

Oconto County
301 Washington St
Oconto, WI 54153

**OCONTO COUNTY SANITARY
PERMIT APPLICATION**

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

Property Owner Name			Location: Property Location Section ____ , T ____ N, R ____ E ____ 1/4 ____ 1/4	
Property Owner's Mailing Address			Lot Number Block Number	
City, State	Zip Code	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 _____ Fire # and Road Name:	
Type of Permit: (Check only one box on line A. Check box on line B if applicable)			Parcel Tax Number(s)	
A)	<input type="checkbox"/> Reconnection to a structure <input type="checkbox"/> Non-plumbing sanitary system not requiring state plan approval			
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: (MD, HT, AG, CT, IG, ETC) _____		
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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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Filter apparatus Manufacturer: _____ Type: _____								
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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)								
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Department Use Only									
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	County Sanitary Permit Fees: Reconnection Fee \$ 175 Non-plumbing System Fee \$ 175	Date Issued		Issuing Agent Signature (No stamps)				

Conditions of Approval /Reasons for Disapproval:								
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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.