



**3) LICENSED DISPOSER SERVICING THE PORTABLE TOILETS OR INDEPENDENT UNITS:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**4) PROVIDE A SCALED SITE DRAWING OF YOUR INTENDED ASSEMBLY AREA:**

X-Water Well(s) T-Toilet Facilities D-Dependent Units S-Water Supply Outlets O-Solid Waste Containers I-Independent Units

**5) FEES: \$25.00 per portable toilet**

<p><b><u>Make Check Payable To:</u></b> Ashland Co. Zoning Dept.</p>	<p><b><u>Submit To:</u></b> Ashland Co. Zoning Dept. 201 W Main St. Rm. 109 Ashland, WI 54806</p>
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**Applicant's Printed Name**

**Applicant's Signature**

**Date**

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**Applicant's Drivers License #**

<b>FOR OFFICE USE ONLY</b>	
Amount Paid: _____	Date: _____
Permit Issued: _____	