

If renewing your permit for a Transfer Container or Portable Toilet you will only need to fill out two forms: The Adams County Permit Application and the Servicing Contract, with the fee being \$25. Be sure that the Pumper/Plumber you are contracting with has signed the Servicing Contract. We must be sent the original forms with signatures.

If we receive these forms after March 1st, the fee doubles.



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:

Comments / Conditions:

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

Must have truss specs. from manufacturer

Paid (check # or cash):

Date: By:

Approved / Denied by: Date:

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)	Lot #	Block #	Subdivision Name or CSM #
Govt. Lot # or _____ 1/4, _____ 1/4, Section _____ Town _____ N Range _____ E			
<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))