



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 Law s. 15.04(1)(m), Stats.]

Sauk County Planning & Zoning
505 Broadway
Baraboo, WI 53913
(608) 355-3285 Phone (608) 355-4440 Fax

For plan status, check our website at <http://www.co.sauk.wi.us> or email gtemplin@co.sauk.wi.us

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 _____ Lic # _____
 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 plans. 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. Submittal checklists can be found on our web site or can be mailed to you. Please contact gtemplin@co.sauk.wi.us for necessary forms.

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

**TOTAL AMOUNT DUE: \$ _____
PAID BY: _____**

5. POWTS SUBMITTAL (Check all that apply)

- 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.	ENTER FEE:
<ul style="list-style-type: none"> • 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. 		
<input type="checkbox"/> Revision to previously approved plan	\$ 85.00	\$ _____
<input type="checkbox"/> Miscellaneous Review (Replacement of a septic tank, addition of an effluent filter Or pre-treatment device to an existing system, etc.)		
<input type="checkbox"/> Holding Tank	\$ 90.00	
<input type="checkbox"/> At-Grade - 1,000 gpd or less	\$250.00	
<input type="checkbox"/> At-Grade - 1,001 - 2,000 gpd	\$325.00	
<input type="checkbox"/> At-Grade - 2,001 - 5,000 gpd	\$400.00	
<input type="checkbox"/> Other - Specify _____		
Design Wastewater Flow in Gallons Per Day _____ GPD		

Total Fee Submitted:	\$ _____
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