



Marathon County CPZ Department
 1100 Lake View Drive, Suite 400 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 **DO NOT WRITE BELOW THIS LINE**

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 _____ ISD _____

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