

\_\_\_\_\_  
County Sanitary Permit No.  
\_\_\_\_\_

Eau Claire City/County Health Department  
720 Second Avenue  
Eau Claire, WI 54703

**Application for Eau Claire County Sanitary Permit**

**I. APPLICATION INFORMATION – PLEASE PRINT ALL INFORMATION**

Property Owner Name			Property Location ¼      ¼      S      T      , N, R      ,E (or) W		
Property Owner's Mailing Address			Subdivision Name:	Lot Number	Block Number
City, State	Zip Code	Phone No. (    )	Parcel Address:		
<b>II. TYPE OF BUILDING</b> (check one) <input type="checkbox"/> Public <input type="checkbox"/> 1 or 2 Family Dwelling No. of Bedrooms _____			<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of		
<b>III. BUILDING USE:</b> If Public Describe Use:			Parcel Identification Number:		
<b>IV. TYPE OF PERMIT:</b> (Check only one box on line A. Check box on line B, if applicable)					
A) 1. <input type="checkbox"/> New System                      2. <input type="checkbox"/> Replacement System                      3. <input type="checkbox"/> Connection to a Existing System                      4. <input type="checkbox"/> Repair of an Existing System					
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B) <input type="checkbox"/> Permit Renewal Before Expiration:    Previous County Permit Number _____ Date Issued _____					
<b>V. TYPE OF SYSTEM:</b> (Check only one)					
<input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy <input type="checkbox"/> Composting or Incinerating Toilet					
<input type="checkbox"/> Connection to an Existing System > 3 years old <input type="checkbox"/> Connection to an Existing System < 3 years old					
Existing System – Type of System: _____ Previous ID #: _____					
<b>VI. RESPONSIBILITY STATEMENT</b>					
I, the undersigned, assume responsibility for the installation shown on the attached plans.					
Name: (Print)		Signature: (No Stamps)		MP/MPRSW No.	Business Phone #
Address (Street, City, State, Zip Code)					
<b>VII. COUNTY USE ONLY</b>					
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee	Date Issued	Signature	
<b>VIII. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:</b>					