

FEE: _____

LANGLADE COUNTY
LAND RECORDS AND REGULATIONS DEPARTMENT

Resource Center 837 Clermont St. Antigo, WI 54409
Phone: (715) 627-6206 Fax: (715) 627-6281

SANITARY PERMIT APPLICATION

PERMIT #

I. Application Information-Please Print all Information

Owner	Telephone		
Mailing Address	City	State	Zip
Name of Contractor/Builder/Agent	Address		Telephone
Gov't. Lot _____, _____ 1/4 _____ 1/4, Section _____ T _____ N, R _____ E Town of _____			
Subdivision or CSM _____	Lot # _____	Block _____	Parcel # _____
Zoning District: _____	Lot Area: _____	Sq. ft. or Acres	
Nearest Road: _____			

II. Type of Permit -Check All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Reconnect (Attach System Evaluation Form)
Previous Sanitary Permit # _____ | <input type="checkbox"/> Pit Privy (Attach copy of Soil Test
& Privy Installation Agreement) |
| <input type="checkbox"/> Renewal (County Permit Only) | |
| <input type="checkbox"/> Vault Privy (Complete Tank Section III below &
attach copy of Privy Installation Agreement) | <input type="checkbox"/> Non-Water Using Toilet (Complete
Section IV Below & Attach Copy of
Agreement) |

III. Tank Information

Capacity (in Gallons): _____
Manufacturer: _____
Tank Material (check one):

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Prefab Concrete | <input type="checkbox"/> Site Constructed | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Plastic | |

IV. Non-Water Using Toilet

Manufacturer: _____
Toilet Type (check one):
 Chemical Organic Incinerator Other
If "Other" please describe: _____

V. Responsibility Statement

The undersigned hereby makes application for the above permit for the work described and located as shown herein. The undersigned agrees that all such work shall be done in accordance with all requirements of the sanitary ordinance and all other applicable ordinances of Langlade County and applicable laws and regulations of the State of Wisconsin. The undersigned hereby grants the County permission to enter upon and inspect the property as needed. Permit is valid for 2 years unless otherwise indicated.

Signature of Owner/Agent or Plumber _____ MP/MPRS # _____ Date _____

VI. Office Use Only

Permit Issued Permit Denied Date: _____ Permit Issued by: _____

Conditions of Approval/Reasons for Disapproval: _____