

BARRON COUNTY SANITARY PERMIT APPLICATION

Barron County Zoning Office
 335 E. Monroe Ave. Rm. 2104
 Barron, WI 54812
 715-537-6375, Mon. – Fri. 8:00 am – 4:30 pm

Submit completed application to the
 Barron County Zoning Office to obtain permit
 Please Print – Use Ink
Please allow 2-5 days to process application

PERMIT #: _____

APPLICATION INFORMATION – PRINT OR TYPE

Property Owner's Name:			Tax Parcel I.D. Number: _____ - _____ - _____ - _____		
Property Owner's Mailing Address:			Property Legal Description _____ ¼, _____ ¼, Section _____ T _____ N, R _____ W		
City, State	Zip Code	Phone Number	Lot #	Block #	Subdivision or CSM Number

<p>TYPE OF BUILDING: (Check One)</p> <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> 1 or 2 Family Dwelling – No. of Bedrooms _____ <input type="checkbox"/> Public/Commercial _____	<input type="checkbox"/> City _____ <input type="checkbox"/> Village _____ <input type="checkbox"/> Town of _____	<p>Property Address:</p>
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<p>TYPE OF PERMIT:</p> <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> POWTS Reconnect <input type="checkbox"/> Renewal/Transfer/Revision <input type="checkbox"/> Chemical Restoration <input type="checkbox"/> Mechanical Restoration Previous Permit Number : _____ Date Issued: _____	<p>TYPE OF DEVICE/UNIT</p> <input type="checkbox"/> Toilet – Composting <input type="checkbox"/> Toilet – Incinerating <input type="checkbox"/> Privy – Vault (Size: _____ gal.) Manufacturer: _____ <input type="checkbox"/> Privy – Pit (Requires Soil Boring Report from a CST) <input type="checkbox"/> Camping Unit Transfer Container, Manufacturer: _____
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RESPONSIBILITY STATEMENT: (Check one or both as appropriate)			
<input type="checkbox"/> I, the undersigned, assume responsibility for the POWTS activity for which this permit is issued. <input type="checkbox"/> I, the undersigned, assumed responsibility for the installation of the non-plumbing sanitary system for which this permit is issued.			
Plumber's/Owner's Name: (Print):	Plumber's/Owner's Signature:	MP/MPRS No.:	Phone Number:
Plumber's Address (Street, City, State, Zip):			

OFFICE USE ONLY:				
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee:	Date Issued:	Issuing Agent Signature:
<input type="checkbox"/> Owner Given Reason for Denial				

COMMENTS:
CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: