



Marathon County CPZ Department
210 River Drive, Wausau, WI 54403-5449
(715) 261-6000

1 _____
2 _____
3 _____

Marathon County Application for Sanitary Permit

Sanitary permits expire two years after the date of issuance unless the permit is renewed prior to expiration. All renewals are subject to the State codes in effect on the date of renewal. The CPZ department shall inspect all systems before covering.

Current Owner _____

Mailing Address _____

Site Address _____

Zip Code: _____

Home and Cell # _____

Email Address _____

Parcel # (PIN#) _____

Municipality _____

Pt of _____ 1/4, _____ 1/4, Sec. _____ T. _____ N., R. _____ E.

Subdivision/CSM _____

Lot _____ Blk _____

Structure: New ☐ Existing ☐

POWTS: New ☐ Replacement ☐

Reconnect

☐ Yes ☐ No

Certified Soil Tester _____

Plumber _____

Driving Sketch

Email Plans ☐ Yes ☐ No

Mail Plans ☐ Yes ☐ No

DO NOT WRITE BELOW THIS LINE

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State Trans. ID# _____

County ID# _____

Permit # _____

FEES	DATE	AMOUNT
Soil Ver.		
Permit Fee		
Plan Review		
Recording Fee		
Plumber Transfer		
Renewal		
Reconnect		

Design Criteria		
System Type		
# Bedrooms		
Non-res. Des.		
Tanks	#	Total Vol.
Pump		
Septic		
Holding		

Other ID# _____

Review Date _____

By _____

2nd Review Date _____

By _____

Date Issued _____

By _____

Notification Date _____

Acceptance Date _____

Pump _____ FM Lgth x Dia. _____ Vert. Lift. _____

Cell Size _____ Sq.ft. _____ Min. Req'd. _____ Depth _____

of Lines _____ Dia. _____ Lgth _____ Orf. Spacing _____ Orf. Dia. _____

Manifold Lgth x Dia. _____ Sys. Elevation _____ ISD _____

Mound or At-Grade Dimensions: W _____ L _____ J _____ I _____ K _____

Date _____ Inspector _____ Inspection/Remarks _____

Abatement Orders _____ ☐ Yes ☐ No

County Zoning _____ ☐ Yes ☐ No

Shoreland _____ ☐ Yes ☐ No

HT Agreement _____

Other _____