

RICHLAND COUNTY		Sanitary Permit Application			Sanitary Permit Number SP _____ - _____					
					<input type="checkbox"/> Check if Revision					
Return to: Richland County Zoning Richland County Courthouse 181 W Seminary St., Room 309 Richland Center, WI 53581					Site Address (if different than mailing address)					
I. Application Information – Please Print All Information										
Property Owner's Name					Parcel #	Lot #	Block #			
Property Owner's Mailing Address					Property Location					
City, State		Zip Code	Phone Number		_____ ¼, _____ ¼, Section _____					
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 _____					(circle one) T _____ N; R _____ E or W		Subdivision Name			CSM Number
					<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____					
III. Type of Permit:										
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					
B.	<input type="checkbox"/> Check if Sanitary Permit Previously Issued							List Previous Permit Number and Date Issued		
IV. Type of Permit:										
<input type="checkbox"/> Re-connect - Attach current soils information <input type="checkbox"/> Non-plumbing sanitation system <input type="checkbox"/> Other (explain) <input type="checkbox"/> Privy <input type="checkbox"/> Vault or <input type="checkbox"/> Pit (attach current soils information)										
V. Existing Dispersal/Treatment Area Information:										
Design Flow (gpd)	Design Soil Application Rate(gpdsf)		Dispersal Area Installed		System Elevation					
VI. Tank Info	Capacity in Gallons	Total Gallons	Number of Units	Manufacturer		Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	Existing Tanks									
Septic or Holding Tank										
Aerobic Treatment Unit										
Dosing Chamber										
Vault Privy										
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the system 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		Sanitary Permit Fee		Date Issued	Issuing Agent Signature (No Stamps)				
	<input type="checkbox"/> Owner Given Reason for Denial									
IX. Conditions of Approval/Reasons for Disapproval										

Attach complete plans (to the County only) for the system on paper not less than 8 1/2 x 11 inches in size