

SHAWANO COUNTY RECONNECTION SANITARY PERMIT

Date: _____ Fee: \$ _____ Permit Number: _____

Property Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Tax Parcel # _____

Property Location: _____ 1/4 _____ 1/4, Sec. _____, T _____ N, R _____ E

Subdivision or Plat: _____, Lot # _____, Block # _____

City, Village, Town: _____

Previous Permit Number: _____ # of Bedrooms (existing): _____

Date of Installation: _____ Installed by: _____

of Bedrooms (proposed new home): _____

Evaluation of Existing System on File: _____

Does System Pass Inspection: _____

If not, does application reference repairs to be made: _____

Type of Effluent Filter: _____

***Reconnection work must be completed by a licensed master plumber (MP) or master plumber-restricted sewer (MPRS)**

***Plumber shall contact the Shawano County Zoning Office (Ph#: 715-526-6766) to schedule an inspection of the reconnection.**

Plumber Name: _____ Signature: _____

License Number: _____

Issuing Authority Signature: _____ Date: _____

INSPECTION AGENT SIGNATURE: _____ DATE: _____