

**ASHLAND COUNTY ZONING ADMINISTRATION
COURTHOUSE, 201 WEST MAIN ST, ROOM 109
ASHLAND, WISCONSIN 54806
(715) 682-7014**

**NON-PLUMBING SANITARY PERMIT APPLICATION
Application Information – Type or Print**

Property Owner's Name		Property Legal Description	
Property Owner's Mailing Address		1/4	1/4, S
City, State		T	N, R
Daytime Phone Number		W	
()		Gov't Lot #	Lot#
Subdivision Name or CSM Number		Block#	

Type of Building: (Check one) <input type="checkbox"/> State-Owned <input type="checkbox"/> Recreational Vehicle <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: _____ <input type="checkbox"/> Public <input type="checkbox"/> Other (Explain) _____		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of	Nearest Road Fire Number
Public Building/Land Use: [Explain the use/purpose for this permit, (i.e., campground, festival, recreation/entertainment event etc.)]		Parcel Tax/I.D. Number(s)	

Type of NonPlumbing Device/System/Toilet/Unit: <input type="checkbox"/> Privy-Vault Toilet (Vault size: ___ gallons ___ or cubic yards) <input type="checkbox"/> Composting Toilet System (Required minimum 200 gallons) Brand: _____ <input type="checkbox"/> Privy-Pit Toilet (Soils test must be on file) <input type="checkbox"/> Incinerating Toilet Device Brand: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Portable Restroom Unit, (Temporary use for construction only).	
---	--

Owner's Signature	Date:
Plumber's Name (Print)	Plumber's Signature:
	MP/MPRSW No.:
	Business Phone Number:
Plumber's Address (Street, City, State, Zip Code):	

Office Use Only:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved		Issuing Agent Signature
<input type="checkbox"/> Owner Given Initial Adverse Determination			
Comments:			
Conditions of Approval /Reasons for Disapproval:			