

VILAS COUNTY SANITARY PERMIT APPLICATION

VILAS County Zoning & Planning
330 Court Street
Eagle River, WI 54521
(715) 479-3620

County Permit Number
#

Attach complete plans for the system on paper not less than 8-1/2 x 11 inches in size.

I. Application Information – Print all Information

Property Owner(s) Name		Computer Number:	Location: Property Location	
Property Owner's Mailing Address			1/4 1/4, S .T N, R E	
City, State	Zip	Phone Number ()	Lot Number	Block Number
Subdivision Name or CSM Number				

II Type of Building: (check one)

<input type="checkbox"/> 1 or 2 Family Dwelling – # of Bedrooms: _____	<input type="checkbox"/> New	<input type="checkbox"/> City
<input type="checkbox"/> Public/Commercial (describe use): _____	<input type="checkbox"/> Replacement	<input type="checkbox"/> Village
<input type="checkbox"/> State-owned		<input type="checkbox"/> Town of

III Type of Permit: (Check only one box on line A. Check box on line B if applicable)

Nearest Road			
A) 1. <input type="checkbox"/> Reconnection to existing structure	2. <input type="checkbox"/> Non-plumbing sanitary system	3. <input type="checkbox"/> Physical or chemical restoration	4. <input type="checkbox"/> Other Explanation: _____
B) <input type="checkbox"/> A Sanitary Permit was previously issued		Permit Number	Date Issued

IV. Type of Non-Plumbing Sanitary System: (Check all that apply)

<input type="checkbox"/> Privy	<input type="checkbox"/> Composting toilet	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Pit	<input type="checkbox"/> Incinerating toilet	
<input type="checkbox"/> Vault		

V. Dispersal/Treatment Area Information:

1. Design Flow (gpd)	2. Dispersal Area Required	3. Dispersal Area Proposed	4. Soil Application Rate (Gals./day/sq. ft.)	5. Percolation Rate (Min./inch)	6. System Elevation	7. Final Grade Elevation
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VI. Tank Information	Capacity in Gallons		# of Tanks	Tank Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic
	New Tanks	Existing Tanks							
					<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"/>

VII. Responsibility Statement: I, the undersigned, assume responsibility for installation of the POWTS/NPSS shown on the attached plans. (Owner Must Sign)

Agent's Name (print)	Agent's Signature	Agent's Phone Number	Owner's Signature
Plumber's Name (print)	Plumber's Signature (no stamps):	MP/MPRS No.	Business Phone Number
Plumber's /Agent's Address (Street, City, State, Zip Code)			

VIII. County/Department Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No stamps)
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IX. Conditions of Approval /Reasons for Disapproval:

Contents of non-plumbing sanitary system shall be disposed of in accordance with Wis. NR 113 and NR 114