



Marathon County CPZ Department  
 210 River Drive, Wausau, WI 54403-5449  
 (715) 261-6000

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## Marathon County Application for Sanitary Permit

Sanitary permits expire two years after the date of issuance unless the permit is renewed prior to expiration. All renewals are subject to the State codes in effect on the date of renewal. The CPZ department shall inspect all systems before covering.

Current Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Site Address \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home and Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Parcel # (PIN #) \_\_\_\_\_

Municipality \_\_\_\_\_

Pt of \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Sec. \_\_\_\_\_ T. \_\_\_\_\_ N., R. \_\_\_\_\_ E.

Subdivision/CSM \_\_\_\_\_

Lot \_\_\_\_\_ Blk \_\_\_\_\_

Structure: New  Existing

Reconnect  Yes  No

POWTS: New  Replacement

Certified Soil Tester \_\_\_\_\_

Plumber \_\_\_\_\_

Driving Sketch

Email Plans  Yes  No      Mail Plans  Yes  No

**DO NOT WRITE BELOW THIS LINE**

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State Trans. ID# \_\_\_\_\_

County ID# \_\_\_\_\_

Permit # \_\_\_\_\_

FEES	DATE	AMOUNT
Soil Ver.		
Permit Fee		
Plan Review		
Recording Fee		
Plumber Transfer		
Renewal		
Reconnect		

Design Criteria	
System Type	
# Bedrooms	
Non-res. Des.	

Tanks	#	Total Vol.
Pump		
Septic		
Holding		

Other ID# \_\_\_\_\_

Review Date \_\_\_\_\_  
 By \_\_\_\_\_  
 2nd Review Date \_\_\_\_\_  
 By \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 By \_\_\_\_\_  
 Notification Date \_\_\_\_\_  
 Acceptance Date \_\_\_\_\_

Pump \_\_\_\_\_ FM Lgth x Dia. \_\_\_\_\_ Vert. Lift. \_\_\_\_\_

Cell Size \_\_\_\_\_ Sq.ft. \_\_\_\_\_ Min. Req'd. \_\_\_\_\_ Depth \_\_\_\_\_

# of Lines \_\_\_\_\_ Dia. \_\_\_\_\_ Lgth \_\_\_\_\_ Orf. Spacing \_\_\_\_\_ Orf. Dia. \_\_\_\_\_

Manifold Lgth x Dia. \_\_\_\_\_ Sys. Elevation \_\_\_\_\_

Mound or At-Grade Dimensions: W \_\_\_\_\_ L \_\_\_\_\_ J \_\_\_\_\_ I \_\_\_\_\_ K \_\_\_\_\_

Abatement Orders \_\_\_\_\_  Yes  No  
 County Zoning \_\_\_\_\_  Yes  No  
 Shoreland \_\_\_\_\_  Yes  No  
 HT Agreement \_\_\_\_\_  
 Other \_\_\_\_\_

Date	Inspector	Inspection/Remarks