

# Racine County Sanitary Permit Application

Submit completed form and applicable attachments to:

Racine County Development Services Dept.  
14200 Washington Avenue  
Sturtevant, WI 53177

Phone: (262) 886-8440 Fax: (262) 886-8480

Please Print all Information in Ink Below

Property Owner(s) Name			Racine County Sanitary Permit Number		
Property Owner(s) Mailing Address			Site Address		
City, State		Zip Code	Phone Number ( )		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:
Property Location: _____ 1/4, _____ 1/4, Sec. _____, T _____ N, R _____ E			Parcel Id. #		
Lot #	Block #	Subdivision Name or CSM #		Nearest Road	
<b>Type of Building: (Check one)</b> <input type="checkbox"/> 1 or 2 Family Dwelling – No. of Bedrooms: _____ <input type="checkbox"/> Public/Commercial (describe use): _____ <input type="checkbox"/> State -Owned					
<b>Type of Permit:</b> <input type="checkbox"/> Reconnection <input type="checkbox"/> Vault Privy <input type="checkbox"/> Portable Restroom <input type="checkbox"/> Other _____					
<input type="checkbox"/> A Sanitary Permit was previously issued			Permit Number		Date Issued
Design Flow (gpd)	Chamber Capacity (gallons)	The owner/applicant hereby certifies that the information submitted on this application and attached hereto, is true and correct to the best of the knowledge and belief of the signer, and that all related construction/use/installation will be done in accordance with applicable Wisconsin Statutes, Wisconsin Administrative Codes and Racine County Ordinances.			
Property Owner's Signature (Needed if a licensed plumber is not required for installation or for a change of plumbers)					
<b>If Applicable:</b> Plumber's Name (print)		Plumber's Signature (no stamps):		MP/MPRS No.	Plumber's Phone Number ( )
Plumber's Address (Street, City, State, Zip Code)					
<b>Below: County Use Only</b>		<b>Please make payment by cash or by check payable to: Racine County Treasurer</b>			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Sanitary Permit Fee	Date Issued		Issuing Agent Signature	
Conditions of Approval/Reasons for Disapproval:					