

**North Office**

3328 U.S. Hwy 51 N  
Janesville, WI 53545-0772  
Mailing Address:  
PO Box 1088  
Janesville, WI 53547-1088

608-757-5440  
608-758-8423 (fax)



Public Health

[www.co.rock.wi.us/health](http://www.co.rock.wi.us/health)

**South Office**

61 Eclipse Center  
Beloit, WI 53511

608-364-2010  
608-364-2011 (fax)

County Sanitary Permit Number: \_\_\_\_\_

**APPLICATION FOR ROCK COUNTY SANITARY PERMIT**

**APPLICATION INFORMATION – PLEASE PRINT ALL INFORMATION**

Property Owner's Name			Property Location		
Property Owner's Mailing Address			Subdivision/CSM	Lot No.	Block No.
City, State	Zip Code	Phone Number	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of :		
Parcel Address (LP):			Parcel Identification Number :		

**TYPE OF BUILDING**

Public, Describe Use \_\_\_\_\_  1 or 2 family Dwelling Unit, No. Bedrooms: \_\_\_\_\_

**TYPE OF PERMIT**

(Check only one box on Line A. Check box on line B, if applicable)

A). 1.  New System    2.  Replacement System    3.  Reconnection of a New Structure to an Existing System  
 4.  Connection of an Additional Structure to an Existing System    5.  Repair of an Existing System

B)  A Sanitary Permit was Previously Issued; Sanitary Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**TYPE OF SYSTEM**

Pit Privy     Vault Privy     Non-Water Carried Toilet System, Specify \_\_\_\_\_  
 Reconnection to Existing System-Type of System \_\_\_\_\_

**RESPONSIBILITY STATEMENT**

I, the undersigned assume responsibility for the installation shown on the attached plan &/or described above.

Name: (Print)	Signature:	MP/MPRS No.	Business Phone
Address (Street, City, State, Zip Code)			

**COUNTY USE ONLY**

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Sanitary Permit Fee	Date Issued	Signature
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Conditions of Approval/Reason for Denial \_\_\_\_\_  
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