

# Non-Plumbing Sanitary Permit Application

Permit Fee: \$250.00



## Zoning, Planning & POWTS Department

307 Main Street, Suite B03, Black River Falls WI 54615

Ph: 715.284.0220 · Fax: 715.284.0238

[www.co.jackson.wi.us](http://www.co.jackson.wi.us)

In accordance with Chapter 15, Private Sewage System Ordinance. Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04(1)(m)]

### Application Information

Property Owner Name:	Applicant Name:
Mailing Address:	Mailing Address:
City, State, Zip Code	City, State, Zip Code
Phone Number: (     )	Phone Number: (     )
E-mail Address:	E-mail Address:

### Legal Description

Property Address:

Tax Parcel ID Number: \_\_\_\_\_ Total Lot Size (Acres): \_\_\_\_\_

City                     
  Village                     
  Town

¼      ¼, S      T      N, R      E / W      CSM #                      Lot #

Subdivision Name: \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

#### Type of Building: (Check One)

- 1 or 2 Family Dwelling – No. of Bedrooms: \_\_\_\_\_
- Public/Commercial (describe use): \_\_\_\_\_
- Travel Trailer/Camping Unit
- State-owned:

#### Type of Permit: (Check One)

- Vault Privy
- Pit Privy
- Compost Toilet
- Portable Toilet (Port-a-Potty)
- Other \_\_\_\_\_

### Tank Information

Capacity (Gallons)	Manufacturer	Prefab Concrete	Steel	Fiberglass	Plastic	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

### Responsibility Statement:

I, the undersigned, assume responsibility for installation of the Private Sewage System shown on the attached plans.

Owner's Name: (print)	Owner's Signature: (no stamps)	Date:
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**Complete the Plot Plan shown on the reverse side of this application**

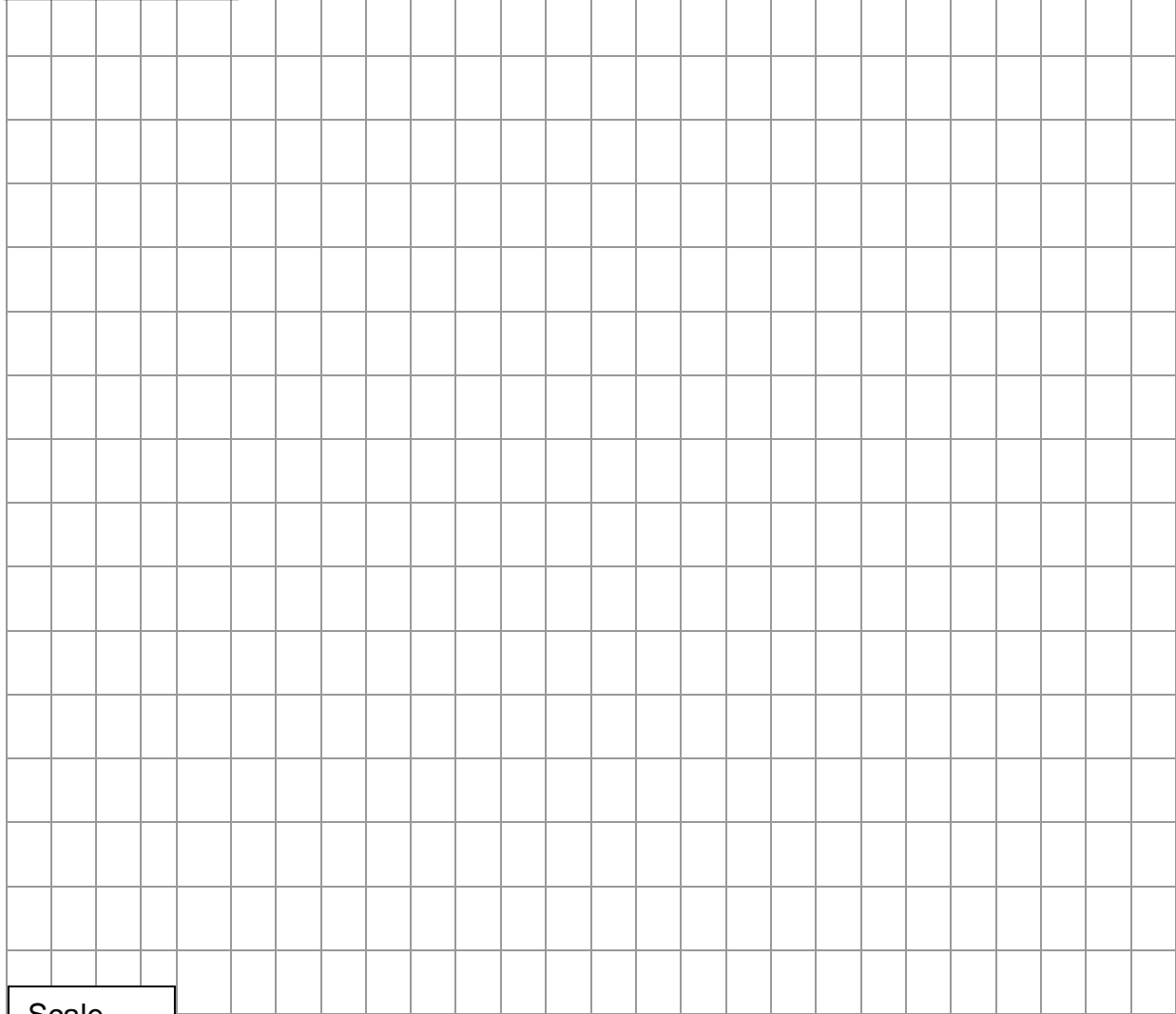
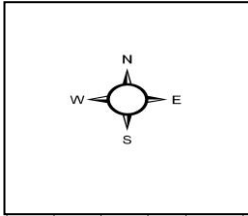
### For Zoning, Planning and POWTS Department Use:

Sanitary Permit Fee:	Sanitary Permit Number:	Issuing Agent:	Date Issued:
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### Other Permit Requirements:

Notes:

## Property Site Plot Plan



Scale  
1:

### Items that MUST be shown on the plot plan:

- \* Driveway location and distance from proposed sanitary.
- \* Distances from lot lines to the proposed sanitary.
- \* Distance from centerline of road to proposed sanitary.
- \* Distance from existing or proposed structure to proposed sanitary.
- \* Distance from any river, creek, stream, pond or lake to proposed sanitary.
- \* Dimensions of the proposed sanitary.
- \* Distance from well to the proposed sanitary.

**Note: Proposed Sanitary location MUST be flagged or staked prior to onsite inspection with the Jackson County Zoning Department.**