

LA CROSSE COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 300 4TH ST N, 2ND FLOOR
 LA CROSSE WI 54601-3228
 608-785-9771

APPLICATION FOR LA CROSSE COUNTY SANITARY PERMIT (3/2014)

Date Received	County Permit Number:		
	Tax Parcel Number:		
1. Application Information – Please Print all information. Attach complete plans for the system on paper no less than 8 ½ x 11 inches in size.			
Property Owner's Name:	Property Location: ____ ¼ ____ ¼ Sec ____ T ____ N R ____ W		
Property Owner's Mailing Address:	Lot Number: _____ Block Number: _____ Subdivision: _____		
City, State, Zip Code	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town _____		
Phone Number:	Site Address: _____		
2. Type of Building (Check One) <input type="checkbox"/> 1 or 2 Family Dwelling/ # Bedrooms _____ <input type="checkbox"/> Public/Commercial (describe use:) _____ _____ <input type="checkbox"/> Other _____ _____	3. Type of Permit (Check One) <input type="checkbox"/> Vault Privy <input type="checkbox"/> Dug Privy <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Remediation <input type="checkbox"/> Renovation <input type="checkbox"/> Non- Plumbing <input type="checkbox"/> Other	Previous Sanitary Permit #: _____ Date Issued: _____	
4. Tank Information if applicable: <input type="checkbox"/> New <input type="checkbox"/> Replacement Capacity in Gallons: _____ Manufacturer: _____			
5. Responsibility Statement: I, the undersigned, assume responsibility for installation of the Private Sewage System shown on the attached plan. Plumber/Owner Name: (print & sign) Plumber MP/MPRS No.: _____ Phone #: _____ _____ Applicant Address (Street, City, State, Zip Code) _____ _____			
6. County Use Only			
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Sanitary Permit Fee	Date Issued	Issuing Agent Signature
Conditions of Approval/Reasons for Disapproval: _____ _____			