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 Dept
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

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 – No. of Bedrooms:_____
- ❑ Public/Commercial (describe use):_____

☐ City
☐ Village
☐ Town of

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_____

Address

Parcel Tax Number(s)

B) ☐ A Sanitary Permit was previously issued | Permit Number | Date Issued

IV. Type of POWT System: (Check all that apply) ☐ New ☐ Replacement ☐ Treatment/Holding Tank Replacement Only

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

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