

**AFFIDAVIT - Temporary Sanitary Facilities**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

Town of \_\_\_\_\_, Sauk County  
Wisconsin.

This affidavit will allow for a temporary sanitary system on this property for a period of (1) one year. The temporary facilities consists of \_\_\_\_\_

\_\_\_\_\_

After a period of (1) one year a state approved sanitary system shall be installed as specified in Chapter 83 of the Department of Commerce. The use on the subject property shall be terminated if it does not come into compliance.

\_\_\_\_\_  
Owner's Signature (Notarized)

\_\_\_\_\_  
Owner's Printed Signature

STATE OF WISCONSIN)  
  ) ss  
COUNTY OF SAUK             )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_, to me know to be the person who subscribed his/her name hereto.

\_\_\_\_\_  
Notary Public, Sauk County, WI

My Commission (is) (expires)  
\_\_\_\_\_

Approved:

\_\_\_\_\_  
Town Building Inspector

\_\_\_\_\_  
Sauk County Planning and Zoning

\_\_\_\_\_  
Town Chairman

\_\_\_\_\_  
Date

This instrument drafted by Sauk County Department of Planning and Zoning.