

APPLICATION FOR ROCK COUNTY SANITARY PERMIT

APPLICATION INFORMATION – PLEASE PRINT ALL INFORMATION

Property Owner's Name			Property Location		
Owner Mailing Address			Subdivision/CSM	Lot No.	Block No.
City, State	Zip Code	Phone Number	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		
Parcel Address (LP)			Parcel ID Number		

TYPE OF BUILDING

<input type="checkbox"/> Public, Describe Use: _____	<input type="checkbox"/> 1 or 2 family Dwelling Unit, No. Bedrooms: _____
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TYPE OF PERMIT

(Check only one box on line A. Check box on line B, if applicable)

A). 1. <input type="checkbox"/> New System 2. <input type="checkbox"/> Replacement System 3. <input type="checkbox"/> Reconnection of a New Structure to an Existing System 4. <input type="checkbox"/> Connection of an Additional Structure to an Existing System 5. <input type="checkbox"/> Repair of an Existing System	
B) <input type="checkbox"/> A Sanitary Permit was Previously Issued; Sanitary Permit #: _____	Date Issued: _____

TYPE OF SYSTEM

<input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy <input type="checkbox"/> Non-Water Carried Toilet System, Specify: _____ <input type="checkbox"/> Reconnection to Existing System-Type of System _____

RESPONSIBILITY STATEMENT

I, the undersigned assume responsibility for the installation shown on the attached plan &/or described above.

Name: (Print)	Signature:	MP/MPRS No.	Business Phone
Address (Street, City, State, Zip Code)			

COUNTY USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Sanitary Permit Fee	Date Issued	Signature
		\$		
Conditions of Approval/Reason for Denial				



Helping Rock County Reach Its Full Health Potential

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