous Permit Number and Date Issued					
IV. Type of POWTS System/Component/Device: (Check all that apply)										
<input type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) _____ <input type="checkbox"/> Pretreatment Device (explain) _____										
EFF FILTER MFG			LEACHING CHAMER MFG							
V. Dispersal/Treatment Area Information:										
Design Flow (gpd)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)		Dispersal Area Proposed (sf)	System Elevation					
VI. Tank Info	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										
VII. 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)										
VIII. County/Department Use Only										
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee \$300.00	Date Issued	Issuing Agent Signature						
		<input type="checkbox"/> Owner Given Reason for Denial								
IX. Conditions of Approval/Reasons for Disapproval						Grant County Zoning & Sanitation 111 S. Jefferson St Lancaster WI 53813 (608) 723-4394 Fax: (608) 723-6792 sanitation@co.grant.wi.gov				

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