

# SHEBOYGAN COUNTY SANITARY PERMIT APPLICATION

-Attach complete plans for the system, on paper not less than 8½ x 11 inches in size.  
-Plans should be drawn to scale, or all dimensions and setbacks indicated.

COUNTY SANITARY PERMIT #
<input type="checkbox"/> Check If revision to previous application
STATE PLAN I.D. NUMBER

**I. APPLICANT INFORMATION – PLEASE PRINT ALL INFORMATION.**

PROPERTY OWNER			PROPERTY LOCATION ¼    ¼, S    T    N, R    E (or) W		
PROPERTY OWNER'S MAILING ADDRESS			LOT #		BLOCK #
CITY, STATE	ZIP CODE	PHONE NUMBER (    )	SUBDIVISION NAME OR CSM NUMBER		
<b>II. TYPE OF BUILDING:</b> (Check one) <input type="checkbox"/> State Owned <input type="checkbox"/> Public <input type="checkbox"/> 1 or 2 Fam. Dwelling – # of bedrooms ____			<input type="checkbox"/> CITY : _____ <input type="checkbox"/> VILLAGE : _____ <input type="checkbox"/> TOWN OF : _____		NEAREST ROAD
<b>III. BUILDING USE:</b> (If building type is public, check <u>all</u> that apply)			PARCEL TAX NUMBER(S)		
1 <input type="checkbox"/> Apt/Condo	2 <input type="checkbox"/> Assembly Hall	3 <input type="checkbox"/> Campground	4 <input type="checkbox"/> Church/School	5 <input type="checkbox"/> Hotel/Motel	6 <input type="checkbox"/> Medical Facility/Nursing Home
7 <input type="checkbox"/> Merchandise: Sales/Repairs	8 <input type="checkbox"/> Mobile Home Park	9 <input type="checkbox"/> Office/Factory	10 <input type="checkbox"/> Outdoor Recreational Facility	11 <input type="checkbox"/> Restaurant/Bar/Dining	12 <input type="checkbox"/> Service Station/Car Wash
13 <input type="checkbox"/> Other: Specify _____					

**IV. TYPE OF PERMIT:** (Check only one in line A. Check line B if applicable)

A) 1.  Reconnection of Existing System    2.  Repair of an Existing System    3.  Non-Plumbing System, \_\_\_New \_\_\_Replacement

B)  A Sanitary Permit was previously issued. Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_

**V. TYPE OF SYSTEM:** (Specify Type) \_\_\_\_\_

**VI. DISPERSAL COMPONENT INFORMATION:**

1. GALLONS PER DAY	2. ABSORP. AREA REQUIRED (sq. ft.)	3. ABSORP. AREA EXISTING (sq. ft.)	4. LOADING RATE (Gals/day/sq. ft.)	5. PERC. RATE (Min./inch)	6. SYSTEM ELEV. Feet
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VII. TANK INFORMATION	EXISTING TANK CAPACITY (in Gallons)	# of Tanks	Total Gallons	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
Septic Tank or Holding Tank					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/Siphon Chamber					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VIII. RESPONSIBILITY STATEMENT** (Does not apply for installation of Non-Plumbing Systems.)

I, the undersigned, assume responsibility for repair or reconnection of the onsite sewage system shown on the attached plans.

Plumber's Name (Print):	Plumber's Signature: (No Stamps)	MP/MPSRW No.:	Business Phone Number: (    )
Plumber's Address (Street, City, State, Zip Code):			

**IX. COUNTY 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 Initial Adverse Determination				

**X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:**