SAVE AS PRINT

For: Repair
Reconnection
Transfer
Renewal
Composting Unit

# Door County
# Sanitary Permit Application

In accord with SPS 383.21, Wis. Adm. Code
Personal information you provide may be used for secondary purposes
[Privacy Law, s. 15.04(1)(m)]

**Return with fee to:**

Door County Sanitarian Department
Door County Gov't. Center
421 Nebraska Street
Sturgeon Bay WI 54235

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

County Sanitary Permit Number

☐ Check if revision to previous application

## I. Application Information- Please Print all Information

Property Owner Name

First: Last:

Property Owner's Mailing Address

City State Zip Code

Phone Number

**Location:**

Property Location

1/4 1/4, S T N, R E

Lot Number Block Number

Subdivision Name or CSM Number

## II. Type of Building: (check one)

☐ 1 or 2 Family Dwelling. Number of Bedrooms _____

☐ Public/Commercial (describe use): _____

☐ Town of
☐ Village
☐ City _____

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

A: ☐ Repair ☐ Reconnection ☐ Transfer ☐ Renewal ☐ Alternative System

B: ☐ Sanitary Permit was previously issued

Permit Number _____ Date Issued MM/DD/YYYY _____

Parcel Address

Parcel Tax Number(s)

## IV. Type of POWT System: (check all that apply)

☐ New ☐ Replacement ☐ Treatment/Holding Tank Replacement

☐ Only Non-Pressurized In-Ground ☐ Mound ☐ Sand Filter ☐ Constructed Wetland ☐ Other
☐ Pressurized In-Ground ☐ Holding Tank ☐ Single Pass ☐ Drip Line
☐ At-grade ☐ Aerobic Treatment Unit ☐ Recirculating ☐ Composting Unit

Comments:

## V. Responsibility Statement

I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

| Plumber's Name (print) | Plumber's Signature (no stamps) | MP/MPRS No. | Business Phone Number |
|---|---|---|---|
| | | | |

Plumber's Address (Street, City, State, Zip Code)

## VIII. County/Department Use Only

| ☐ Approved | | | Fee | Date Issued | Issuing Agent Signature (No stamps) |
|---|---|---|---|---|---|
| | | | | | |

## IX. Conditions of Approval