

PORTABLE RESTROOM PERMIT APPLICATION PACKET DIRECTIONS

1. Adams County Permit Application
2. Adams County Portable Restroom Agreement with directions for completing form.
3. Servicing Contract
4. Site Map/Plot Plan (indicate setback of restroom to lot lines & road)
5. Annual permit from March 1st through March 1st. Fee is \$25 per year. If renewal is after the deadline, fee is doubled.



www.co.adams.wi.gov

Planning & Zoning Department
Permit Application

P. O. Box 187 Phone: 608 339-4222
Friendship, WI 53934 Fax: 608 339-4504

OFFICE USE ONLY: FILE #:
Date #: Ground Coverage {sq. ft. or %}:
Parcel #: County Zoning District:
State Sanitary #: Shoreland Zoning District:
State UDC Seal #: FIRM / DBS Zone:
Waterfront Yes No {Elevations Rqrd?: Sanitary / Construction}
Within 300 ft. of OHWM? Y N Airport Height Zoning:

* ADDITIONAL REGULATIONS: The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

* SETBACKS: All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals and in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances, and with all laws of the State of Wisconsin applicable to said premises and work.

CIRCLE ACTIVITY(S): TOWER EROSION CONTROL ZONING SANITARY BUILDING RAZING

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: {First} {Middle Initial} {Last} Phone:

Mailing Address:

Property Description:

Gov. Lot: or 1/4, 1/4, Sec. T N, R E

Lot: ; Block: ; Addition: ; Subdivision: or CSM:

Town: Property Address (if any):

Lot / Parcel Size: Width: Length: Acres / Sq. Ft.:

Ground Coverage (Buildings Only - sq. ft.): House: Garage: Shed: Porch:

Acc. Bldg. (1): Acc. Bldg. (2): Carport: Lean-to: Other (What?):

Construction Description:

Use: (New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitary, etc.)

Type of Construction (if Manufactured Home, list year): (RV, Residence, Accessory Building, Commercial, Industrial, Public etc.)

(Frame, Masonry, Manufactured, Pole, etc.)

Building Description:

Width: Length: Area: Sq. Ft.

Height: No. of Stories: No. of Bedrooms:

IMPORTANT NOTES: IT IS THE RESPONSIBILITY OF THE PERSON SIGNING TO CALL FOR REQUIRED INSPECTIONS. THE UNDERSIGNED FURTHER ACKNOWLEDGES: (1) THAT THEY HAVE READ *NOTES ABOVE. AND THE NOTICE ON THE BACK OF THIS PERMIT APPLICATION REGARDING WETLANDS. THE SIGNATURE BELOW ALSO GRANTS CONSENT FOR DEPARTMENT STAFF TO ENTER PREMISES.

Signature of Owner or Agent: Phone:

Printed Name: Address:

Email Address:

OFFICE USE ONLY:

Zoning: \$ Other: \$
Sanitary: \$ State: \$
Building: \$ Total: \$

Paid (check # or cash):

Date: By:

Comments / Conditions:

Must have truss specs. from manufacturer

Approved / Denied by: Date:

Directions for Completing the Portable Restroom Agreement

- Full legal description must be completed (found on property tax bill). If more room is needed, submit another full size page.
- Only original forms will be accepted.
- Must be signed in front of a Notary Public
- All portions of agreement must be completed
- Submit a separate check made payable to "Register of Deeds" in the amount of \$30 with this form

ADAMS COUNTY PORTABLE RESTROOM AGREEMENT

This agreement is made between Adams County and Property owner(s) as part of a Management & Maintenance Plan. This agreement shall be binding upon the property owner(s), their heirs or assignees and shall run with the land. This agreement will remain in effect until the Adams County Planning & Zoning Dept. as being responsible for the regulation of Portable Restrooms certifies the Portable Restroom has been removed from the property

Property Owner(s) Name (Black ink only)		
Parcel Identifier Number (PIN)		
Unit Number(s) {for condominium}		
I/We acknowledge that application is being made for the installation of a Portable Restroom on the following property: Provide full legal land description. Attach full size page(s) if additional space is needed.		
Genl. Lot # _____ or _____ 1/4, _____ 1/4, Section _____ Town _____ N Range _____ E		
Lot #	Block #	Subdivision Name or CSM #
City Village Town Name:		
Street Address:		

Return to: Adams County Planning & Zoning Department
P. O. Box 187
Friendship, WI 53934

I/We the property owner(s) understand and agree to do the following:

I/We understand and agree to meet all requirements of the Adams County Private Onsite Wastewater Treatment Systems Ordinance and Ch. SPS 391 Wisconsin Administrative Code pursuant, to Portable Restrooms.

I/We understand and agree to allow the Adams County Planning & Zoning Dept. Sanitary Inspector to enter upon the above described property during normal business hours to investigate the Portable Restroom is being properly maintained.

I/We understand and agree to locate the Portable Restroom on the above described property as to maintain all setbacks and service access location as specified in Table 1.

TABLE 1 Minimum Setbacks All setbacks are measured to the closest outside edge of the portable restroom to listed items.

Well	Lake/Stream	Back lot line	Side lot line	Front lot line (Must use the greater of the two setbacks)	Building or R/V Unit	Service access
50 feet	75 feet	10 feet	10 feet	110 feet from road center line or 50 feet from right-of-way line which ever is the greatest	25 feet	No greater than 50 feet to driveway

I/We understand and agree to have the Portable Restroom serviced by entering into a Servicing Contract with a Pumping Contractor licensed under Chs. NR 113 and NR 114 Wisconsin Administrative Code and to file all contract renewals within ten (10) days of date of renewal with the Adams County Planning & Zoning Dept.

I/We further understand and agree a report of all servicing events shall be submitted annually to the Adams County Planning & Zoning Dept. by the Pumping Contractor.

Owner(s) Name (print): _____

Owner(s) Signature: _____

Date: _____

NOTARY PUBLIC

Subscribed and Sworn before me this _____ day of _____, _____

NOTARY PUBLIC (Signature) _____

My commission expires: _____

Document Drafted By (print): _____

Dept. Use Only:

Reviewed by & date accepted, as part of a permit application: _____

Information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m)]
(ACPZDF - 103 (R 01/19))

SERVICING CONTRACT

This contract is made between the Property Owner(s) and Pumper Contractor licensed under Chs. NR 113 and NR 114 Wis. Adm. Code and shall remain in effect until the owner or pumper terminates this contract.

We acknowledge the servicing requirements of the sanitary component installed or placed on the following property and understand and agree to the terms of this contract.

Property Owner(s) Name(s) – (print): _____

Pumpers Name and - (print): _____

SANITARY COMPONENT(s) *Identify the sanitary component(s), installed or placed on the following described property:*

- POWTS
 Holding Tank
 Vault Privy
 Transfer Container
 Portable Restroom
 Limited Holding Tank
 Pretreatment Unit
 Non-plumbing Sanitation

PARCEL Identifier Number (PIN)	Unit Number(s) {for condominium}		
Provide Full Legal Description (Attach full size page(s) if additional space is needed)			
Govt. Lot # _____ or _____ 1/4, _____ 1/4, Section _____ Town _____ N Range _____ E	Lot #	Block #	Subdivision Name or CSM #
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town Name:		Street Address:	

1. Owner shall file this contract with the Adams County Planning & Zoning Department
2. Owner shall have the Sanitary Component(s) serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose to servicing the Sanitary Component(s).
3. Owner shall maintain an access road so the pumper can service the Sanitary Component(s) with the pumping equipment.
4. Owner agrees to pay the pumper for all charges incurred in servicing the Sanitary Component(s) as mutually agreed upon by the owner and pumper.
5. The Pumper Contractor shall prepare and submit a report to the Adams County Planning & Zoning Dept. of all servicing events performed for the Sanitary Component(s) including water meter readings when applicable pursuant to Chs. SPS 383, 387 and 391 Wis. Adm. Code and the Adams County Private Onsite Wastewater Treatment Systems Ordinance.

Owner(s) Signature: _____ Pumper's Signature: _____

_____ Certification Number: _____

_____ Phone Number: _____

Date: _____ Date: _____

Document Drafted By (print): _____

Dept. Use Only:

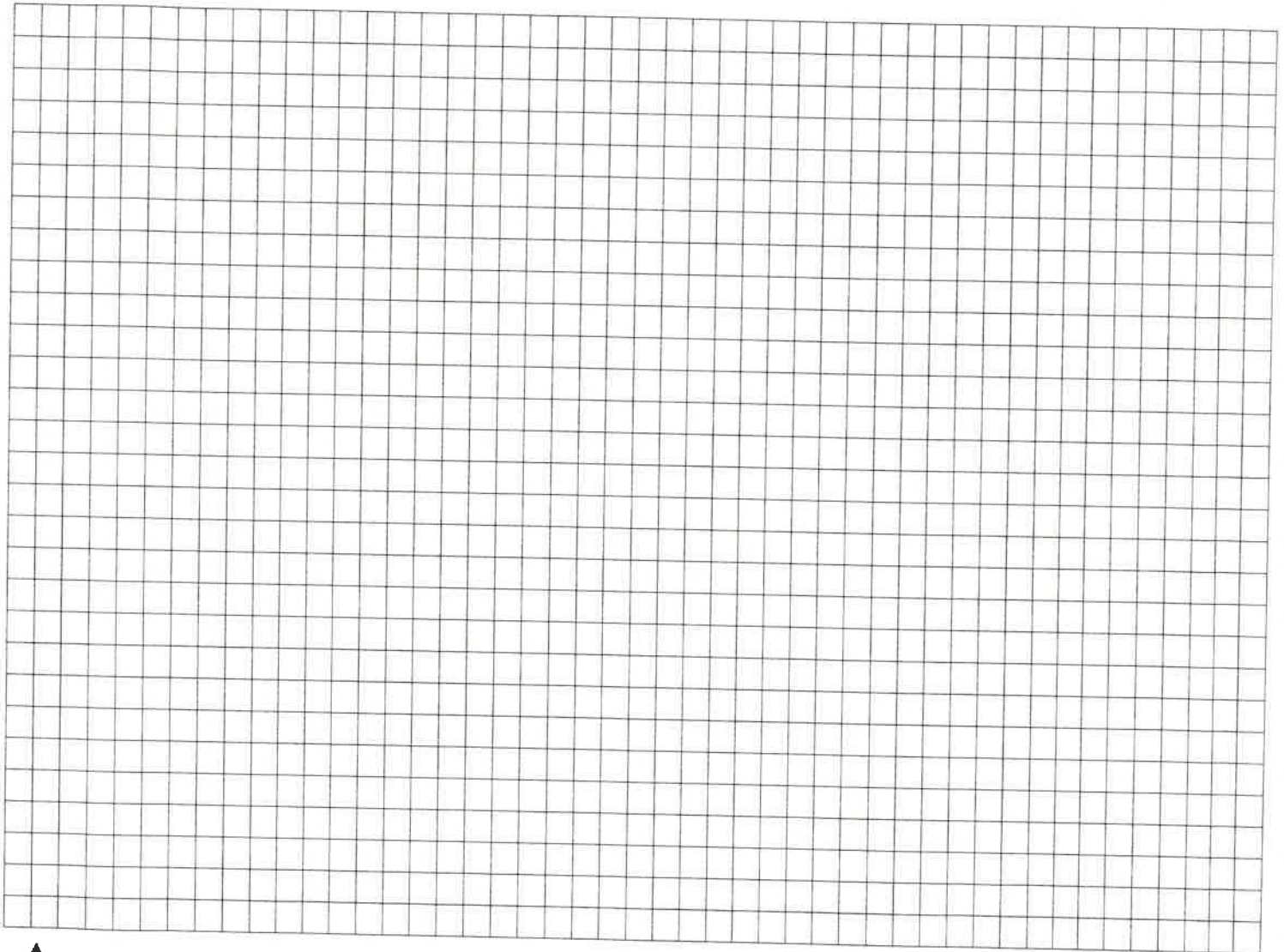
Reviewed by & date accepted, as part of a permit application: _____
 (ACPZDF – 114 (R 01/19))

Site Map / Plot Plan / Standard Erosion Control Plan

See Reverse Side for Setback and Height Limit Information

PLEASE NOTE: All setbacks must be clearly and accurately shown on the map will be returned to you for clarification which will result in a delay of your project.

- Clearly show which direction is north with a North Arrow (N↑).
- Site map must be either drawn to scale or be dimensionally accurate.
- Show all roads that abut the parcel.
- Clearly indicate whether measurements from a road are from the lot line or the road centerline.
- Show all water-bodies abutting and/or within the parcel with setbacks from the Ordinary High-Water Mark.



↑
N = North Arrow

BU = Business

RE = Residence

PA = Parking

GA = Garage

PS = Pole Shed

BA = Barn

CS = Canopy Shelter

GZ = Gazebo

SL = Concrete Slab

ST = Stairs

FE = Fence

LT = Lean-to

DR = Driveway

SY = Side Yard

FY = Front Yard

CL = Center Line

RY = Rear Yard

WW = Walkway

PO = Patio

DK = Deck

RW = Retaining Wall

TR = Trees

SH = Shrubs

PR = Pier

BH = Boat House

BS = Boat Shelter

SL = Shoreline

WL = Well

SF = Septic Field

SV = Septic Vent

SC = Septic Cleanout

FP = Floodplain Boundary

OH = Ordinary High-water

R/W = Right of Way Line

LL = Lot Line

SP = Stock Piles

++++ = Erosion Control

“Indicate slope and drainage with arrows”