



# 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](mailto:gtemplin@co.sauk.wi.us)

<p><b>1. Project Information – Fill in all known information.</b></p> <p>Project/Site Name: _____</p> <p>Location/Fire Number or Roadname(s) of project: _____</p> <p>_____</p> <p>Legal Description: _____</p> <p>County: <u>SAUK</u> ( ) City ( ) Village ( ) Town of: _____</p> <p>Tax Parcel ID No. _____</p>	<p><b>For County Use Only:</b></p> <p>Date Received: _____</p> <p>Plan ID No. _____</p> <p>Review/Approval Date: _____</p> <p>Agent Signature: _____</p>
<p><b>2. After plans are reviewed, please (check all that apply):</b></p> <p>_____ Designer/Plumber will pick up</p> <p>_____ Mail plans to (circle one) Owner      Plumber/Designer</p> <p>_____ Email plans to: _____</p>	

**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 (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. Submittal checklists can be found on our web site or can be mailed to you. Please contact [gtemplin@co.sauk.wi.us](mailto: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) \*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.	ENTER FEE:
<ul style="list-style-type: none"> <li>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.</li> </ul>		
<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:** \$ \_\_\_\_\_