

# TREMPEALEAU COUNTY SANITARY PERMIT APPLICATION

*Return completed form with any applicable fees to:  
Department of Land Management  
18600 Hobson Street, Whitehall, WI 54773*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                                             |                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>I. PROPERTY OWNER NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | Property Location<br>_____ 1/4 _____ 1/4 Section _____ T _____ R _____ W                                    |                                                                                                                   |
| Property Owners Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | Subdivision Name                                                                                            | <div style="display: flex; justify-content: space-between;"> <div>Lot Number</div> <div>Block Number</div> </div> |
| City, State, Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | Phone No.                                                                                                   | Project Address: (If different)                                                                                   |
| <b>II. TYPE OF BUILDING (check one)</b><br><input type="checkbox"/> Public <input type="checkbox"/> 1 or 2 Family Dwelling<br>_____ No. of Bedrooms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | <input type="checkbox"/> City<br><input type="checkbox"/> Village<br><input type="checkbox"/> Town of _____ |                                                                                                                   |
| <b>III. BUILDING USE:</b><br>If Public Describe Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | Parcel Identification Number                                                                                |                                                                                                                   |
| <b>IV. TYPE OF PERMIT: (Check only one line A. Check on line B, if applicable)</b><br><br>A. <input type="checkbox"/> Reconnection <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Privy<br><br>B. <input type="checkbox"/> A sanitary permit was previously issued.      Plan number _____ Date issued _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                             |                                                                                                                   |
| <b>V. Existing System: (Check only one)</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Non-Pressurized Distribution<br/> <input type="checkbox"/> Seepage bed<br/> <input type="checkbox"/> Seepage trench<br/> <input type="checkbox"/> System in fill         </div> <div>           Pressurized Distribution<br/> <input type="checkbox"/> At-Grade<br/> <input type="checkbox"/> In-ground pressure<br/> <input type="checkbox"/> Mound         </div> <div>           ATU or Experimental<br/> <input type="checkbox"/> Specify type _____         </div> <div>           Other<br/> <input type="checkbox"/> Holding Tank<br/> <input type="checkbox"/> Pit Privy<br/> <input type="checkbox"/> Vault Privy<br/> <input type="checkbox"/> Portable restroom<br/> <input type="checkbox"/> Other         </div> </div> |                       |                                                                                                             |                                                                                                                   |
| <b>VI. RESPONSIBILITY STATEMENT</b><br><b>I, the undersigned, assume responsibility for the installation shown on the attached plans.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                             |                                                                                                                   |
| Name: (Print and Sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | MP/MPRSW No.                                                                                                | Business Phone No.                                                                                                |
| Address (Street, City, State, Zip Code )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                                             |                                                                                                                   |
| <b>VII. COUNTY USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                             |                                                                                                                   |
| Permit Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Cash or Check # _____ | <input type="checkbox"/> Approved<br><br><input type="checkbox"/> Denied                                    | Date Issued                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Receipt No. _____     |                                                                                                             | Approval Authority Signature                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                                             | County Sanitary Permit Number                                                                                     |
| <b>VIII. CONDITIONS OF APPROVAL/REASONS FOR DENIAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                                             |                                                                                                                   |