

Non-Plumbing System Application.

Permit Fee: \$140.00

JUNEAU COUNTY ZONING AND SANITATION  
 650 PRAIRIE STREET  
 MAUSTON, WI 53948  
 Ph: 608-847-9391, Fax: 608-847-1655

In accordance with Chapter 15, Private Sewage System Ordinance. Personal Information you provide may be used for secondary purposes.  
 [Privacy Law, s. 15.04(1)(m)]

|                                   |                       |                                     |   |
|-----------------------------------|-----------------------|-------------------------------------|---|
| <b>I. Application Information</b> |                       | <i>Please print all information</i> | Location:   |
| Property Owner Name:              |                       |                                     | Property Location:<br>¼ ¼,S T ,N,R E/W  |
| Property Owner's Mailing Address: | Site Address:         |                                     | Lot Number: Block Number:   |
| City, State, Zip Code             | City, State, Zip Code |                                     | Subdivision Name or CSM Number:   |
| Phone Number<br>( )               | Nearest Road:         |                                     | <input type="checkbox"/> City<br><input type="checkbox"/> Village<br><input type="checkbox"/> Town of |
|                                   | Parcel Tax Number(s)  |                                     |   |

|   |   |
|---|---|
| <b>II. Type of Building: (Check One)</b><br><input type="checkbox"/> 1 or 2 Family Dwelling – No. of Bedrooms:<br><input type="checkbox"/> Public/Commercial (describe use):<br><input type="checkbox"/> Travel Trailer/Camping Unit<br><input type="checkbox"/> State-owned: | <b>III. Type of Permit: (Check One)</b><br><input type="checkbox"/> Vault Privy<br><input type="checkbox"/> Pit Privy<br><input type="checkbox"/> Compost Toilet<br><input type="checkbox"/> Portable Toilet (Port-a-potty)<br><input type="checkbox"/> Other |
|---|---|

| IV. Tank Information | Total Gallons | Manufacturer | Prefab Concrete          | Steel                    | Fiberglass               | Plastic                  |
|----------------------|---------------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                      |               |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |               |              |                          |                          |                          |                          |

**V. Responsibility Statement:**  
 I, the undersigned, assume responsibility for installation of the Private Sewage System shown on the attached plans.

|                       |                                |       |
|-----------------------|--------------------------------|-------|
| Owner's Name: (print) | Owner's Signature: (no stamps) | Date: |
|-----------------------|--------------------------------|-------|

**VI. Authorization:**

|                      |              |                         |                |
|----------------------|--------------|-------------------------|----------------|
| Sanitary Permit Fee: | Date Issued: | Sanitary Permit Number: | Issuing Agent: |
|----------------------|--------------|-------------------------|----------------|

**VII. Notes:**