



APPLICATION FOR P.O.W.T.S PLAN REVIEW

Complete All Pages-Incomplete applications will be returned

NOTE: Personal information you provide may be used for
Secondary purposes [Privacy Laws. 15.04(1)(m), Stats.]

Sauk County Land Resources and Environment Department

505 Broadway

Baraboo, WI 53913

(608) 355-3245 Phone

(608) 355-4440 Fax

For plan status updates, please contact sanitary staff at 608-355-3245

1. Project Information - Fill in all known information.

Project/Site Name: _____

Location/Fire Number or Roadname(s) of project: _____

Legal Description: _____

County: **SAUK** () City () Village () Town of: _____

Tax Parcel ID No. _____

For County Use Only:

Date Received: _____

Plan ID No. _____

Review/Approval Date: _____

Agent Signature: _____

2. After plans are reviewed, please (check all that apply):

_____ Designer/Plumber will pick up

_____ Mail plans to (circle one) Owner Plumber/Designer

_____ Email plans to: _____

3. Complete the following designer/owner/requesting information.

Designer Information:

First Name _____ Last Name _____ Lie# _____

Company Name: _____ Address _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Cellphone: _____ Email: _____

4. Information and Plan Submittal Checklists. Plan will be assigned to a reviewer after receipt of complete plan submittal and fees (shall submit 3 copies of the plan(s)). Reviewers will take approximately 10 business days to review your plans and notify you of approval or denial. If approved, your plans will be sent to the recipient as selected above in the manner requested. If your plans are denied, the reviewer will contact you in writing stating changes necessary for approval.

**MAKE CHECKS PAYABLE TO:
SAUK COUNTY PLANNING & ZONING**

TOTAL AMOUNT DUE:

\$ _____

PAID BY

5. POWTS SUBMITTAL (Check all that apply) *Shall provide 3 copies of plans to be reviewed

- New Construction
 Aerobic Treatment Unit(s)
 Replacement of System
 Commercial System
 Chlorinator
 UV Disinfection Unit

SYSTEM TYPE(S)

NOTE: Submit separate sheets for each system if submitting multiple systems on the same site.

- Plan review for pre-cast or manufactured holding tanks for one and two family dwellings, for public or commercial facilities with an estimated wastewater flow of less than 3,000 gpd.

- Revision to previously approved plan \$ 85.00
 Miscellaneous Review (Replacement of a septic tank, addition of an effluent filter
 Or pre-treatment device to an existing system, etc.)
 Holding Tank \$ 90.00
 At-Grade - 1,000 gpd or less \$250.00
 At-Grade- 1,001 -2,000 gpd \$325.00
 At-Grade - 2,001 - 5,000 gpd \$400.00

Other - Specify _____

Design Wastewater Flow in
Gallons Per Day

GPD

ENTER FEE:

\$

\$

Total Fee Submitted: