

Oconto County 301 Washington St Oconto, WI 54153	<b>OCONTO COUNTY SANITARY  PERMIT APPLICATION</b>	County Permit # _____						
Attach complete plans for the system and/or required POWTS Evaluation, on paper not less than 8-1/2 x 11 inches in size.								
<b>Application Information - Please Print all Information</b>		<b>Location:</b>						
Property Owner Name		Property Location Section ____, T ____, N, R ____, E ____ ¼ ____ ¼						
Property Owner's Mailing Address		Lot Number                      Block Number						
City, State	Zip Code	Phone Number (       )						
		Subdivision Name or CSM Number						
<b>Type of Building: (check one)</b> <input type="checkbox"/> 1 or 2 Family Dwelling – No. of Bedrooms: _____ <input type="checkbox"/> Public/Commercial (describe use): _____ <input type="checkbox"/> State-owned		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Fire # and Road Name: _____						
<b>Type of Permit: (Check only one box on line A. Check box on line B if applicable)</b>								
<b>A)</b>	<input type="checkbox"/> Reconnection to a structure <input type="checkbox"/> Non-plumbing sanitary system not requiring state plan approval	Parcel Tax Number(s)						
<b>B)</b>	<input type="checkbox"/> A Sanitary Permit was previously issued	Permit Number                      Date Issued						
<b>Type of POWTS: (Check all that apply)</b> Non-Plumbing Sanitary System: <input type="checkbox"/> Pit Privy <input type="checkbox"/> Incinerating Toilet <input type="checkbox"/> Other: ____ <input type="checkbox"/> POWTS TYPE SERVICING BUILDING: <input type="checkbox"/> Vault Privy <input type="checkbox"/> Composting Toilet     (MD, HT, AG, CT, IG, ETC) _								
<b>Dispersion/Treatment Area Information:</b>								
1. Design Flow (gpd)	2. Dispersion Area Required	3. Dispersion Area Actual	4. Soil Application Rate (Gal/day/sq. ft.)	5. Percolation Rate (Min./inch)	6. System Elevation	7. Final Grade Elevation		
<b>Tank /Vault/Toilet Information (List Type)</b>	Capacity in Gallons	# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiberglass	Plastic
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Filter apparatus</b> Manufacturer: _____ Type: _____								
<b>Responsibility Statement: I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.</b>								
Owner's Name (Print)		Owner's Signature (required for Non-Plumbing systems)						
Plumbers Name(Print)		Plumbers Signature(no stamps)			MP-MPRS #		Business Phone #	
Plumber's Address (Street, City, State, Zip Code)								
<b>Department Use Only</b>								
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<b>County Sanitary Permit Fees:</b> <b>Reconnection Fee</b> \$ 175 <b>Non-plumbing System Fee</b> \$ 175		Date Issued		Issuing Agent Signature (No stamps)		
<b>Conditions of Approval /Reasons for Disapproval:</b>   								

FORM TO BE USED ONLY FOR RECONNECT, PRIVY, RESTORATION, OR INCINERATING AND COMPOSTING TOILET PERMITS. NOT TO BE USED FOR PERMITTING OF NEW, REPLACEMENT OR MODIFICATION OF A POWTS.