CRAWFORD County Sanitary Permit Application

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.

### I. Application Information – PRINT in Black or Blue INK

<table>
<thead>
<tr>
<th>Property Owner’s Name</th>
<th>Parcel #</th>
<th>Property Owner’s Mailing Address</th>
<th>Property Location</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

City, State, ZIP Code  
Phone #  

### II. Type of Building

- **[ ]** 1 or 2 Family Dwelling – # of Bedrooms
- **[ ]** Public/Commercial – Describe Use
- **[ ]** State Owned – Describe Use

Lot #  
Block #  

Subdivision Name  

- **[ ]** City of  
- **[ ]** Village of  
- **[ ]** Town of  

### III. Type of Permit (Line A: check only (1) box; Line B: complete if applicable)

- **A.**  
  - **[ ]** Reconnect  
  - **[ ]** Non-Plumbing Sanitation System  
  - **[ ]** Other (explain)

- **B.**  
  - **[ ]** Renewal  
  - **[ ]** Revision  
  - **[ ]** Plumber Change  
  - **[ ]** Transfer - New Owner  
  - Previous Permit # and Date Issued

### IV. Type of POWTS/Component/Device (Existing) or Non-Plumbing Sanitation System

- **[ ]** Non-Pressurized In-Ground  
- **[ ]** Pressurized In-Ground  
- **[ ]** At-Grade  
- **[ ]** Mound  
- **[ ]** Holding Tank  
- **[ ]** Pretreatment Device (explain)

- **[ ]** Privy - Pit  
- **[ ]** Privy - Vault  
- **[ ]** Incinerating/Composting Toilet ( Manufacturer/Model ____________________________ )

- **[ ]** 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

<table>
<thead>
<tr>
<th>Capacity (Gallons)</th>
<th>Total Gallons</th>
<th># of Units</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>Existing</td>
<td></td>
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</tbody>
</table>

### VII. Responsibility Statement

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

- **[ ]** Approved  
- **[ ]** Disapproved  
  - Fee $  
  - Date Issued  
  - Issuing Agent Signature

**Conditions of Approval / Reasons for Disapproval**