

Oconto County 301 Washington St Oconto, WI 54153	OCONTO COUNTY SANITARY PERMIT APPLICATION	County Permit # _____
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Attach complete plans for the system and/or required POWTS Evaluation, on paper not less than 8-1/2 x 11 inches in size.

Application Information - Please Print all Information			Location:		
Property Owner Name			Property Location		
Property Owner's Mailing Address			Section __, T_ N, R_ E __ 1/4 _1/4		
City, State			Lot Number _____ Block Number _____		
Zip Code			Subdivision Name or CSM Number		
Phone Number (_____) _____			<input type="checkbox"/> City <input type="checkbox"/> Village		
Type of Building: (check one) <input type="checkbox"/> 1 or 2 Family Dwelling – No. of Bedrooms: ___1___ <input type="checkbox"/> Public/Commercial (describe use): _____ <input type="checkbox"/> State-owned			<input type="checkbox"/> Town of _____		
Type of Permit: (Check only one box on line A. Check box on line B if applicable)			Fire # and Road Name:		
A) <input type="checkbox"/> Reconnection to a structure		<input type="checkbox"/> Non-plumbing sanitary system not requiring state plan approval		Parcel Tax Number(s)	
B) <input type="checkbox"/> A Sanitary Permit was previously issued		Permit Number		Date Issued	

Type of POWTS: (Check all that apply)					
Non-Plumbing Sanitary System:					
<input type="checkbox"/> Pit Privy		<input type="checkbox"/> Incinerating Toilet		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Vault Privy		<input type="checkbox"/> Composting Toilet		<input type="checkbox"/> POWTS type: _____	

Dispersal/Treatment Area Information:									
1. Design Flow (gpd)	2. Dispersal Area Required	3. Dispersal Area Actual	4. Soil Application Rate (Gal/day/sq. ft.)	5. Percolation Rate (Min./inch)	6. System Elevation	7. Final Grade Elevation			
Tank /Vault/Toilet Information (List Type)		Capacity in Gallons	# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiberglass	Plastic
					<input type="checkbox"/>				
					<input type="checkbox"/>				

Filter apparatus	
Manufacturer:	Type:

Responsibility Statement: I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.			
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)			

Department Use Only			
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	County Sanitary Permit Fees: Reconnection Fee \$ 170 Non-plumbing System Fee \$ 130	Date Issued _____ Issuing Agent Signature (No stamps) _____

Conditions of Approval /Reasons for Disapproval:

NOTE: FORM TO BE USED ONLY FOR RECONNECT, PRIVY, RESTORATION, OR INCINERATING AND COMPOSTING TOILET PERMITS