



CRAWFORD COUNTY SANITATION & ZONING

225 N Beaumont Rd Rm 233, Prairie du Chien, WI 53821

zoning@ crawfordcountywi.org 608-326-0294 crawfordcountywi.org/zoning

CRAWFORD County Sanitary Permit Application					Permit # (County use only) C2018							
In accordance with Chapter 15 of the Crawford County Code of Ordinances, submission of this form to the governmental unit is required prior to obtaining a sanitary permit. Applications processed upon receipt of ALL required plans and fees.					Project Address							
					Parcel # _____ - _____ - _____							
I. Application Information – PRINT in Black or Blue INK					Property Location _____ 1/4, _____ 1/4; Gov't Lot _____							
Property Owner's Name					Section _____; T _____ N; R _____ W							
Property Owner's Mailing Address					Subdivision Name							
City, State, ZIP Code			Phone #		<input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> Town of _____							
II. Type of Building					Lot #							
<input type="checkbox"/> 1 or 2 Family Dwelling – # of Bedrooms _____ <input type="checkbox"/> Public/Commercial – Describe Use _____ <input type="checkbox"/> State Owned – Describe Use _____					Block #							
					CSM #							
III. Type of Permit (Line A: check only (1) box; Line B: complete if applicable)												
A.	<input type="checkbox"/> Reconnect	<input type="checkbox"/> Non-Plumbing Sanitation System			<input type="checkbox"/> Other (explain)							
B.	<input type="checkbox"/> Renewal	<input type="checkbox"/> Revision	<input type="checkbox"/> Plumber Change		<input type="checkbox"/> Transfer - New Owner		Previous Permit # and Date Issued					
IV. Type of POWTS/Component/Device (Existing) or Non-Plumbing Sanitation System												
<input type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound <input type="checkbox"/> Holding Tank <input type="checkbox"/> Pretreatment Device (explain) _____ <input type="checkbox"/> Privy - Pit <input type="checkbox"/> Privy - Vault <input type="checkbox"/> Incinerating/Composting Toilet (Manufacturer/Model _____) <input type="checkbox"/> Other (explain) _____												
V. POWTS Dispersal/Treatment Area Information (Existing)												
Design Flow (gpd)		Design Soil Application Rate (gpd/sf)		Dispersal Area Required (sf)		Dispersal Area Proposed (sf)		System Elevation (ft)				
VI. Tank Info	Capacity (Gallons)		Total Gallons	# of Units	Manufacturer			Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New	Existing										
Septic or Holding												
Dosing (Chamber)												
VII. Responsibility Statement (Master Plumber must sign for work involving POWTS) I, the undersigned, assume responsibility for the work permitted by this application and as shown on the attached plans and certify all work will be in compliance with all local, County, State, & Federal regulations.												
Name			Signature			MP/MPRS #		Phone #				
Address (Street, City, State, Zip Code)												
COUNTY USE ONLY												
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved		Fee \$	Date Issued	Issuing Agent Signature							
	<input type="checkbox"/> Owner Given Reason for Denial											
Conditions of Approval / Reasons for Disapproval												