

PORTABLE RESTROOM PERMIT APPLICATION

1. Adams County Permit Application
2. Adams County Portable Restroom Agreement with direction for completing form.
3. Servicing Contract
4. Site Map/Plot Plan (indicate setback of restroom to lot lines and road.)
5. This is an annual permit from March 1 through March 1. The fee is \$25 per year.



www.co.adams.wi.gov

OFFICE USE ONLY: (Document Revised 03-15-12)

Planning & Zoning Department

Permit Application

P. O. Box 187

Phone: 608 339-4222

Friendship, WI 53934

Fax: 608 339-4504

Date: _____ FILE #: _____
 Parcel #: _____ County Zoning District: _____
 State Sanitary #: _____ Shoreland Zoning District: _____
 State UDC Seal #: _____ FIRM / Flood Study Zone: _____
 Waterfront Yes No Airport Height Zoning: _____

* **ADDITIONAL REGULATIONS:** (1) Per Sec. 4-2.05 of the Adams County Shoreland, Wetland and Habitat Protection Ordinance, all nonconforming shoreline buffer areas shall be brought into compliance by July 1, 2015. (2) 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 ONE: BUFFER RESTORE EROSION CONTROL ZONING SANITARY BUILDING

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

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

Mailing Address: _____

Property Description:

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

Lot: _____; Block: _____; Addition: _____; Subdivision: _____

Town of: _____ Property Address (if any): _____

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

Construction Description: _____

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

Use: _____

(Residence, Accessory Building, Commercial, Industrial, Public etc.)

Type of Construction (if Manufactured Home, list year): _____

(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: _____ Cell #: _____

Address: _____

OFFICE USE ONLY:

Zoning: \$ _____ Comments / Conditions: _____

Sanitary: \$ _____

Building: \$ _____

Other: \$ _____

State Fee: \$ _____

Total: \$ _____

Paid (check # or cash): \$ _____

Date: _____ Approved by: _____ Date: _____

By: _____ Denied by: _____ Date: _____

DIRECTION FOR COMPLETING THE ATTACHED

Owners must sign the document and names must be typed or legibly printed below their signature.

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 and must be completed in BLACK INK, either typed or handwritten. Typed is preferred.

All portions of the 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 placement of a PORTABLE RESTROOM(s) on the following property: Provide full legal land description. Attach full size page(s) if additional space is needed.						
Govt. Lot #	or	1/4,	1/4, Section	Town	Range	E
Lot #	Block #	Subdivision Name or CSM #				
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> 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. Comm 91 Wisconsin Administrative Code, pursuant to Portable Restrooms and to maintain the portable restroom in such a manner as to exclude flies and vermin.
- I/We understand and agree to allow the Adams County Planning & Zoning Dept. Sanitary Inspector to enter upon the above described property to investigate the condition of the portable restroom and that it 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 closes outside edge of the portable restroom to listed items.*

Well	Lake/Stream	Back lot line	Side lot line	Front lot line <i>(Must use the greater of the two setbacks)</i>	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 Holding Tank Servicing Contract with a Pumping Contractor licensed under ch. NR 113 and NR 114 Wis. Adm. Code and to file the service contract with the Adams County Planning & Zoning Dept. including contract renewals due to change of provider or termination within ten (10) days of change or termination. I/We further understand and agree that a report of all servicing events must be submitted to the Adams County Planning & Zoning Dept. by the service provider on an annual basis.

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)]

SERVICING CONTRACT

This contract is made between the Property Owner(s) and Pumper Contractor licensed under ch. 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 Certification Number - (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

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 CST #
Govt. Lot #	or	1/4,	1/4, Section	Town	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. Comm 83, 87 and 91 Wis. Adm. Code and the Adams County Private Onsite Wastewater Treatment System Ordinance.

Owner(s) Signature _____

Pumper's Signature _____

Certification Number: _____

Phone Number: _____

Date _____

Date _____

Document Drafted By (print) _____

Dept. Use Only:

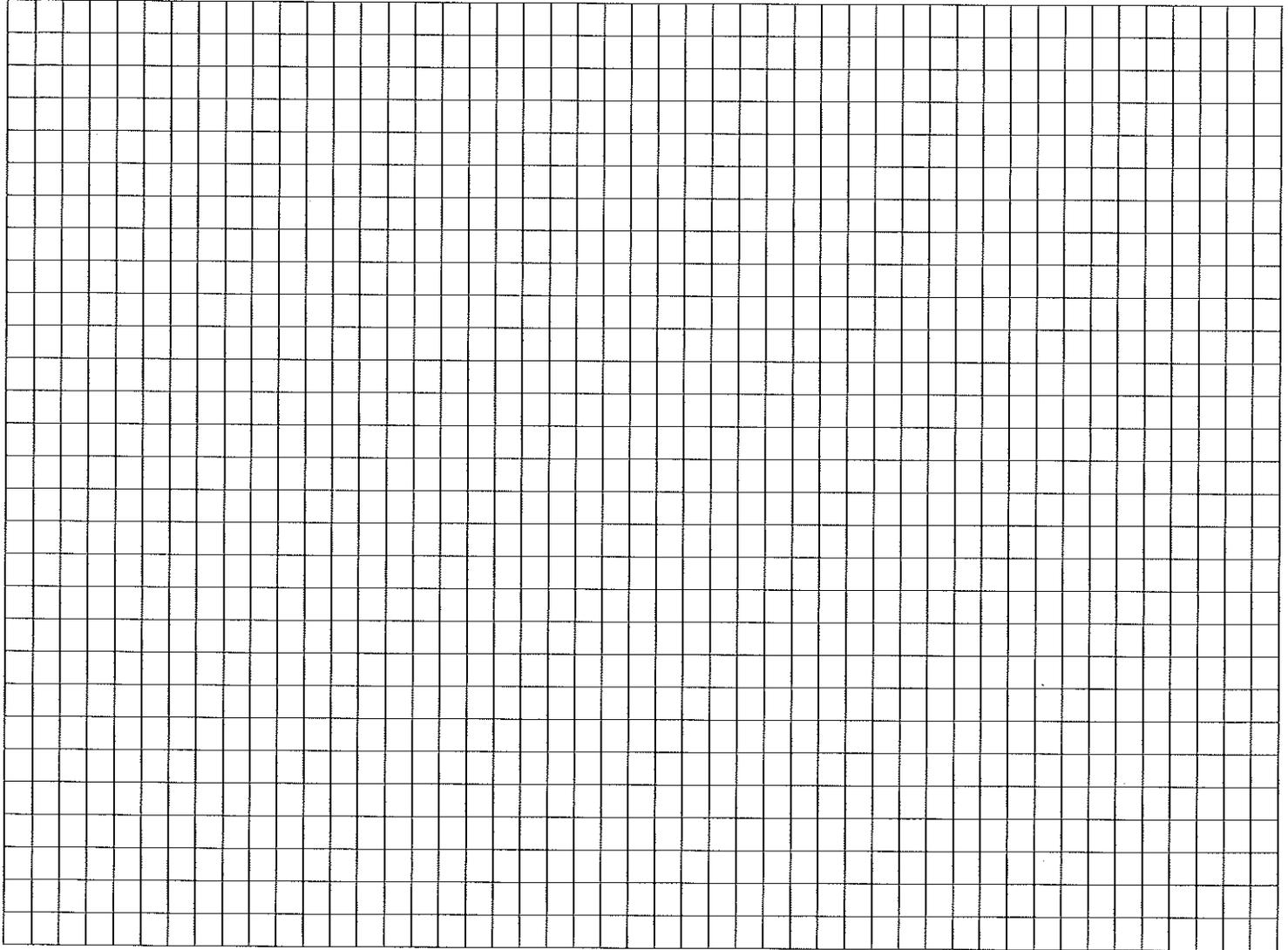
Reviewed by & date accepted, as part of a permit application: _____

Site Map / Plot Plan

See Reverse Side for Setback and Height Limit Information

PLEASE NOTE: All setbacks must be clearly and accurately shown or 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.



Consider the grid map as your entire lot.