Trempealeu County Zoning Department
P.O. Box 67
Whitehall, WI 54773

Application for Trempealeau County Sanitary Permit

Property Owner Name		Property Location		
Property Owners Mailing Address		Subdivision Name	Lot Number	Block Number
City, State	Zip Code	Phone No.	Parcel Address:	

II. TYPE OF BUILDING(check one)
☐Public ☐1 or 2 Family Dwelling
No. of Bedrooms_____

City__
Village__
Town of__

III. BUILDING USE:
If Public Describe Use

Parcel Identification Number:

IV. TYPE OF PERMIT: (Check only one on line A. Check on line B, if applicable)
A). 1. ☐New System 2. ☐Replacement System 3.☐Reconnection of Existing System 4. ☐Repair of an Existing System

B). ☐A Sanitary Permit was previously issued. Plan number_____ Date issued_____

V. TYPE OF SYSTEM:(check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
☐*seepage bed*	☐*mound*	☐*specify type*	☐*holding tank*
☐*seepage trench*	☐*in-ground pressure*		☐*pit privy*
☐*system in fill*	☐ _____	__ _____	☐*vault privy*
			☐*portable restroom*
			☐*other*_____

VI. RESPONSIBILTY STATEMENT
I, the undersigned, assume responsibility for the installation shown on the attached plans.

Name:(print and ***sign***)	MP/MPRSW No.	Business Phone#
Address(Street, City, State, Zip Code)		

VII. COUNTY USE ONLY

☐ Approved ☐ Denied	Sanitary Permit Fee	Date Issued	Signature

VIII. CONDITIONS OF APPROVAL/REASONS FOR DENIAL

(2/25/03)