

Oconto County 301 Washington St Oconto, WI 54153	<h2 style="margin:0;">OCONTO COUNTY SANITARY PERMIT APPLICATION</h2>	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.		
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	Zip Code	Lot Number _____ Block Number _____
Phone Number (_____) _____		Subdivision Name or CSM Number
Type of Building: (check one) <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 _____
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"/> POWTS TYPE SERVICING BUILDING: <input type="checkbox"/> Vault Privy <input type="checkbox"/> Composting Toilet <div style="text-align: right; font-size: small;">(MD, HT, AG, CT, IG, ETC) _____</div>		
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"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<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 \$ 150
		Date Issued _____ Issuing Agent Signature (No stamps) _____
Conditions of Approval /Reasons for Disapproval:		

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.