

# Polk County Sanitary Permit Application

**MAKE CHECKS (black ink) PAYABLE TO:**

Polk County Land Information Department  
 100 Polk County Plaza, Suite 130  
 Balsam Lake, WI 54810  
 715-485-9111, Mon- Fri, 8:30am-4:30pm

Sanitary Permit Number
Project Address

**I. Application Information – Please Print All Information**

Property Owner's Name	Parcel #
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Property Owner's Mailing Address	Property Location
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City, State	Zip Code	Phone Number
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Govt. Lot	¼,	¼,
Section	T	N R W

**II. Type of Permit**  
 Reconnection  Modification  Non-plumbing system  Acc. Building Connection

<b>III. Type of Building (check all that apply)</b> <input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____  <input type="checkbox"/> Public/Commercial – Describe Use _____  <input type="checkbox"/> Garage/Acc. Building –Describe Use _____	Lot #	Subdivision/CSM #
		<input type="checkbox"/> City of <input type="checkbox"/> Village of <input type="checkbox"/> Town of

**IV. Previous Permit Information**

Sanitary Permit Number	Date Installed	Last time serviced	Design Flow (GPD)	Soil Borings Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**V. Existing System/Component/Device: (Check all that apply)**

Non-Pressurized In-Ground  Pressurized In-Ground  At-Grade  Mound  Holding Tank  Pretreatment Device  
 Privy  Composting  Incinerating  Chemical  Other (explain): \_\_\_\_\_

Tank Info	Existing Tank Capacity (Gal)	Total Gallons	# of Units	Manufacturer	Prefab Concret	Site Con-	Steel	Fiber Glass	Plastic
Septic/Holding Tank					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosing Chamber					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VI. Responsibility Statement- I, the undersigned, assume responsibility for the installation, inspection and connection of the POWTS on the property described above. (Homeowners can sign for non-plumbing system)**

Plumber Name/Owner (Print)	Plumber/Owner Signature	MP/MPRS Number	Business Phone Number
Plumber ( Address (Street, City, State, Zip Code)			

**VII. County/Department Use Only**  Cash  Check  Credit Card

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Denial	Permit Fee <b>\$200</b>	Date Issued	Issuing Agent Signature
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**VIII. Conditions of Approval/Reasons for Disapproval**

**Submit application with plot plan on 8 1/2 x 11 paper**

\* A county reconnection permit is required when a new home or accessory building is built or placed on a parcel that will be connected to an existing sanitary system, and for non-plumbing sanitary systems like: privies, composting, incinerating and chemical toilets.

\*If previous sanitary system information is unavailable, the tank size and soil suitability will need to be verified by a licensed professional.