

MARQUETTE COUNTY Sanitary Permit Application In accord with Ordinance 74			Marquette County Planning & Zoning Department 77 West Park Street, Room 104 Montello, WI 53949 608-297-3036		
County Sanitary Permit Number:			Parcel ID Number:		
Application Information-Please Print			Property Location Information		
Property Owner's Name:			$\frac{1}{4}$ $\frac{1}{4}$, Sec , T N, R E/W		
Owner's Mailing Address:			Lot Number	Block Number	Nearest Road/Intersection
City, State	Zip Code	Phone	Subdivision Name or CSM Number		
Type of Building: <input type="checkbox"/> 1 or 2 family dwelling- No. of bedrooms ____ <input type="checkbox"/> Public/Commercial _____ <input type="checkbox"/> Other			<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of		
Property Address:					
Type of Permit: <input type="checkbox"/> Vault Privy <input type="checkbox"/> Pit Privy <input type="checkbox"/> RV Transfer Container Other _____					
Tank Specifications (for vaults or transfer containers): Size of Tank _____ Manufacturer _____					
Responsibility Statement: I, the undersigned, assume responsibility for installation of the system as noted in this application					
Name		Signature		Phone No.	
Address (Street, City, State, Zip)					
County Use Only					
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee	Date	Issuing Agent Signature	
Comments:					

Required Setback to Ordinary High Water Mark/Wetland Boundary: **75 Feet** (From Closest point of Construction)

PLOT PLAN (Site as viewed from above)

- 1). Make a drawing of your project.
- 2). Show distances from Centerline of Road(s), All Lotlines, and Ordinary High Water Mark if applicable.
- 3). Show location of the Septic System and replacement system area if applicable.
- 4). Please return with permit fee.

****Applications without a plot plan WILL BE RETURNED****

You are responsible for complying with State and Federal laws concerning construction near, or on, wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources Wetland Identification Web Page (<http://dnr.wi.gov/topic/wetlands/locating.html>) or contact a Department of Natural Resources Service Center.

The undersigned hereby makes application for the work described and located as shown herein. The undersigned agrees that all such work shall be done in accordance with all the requirements of the Zoning Ordinance and all other applicable ordinances of Marquette County and all applicable laws, codes and regulations of the State of Wisconsin, and states that the above information is true to the best of his or her knowledge. Issuance of this permit is not to be construed as legal responsibility for the construction on the part of Marquette County or its staff. Pursuant to Marquette County Zoning Ordinance 70.01 (E), by applying for this permit the undersigned grants permission for the Marquette County Zoning Department, its agents or assigns, to enter upon the premises and inspect the work to determine compliance with the zoning ordinances and the terms of this permit.

Signature of Owner or Agent _____

INSPECTION ***** FOR OFFICE USE ONLY *****

Setbacks	Comments: _____
Wetland _____	_____
Waterline _____	_____
Lotline _____	_____
Road _____	_____
Inspector _____	Date _____