



COUNTY OF DUNN

Dunn County Government Center
Zoning Office
3001 US Hwy 12 E, Suite 240
Menomonie, WI 54751
715.231.6520

County Sanitary Permit Application

In accord with the Dunn County Zoning Ordinance, Chapter 6, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)

Sanitary Permit Number *(assigned by County)*

I. Application Information – Please Print All Information

Property Owner's Name

Parcel Number

Property Owner's Mailing Address

Property Location

¼ ¼; S T N, R W

City

State

Zip

Lot Number

CSM Number

Phone #

Other (work / cell) #

Block Number

Subdivision Name

II. Type of Building (Check all that apply.)

1 or 2 Family Dwelling – Number of Bedrooms _____

Public/Commercial – *(Describe Use)* _____

City _____

Village _____

Township _____

Nearest Road _____

III. Type of Permit: (Complete line A and check a box in line B.)

A. Check if no prior Permit Issued. Check if Sanitary Permit Previously Issued Permit Number: _____ Date Issued/Inspected: _____

B. Type of POWT System: (check only one box)
 Reconnection/Connection Repair Filter basin/canister Other

IV. Tank Info

Capacity in Gallons

Total Gallons

Number of Tanks

Manufacturer(s)

Septic or Holding Tank

Dosing Tank

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 _____ MP/MPRS Number _____ Business Phone Number _____

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

VI. County/Department Use Only

Approved Disapproved Sanitary Permit Fee \$130.00 Date Issued _____ Issuing Agent Signature (No Stamps) _____

VII. Conditions of Approval/Reasons for Disapproval

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