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

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
		☐	☐	☐	☐	☐ _____

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:

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:

Other Permit Requirements:

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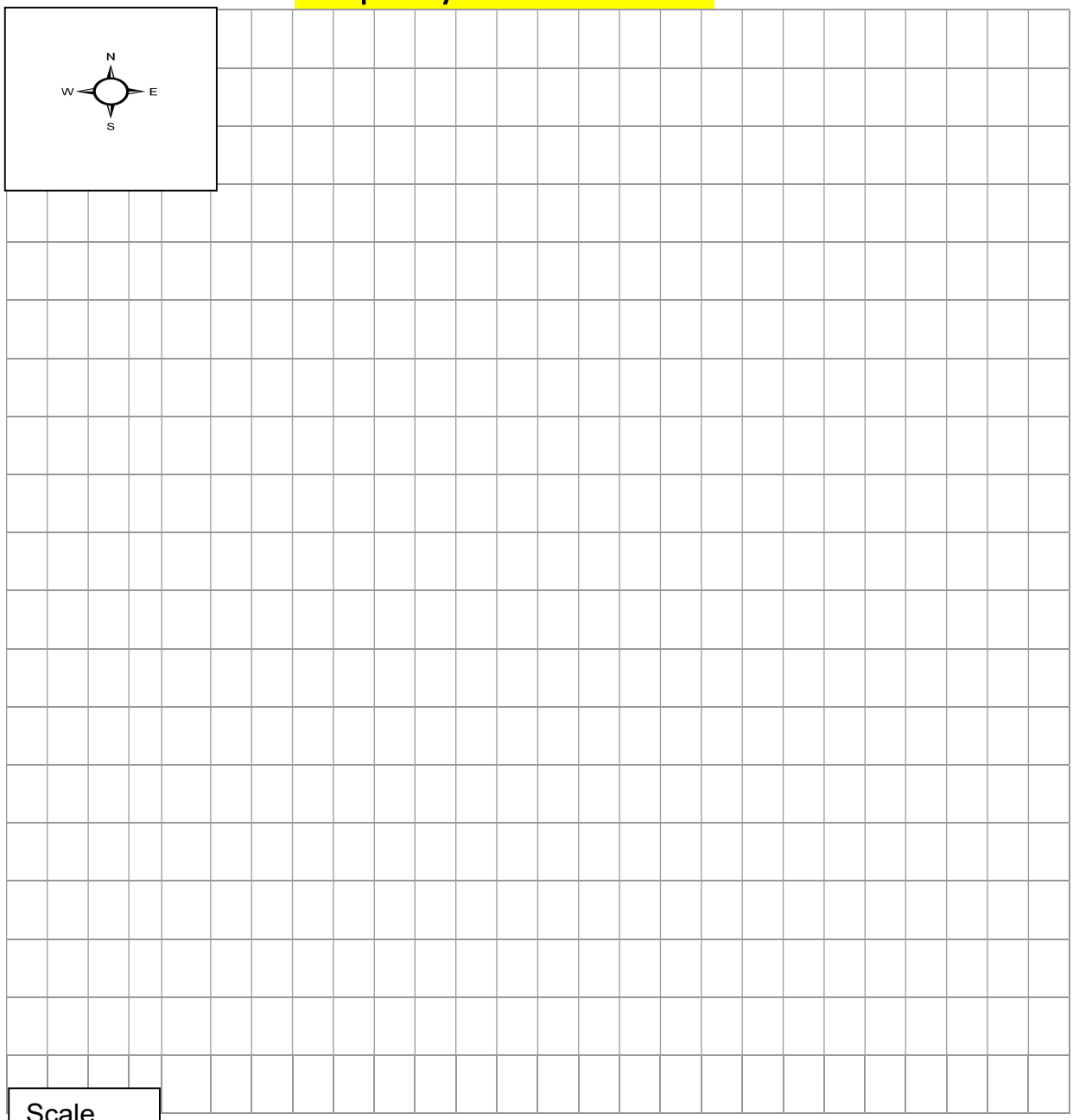
Notes:

Property Site Plot Plan



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.