

**WASHBURN COUNTY ZONING  
10 - 4TH AVENUE  
SHELL LAKE, WISCONSIN 54871  
715-468-4690**

**POWTS CONNECTION/RECONNECTION PERMIT APPLICATION (FEE: \$125)**

**NOTE: A PLOT PLAN IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION**

**Application Information (Type or Print)**

Property Owner Name			Property Legal Description		
Property Owner's Mailing Address			Property Site Address (if different than mailing address)		
City, State	Zip Code	Owner's Phone Number (      )	City, State	Zip Code	

<b>Type of Building Being Connected: (Check one)</b>		<input type="checkbox"/> Town of	
<input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: _____		<input type="checkbox"/> Village	
<input type="checkbox"/> Public <input type="checkbox"/> Commercial			
<b>Describe uses and design flows for the building being connected:</b>		Parcel Identification Number/Tax Id #:	
<b>Type of Permit*:</b>		*A <b>Reconnection Permit</b> is required when a different building than was intended for the sanitary system to serve is being connected to the system.	
<input type="checkbox"/> POWTS Reconnection <input type="checkbox"/> POWTS Connection		*A <b>Connection Permit</b> is required when the sanitary permit expired without being connected to the intended use of the sanitary system, and now the building is being connected.	
<b>State the sanitary permit number in question:</b>		County # _____ State # _____	

<b>Responsibility Statement:</b>			
<b>I, the undersigned, assume responsibility for the POWTS activity for which this permit is issued.</b>			
Plumber's Name (print)	Plumber's Signature:	MP/MPSRW No.:	Business Phone Number:
Plumber's Address (Street, City, State, Zip Code):			

<b>Office Use Only:</b>					
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Disapproval in Writing	Fee Collected:	DSPS Cred. No.	Date Issued	Issuing Agent Signature
<b>Comments:</b>					
<b>Conditions of Approval /Reasons for Disapproval:</b>					