EST. ANALISSO	
TWONDS	

Version: December 28, 2020

OFFICE USE ONLY				Destad
Application Number: Fee		Fee Received By:		Received:
Parcel Number: MJKT194801	- Propert	y Address: <u>1)33139</u>	200 Heritage H	ill et
Property Ov	wner		Agent (if any)	1
Name Micha	et We	aner	Maggie Wegn	er (white Oak Bu
Street address 110 A	cher C	Г	14 E Main	57.
City, state, zip code	, which	53593	Watertown	
Daytime telephone	213-01	90	262-894-	4105
Email address Milleg	ner 1@	Julail. com	Maggie @ W	niteoakbuild.com
General description of proposed projec New Construction (Single Family	Presid	dential frome		
Zoning Information				
Zoning District(s) (check all that apply) C-1 Conservancy		cks and Offsets		setback line (road right-of-way)
A-1 Agricultural			building foundation to base	
RH Rural home SE Suburban estates		~	building foundation to	
R-1 Residential		~ ~	building foundation to	
R-2 Residential B-2 Local business	EC set	back: NIA feet from buil	ding foundation to Environmen	tal Corridor District (if any)
P-1 Public PUD:	C-1 se	tback: NIA feet from buil	ding foundation to Conservanc	y District (if any)
EC Environmental corridor (overlay) HS Hydric soils (overlay)	')			
For assistance in the zoning districts pleas	e visit: <u>https://to</u>	own <u>ofmukwonago</u> .zoningh <u>u</u> t	.com/home.aspx	
Floor Area of Buildings (in square feet fror				
	Existing	3	Proposed	
Principal building (first floor)			1995	
Principal building (second floor)			1001	
Attached garage			1254	
Detached building (#1) Detached building (#2)				
	Total		3249	

Sanitary Permit No. (Buildings requiring sanitation only): __658878

New Building with a Basement	POL - 1002	
Elevation of top of foundation	1007	(This should be shown on the grading plan.)
Elevation of top of basement floor	998	(This should be shown on the grading plan.)
Elevation of top of footing	997.7	(This should be shown on the grading plan.)
Elevation of seasonal high-water table		(This is listed in the Seasonal High Groundwater Determination Report.)

Note: The top of the basement floor must be one foot or more above the seasonal high-water table.



Town of Mukwonago

W320 S8315 Beulah Road Mukwonago, WI 53149 www.TownOfMukwonago.us Phone (262)363-4555 Fax (262)363-8377

TOWN OF MUKWONAGO PROFESSIONAL SERVICES REIMBURSEMENT NOTICE

Pursuant to the Municipal Code of the Town of Mukwonago, Wisconsin, Section 2-2 and 2-3, the Town of Mukwonago Town Board has determined that whenever the services of the Town Attorney, Town Engineer, Town Planner, or any other of the Town's professional staff results in a charge to the Town for that professional's time and services and such service is not a service supplied to the Town as a whole, the Town Clerk shall charge that service for the fees incurred by the Town to the property owner incurring those fees, even if the request is not approved. Also, be advised that pursuant to the Municipal Code of the Town of Mukwonago, Wisconsin, certain other fees, costs, and charges are the responsibility of the property owner even if the request is not approved. Imposition of any fees, costs, or charges; however, is subject to the property owner's appeal rights as described in said Municipal Code of the Town of Mukwonago, Wisconsin,

I, the undersigned, have been advised that pursuant to said Municipal Code of the Town of Mukwonago, Wisconsin, if the Town Attorney, Town Engineer, Town Planner, or any other Town professional provides services to the Town because of my activities, whether at my request or at the request of the Town, I shall be responsible for the fees incurred by the Town, even if the request is not approved. In addition, I have been advised that pursuant to said Municipal Code of the Town of Mukwonago, Wisconsin, certain other fees, costs, and charges are my responsibility even if the request is not approved. By signing this document; however, I am not waiving my appeal rights that are described in said Municipal Code of the Town of Mukwonago, Wisconsin.

PLEASE PRINT LEGIBLY

Name and Billing Address of Property Owner responsible for	any outstanding Invoicing
Billing: Michael Wegner	Phone #
110 Acker Ct.	Cell # 608-213-0190
	egner 1@gmail.com
Address of property if different than above W33159200	Heritage Hill Ct.
Tax Key Number of the Property involved in the Request: MU	KT 1948014
Description of project: New Residential Home	e
Signature of Property Owner Manuegum Signature of Authorized Agent	[] 8] 2-4 Date <u>11-18-24</u> Date

Submit	Print	Save
--------	-------	------

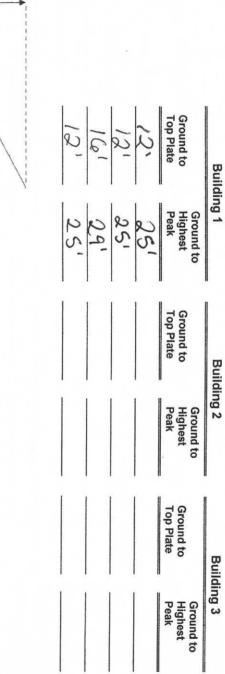
Signature of Town Official

Planner \$140/hr Attorney \$216/hr Engineer up to \$150/hr

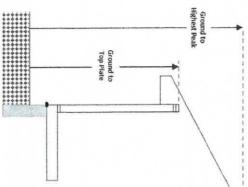
A copy of this completed form shall be provided to the Town Clerk for billing purposes. updated 10/4/24

Page 2

Height of Proposed Building(s)



Right Rear Front



Applicant certification

- I certify that all of the information in this application, along with any attachments, are true and correct to the best of my knowledge and belief.
- I understand that this application and any written materials relating to this application will become a permanent public record and that by submitting this application I acknowledge that I have no right to confidentiality. Any person has the right to obtain copies of such written materials or view it online.
- I understand that the Zoning Administrator will review this application to determine if it contains all of the required information. If he or she determines that the application is incomplete, it will not be scheduled for review until it is deemed to be complete.



A Ø New System Replacement System Other Modification to Existing System (explain) Additional Pretreatment Unit (explain) B. Holding Tank In-Ground (conventional) At-Grade Ø Mound Individual Site Design Other Type (explain) C. Renewal Before Expiration Revision Change of Plumber Transfer to New Owner List Previous Permit Number and Date Issued IV. Dispersal/Treatment Area and Tank Information: Design Soil Application Rate(gpd/sf) Dispersal Area Required (sf) Dispersal Area Proposed (sf) System Elevation 6.00 //.0.54 n.cl Gallons Total # of Manufacturer 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Press and the second se	Strating loss in the loss	ANY COLUMN TWO IN THE REAL OF			-				Theory Personal Concession of the State	and the second se				
NOV UB 2024 Industry Services Division Saminy Premit Numer (ex Bild in ty Co.) PARK ANY TANDA 1000 Cold Mark Cold, when the paper of the service of the service of the the paper of the service	ar pitas	TWO STORY	RECEIVE	D					•	Coun	11)n	NV 0	Shi	2	
Participants in any light Application Is required by SY3321(2), With All, Cole, ubinistics of this form to be appointed of device any build by the second of the	-	P.	MAN (18 20	04					a contraction of the second	Sanita	ary Permit Ni	umber (to	be filled	in by Co	.)
Ib accordinge with SP 383.21(2), Wis, Adn. Colo, submission of this form to the appropring governmental and its required prior to dealing and international statements of adding and physical submission. The Application form for state appropring governmental and an antibag address. Project definition of the Application and the application form for state appropring governmental and a statement of adding address. Project Ormer's Name Project Ormer's Name Project Ormer's Name Project Ormer's Name Project Ormer's Name Project Ormer's Name Project Ormer's Name Project Ormer's Name Project Ormer's Name Project Ormer's Name Project Ormer's Name Project Ormer's Name ID ACLER CL Specific Ormer's Name Int Specific Ormer's Name Int Specific Ormer's Name ID Type of Building (check all stat apply) Let # NE N.S.E. N. Section INE N.S.E. N. Section I's a 2 semily Developments Describe Us CSM Number Village of MUEDONOLOGO I's a 2 series Developments Describe Us CSM Number Village of MUEDONOLOGO I's a 2 series Development Ind other applicable on line A. Check one box on line B. Complete line C if applicable. I's New System Replacement System Other Modification to Existing System (cipital System Device on the Acte Acte Acte Acte Acte Acte Acte Act	TALLAR ST 1540	NAL STREET						К	11131011		(15	887	8		
Ib accordinge with SP 383.21(2), Wis, Adn. Colo, submitted of This form to the appropriate growtimetal and the required prior to dealing and there in the appropriate growtimetal and the international control of the Department of Addrey and Proteomed Services Priored informs of the Addrey and Proteomed Services Priored information The Addrey and Proteomed Services Priored inform to the appropriate growtimetal and the recorder of the Department of Addrey and Proteomed Services Priored information Property Ormer's Name Property Ormer's Name Property Ormer's Name Property Ormer's Name Property Ormer's Marine Differentiation Services Prior Addrey and Property Ormer's Name NE w. S.E. v., Service 19 Property Ormer's Marine Differentiation Services Prior Addrey and Property Ormer's Name NE w. S.E. v., Service 19 Property Ormer's Marine Differentiation Services Prior Name NE w. S.E. v., Service 19 Property Ormer's Marine Differentiation Services Prior Name NE w. S.E. v., Service 19 Differentiation France Prior Name NE w. S.E. v., Service 19 New Services Name Differentiation Services Name New Services Name New Services Name New Services Name Differentiation Services Name Constructions Name New Services Name New Services Name Differentiation Services Name Construct		r	Sanitary	Perm	it Ap	olicat	tion			State		AN TOWNER TO			
Bit Jergensen of Jackey and protessional Services Research informations you provide may be used for secondary W 331 S 92.00 Application formation Present you information Present you information Property Owner's Malling Addres Property Owner's Malling Addres Property Owner's Malling Addres III. Type of Building (Addres State Section State Section Property Owner's Malling Addres IV. Type of Building (Addres State Section State Section Presenty Decision III. Type of Building (Addres State Section Presenty Decision Presenty Decision IV. Type of Building (Addres State Section Presenty Decision Presenty Decision State Owned - Decribe Use CSM Number Probatic Commercial - Decribe Use Probatic Commercial - Decribe Use Other Modification to Existing System (explain) Additional Presentment Unit (explain) B Hotaling Task In-Ground Ad-Grade Mound Individual Site Decig Other Type (explain) C Present System Other Modification to Existing System (explain) Additional Presentment Unit (explain) Additional Presentment Unit (explain) B Hotaling Task In-Ground Disperal Area Proposed (d) System Elevation C		lance with SPS	5 383.21(2), Wis. Adm.	Code, sub	mission of t	this form 1	to the a	ppropriate		nit					
propose in secondare with the Privery Law, it. 540(1/m), State. Harding Charles Privat Milling Charles Harding Charles Privat Milling Charles 1 - Application Information - Fleese Privat Milling Charles Martine Privation Harding Charles Harding Charles 1 - Application Information - Fleese Privat Milling Charles Data Privation Martine Privation Martine Privation 1 - Organization Privation 1 State Privation Martine Privation Martine Privation 1 - Organization 1 State Privation 1 State Privation Martine Privation 1 - Organization 1 State Privation 1 State Privation Martine Privation Martine Privation 1 - Organization 1 State Privation Martine Privation	the Depa	riment of Safe	ty and Professional Ser	vices. Perso	onal inform	rms for st ation you	ate-ow provid	ned POW e may be i	TS are submitted used for secondar			different	than mai	ling addr	ess)
Property Owner's Name Parcel # Parcel # </td <td>purposes</td> <td>in accordance</td> <td>with the Privacy Law,</td> <td>s. 15.04(1)</td> <td>(m), Stats.</td> <td></td> <td></td> <td></td> <td></td> <td>- 41</td> <td>221 2</td> <td>1400</td> <td>1.11</td> <td>()</td> <td></td>	purposes	in accordance	with the Privacy Law,	s. 15.04(1)	(m), Stats.					- 41	221 2	1400	1.11	()	
Michael Wegner/Line Multication Property Owner's Mailing Address 20 code Phones Number Orv. Lat City, Subic 27 pode Phones Number NE x, Section 19 10 or 2 Family Dwelling - Number of Bedrooms 4 Ist S S S S NE x, Section 19 11 or 2 Family Dwelling - Number of Bedrooms 4 Ist S N x & Subdrovision Name Subdrovision Name We way 12 or 2 Family Dwelling - Number of Bedrooms 4 Ist S N x & Subdrovision Name We way Subdrovision Name We way 12 or 2 Family Dwelling - Number of Bedrooms 4 Ist S N x & Subdrovision Name We way We way Subdrovision Name We way Subdrovision Name We way Subdrovision Name We way We way Subdrovision Name Subdrovision				un An In	ormation		÷			Parcel	I TU	ft I	Till	Ct-	
City, Sile NE, N, S.E., N, Section, I.A. II. Type of Ruiding (check all that apply) A to 7 Femily Dwelling – Number of Bolirooms Let # Subdivision Name Subdivision Name Public/Commercial – Describe Use City of City of City of City of Subdivision Name Block # City of City of City of Nie. A. Check one box on line B. Complete line City of M. New System Replacement System Other Modification to Existing System (explain) Additional Pretrasment Valit (explain) B Isolding Task In-Ground A to Grade Mound Individual Site Design Other Type (explain) C Renewal Below Convertainmail A to Grade Mound Individual Site Design Other Type (explain) C Design Flow (gr) Design Stoil Application Kastegosh Dispersal Area Proposed (st) System Elevation Design Flow (gr) Design Stoil Application Kastegosh Dispersal Area Required (st) Dispersal Area Proposed (st) System Elevation Gallons Gallons Gallons Gallons Gallons Mound <t< td=""><td>Property</td><td>Owmer's Mail</td><td>Michael</td><td>L W</td><td>equi</td><td>er</td><td></td><td></td><td></td><td>m</td><td>UKTI</td><td>1948</td><td>5014</td><td>1</td><td></td></t<>	Property	Owmer's Mail	Michael	L W	equi	er				m	UKTI	1948	5014	1	
City, Sate Zp Code Phone Number NE_4_SE_4, Section IA II. Type of Duilding (check all that apply) I to 2 Family Dwelling - Number of Bodrooms I IS Subdivision Name IP obbie/Commercial – Describe Use Block # Interpretation of Bodrooms	liopeny	10 A	Cher Ct.		J.						1				
II. Type of Dullding (check all that apply) Lot# T_S_N_R_IS_Epr II. Type of POWTS Permits (Check all that apply) Block # Block # Her Her Huge Hull Estotes II. Type of POWTS Permits (Check either "New" or "Replacement" and other applicable. Village of MULDOCAGO. Village of MULDOCAGO. II. Type of POWTS Permits (Check either "New" or "Replacement" and other applicable. Individual Site Desige Other Type (cplain) Replacement System Replacement System Other Modification to Existing System (csplain) Additional Perteratment Unit (csplain) Renewal Before Revision Change of Plamber Transfer to New Owner List Pervious Permit Number and Date Issued Posicer Dow (got) Design Son Applications Rate(goth) Dispersal Area Perposed (af) System Elevation Galoan Galoan Galoan food Galoa food Septic er Holding Tank In certainin Total # of Galoan Galoa Septic er Holding Tank In certainin Galoan Galoan Galoan Galoan Galoan Primber's Name (Frint) Primber's Name (Frint) Primber's Signature Galoan Galoan Galoan MP/MERS Number Basintes Phone Number	City, Stat	te 1	11.1=1=	Z	ip Code	0	Phone	e Number					1	0	
A 1 or 2 Femily Dwelling - Number of Bodrooms A Block # Block # Block # Block # <td>Ve</td> <td>rona</td> <td>WL</td> <td>5</td> <td>0354</td> <td>3</td> <td></td> <td></td> <td></td> <td>IVE</td> <td>- 1/4, JE</td> <td>1/4, Sec</td> <td>tion</td> <td>7</td> <td></td>	Ve	rona	WL	5	0354	3				IVE	- 1/4, JE	1/4, Sec	tion	7	
State Owned – Describe Use State Owned – Describe Use Owned – Describe Vouned – Describe Owned – Des	1.57			11		_	Lot #	1		TSubdiv	<u>) N R</u> vision Name	18(E or W		
State Owned - Describe Use CSM Number City of	D Public.	/Commercial -	- Describe Use				Block	:#		He	ritage	Hill	ES	stat	es
United A Town of MULEWORAGO II. Type of POWTS Permit: (Check either "New" or "Replacement" and other applicable on line A. Check one box on line B. Complete line C if applicable.) A M New System Replacement System Other Modification to Existing System (explain) Additional Petrestment Unit (explain) B Holding Tank In-Ground (conventional) At-Grade Ø Mound Individual Site Design Other Type (explain) C. Renewal Before Expiration Change of Plumber Transfer to New Owner List Previous Permit Number and Date Issued TV. Dispersal/Treatment Area and Tank Information: Dispersal Area Required (xt) Dispersal Area Required (xt) Dispersal Area Required (xt) System Elevation Boeign Flow (grd) Design Flow (grd) Dispersal Area Required (xt) Dispersal Area Required (xt) Manufacturer gt g										□ City	y of				
II. Type of POWTS Permit: (Check either "New" or "Replacement" and other applicable on line A. Check one box on line B. Complete line C if A Ø New System Replacement System Other Modification to Existing System (explain) Additional Pretreatment Unit (explain) B Holding Tank In-Ground At-Grade Ø Mound Individual Site Design Other Type (explain) C. Renewal Before Expiration Change of Plumber Transfer to New Owner Chief Previous Permit Number and Date Issued Design Flow (grd) Design Sol Application Ratiog/dvft) Dispersal Area Required (st) Dispersal Area Proposed (st) System Elevation Body Individual Site Design One for Sol Application Ratiog/dvft) Dispersal Area Required (st) Dispersal Area Proposed (st) System Elevation Body Individual Site Design Individual Site Design Flow (grd) System Elevation Galloons Units Manufacturer ging ging ging ging ging ging ging ging	L State C	Jwned – Desci	10e Use			- [CSM	Number				Vie		0	
applicable: A B New System Replacement System Other Modification to Existing System (explain) Additional Pretreatment Unit (explain) B Holding Tank In-Ground (conventional) At-Grade Ø Mound Individual Site Design Other Type (explain) C Renewal Before Expiration Revision Change of Plumber Transfer to New Owned List Previous Permit Number and Date Issued IV. Dispersal/Treatment Area and Tank Information: Design Flow (gpd) Design Soil Application Rate(gpd/sf) Dispersal Area Required (sf) Dispersal Area Proposed (sf) System Elevation Galoos Galoos Galoos Galoos Galoos Galoos Manufacturer gi g										DA Tov	vn of 1110	FUE	na	90_	
A Mew System Replacement System Other Modification to Existing System (explain) Additional Pretreatment Unit (explain) B. Holding Tank In-Ground (conventional) At-Grade Ø Mound Individual Site Design Other Type (explain) C. Reneval Before Expiration Revision Change of Plumber Transfer to New Owner List Previous Permit Number and Date Issued IV. Dispersal/Treatment Area and Tank Information: Dispersal Area Required (sf) Dispersal Area Required (sf) System Elevation GCO I-0.54 n/ GCO I/2-5C I/2-5C Tank Information Gallons Gallons Gallons Units Manufacturer Septic or Holding Tank I/200-300 I/300 I/300 I/200 I/200 I/200 Plumber's Name (Print) Pumber's Signature MP/MPRS Number Business Phone Number Individue Site Agent Age	III. Typ applicat	e of POWTS ble.)	S Permit: (Check eit	ther "Nev	v" or "Rej	placeme	nt" an	d other	applicable on	ine A. Ch	eck one bo	x on line	B. Con	mplete l	ine C if
B. Holding Tank In-Ground (conventional) At-Grade Mound Individual Site Design Other Type (explain) C. Renewal Before Expiration Revision Change of Plumber Transfer to New Owner List Previous Permit Number and Date Issued IN: Dispersal/Treatment Area and Tank Information: Design Flow (god) Design Flow (god) Design Flow (god) Dispersal Area Required (si) Dispersal Area Proposed (si) System Elevation Gattor I.o. 5 4 n.d 6 00 6 00 Issued I.2. 5 0 Tank Information Capacity in Gattors Total # of Gattors Manufacturer 98<			🗌 Replacement	System	Other	Modificat	ion to .	Existing S	ystem (explain)	Add	itional Pretre	atment Ur	uit (expla	in)	
Produing Tank Im-Ground Image: At-Grade Mound Individual Site Design Other Type (explain) C. Renewal Before Revision Image: Change of Plumber Transfer to New Owner List Previous Permit Number and Date Issued W. Dispersal/Treatment Area and Tank Information: Image: Change of Plumber Transfer to New Owner List Previous Permit Number and Date Issued Design Flow (gpd) Design Slow (gpd) Design Slow (gpd) Design Slow (gpd) Dispersal Area Required (sf) Dispersal Area Proposed (sf) System Elevation Tank Information Image: Capacity in Gallons Gallons Units Manufacturer Image: Capacity in Gallons Image: Capacity in Gallons </td <td>B</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(1</td> <td></td> <td></td>	B						_						(1		
Expiration Expiration Expiration Expiration Image of Finite Design Soft Application Rate(gpd/sf) Dispersal Area Required (sf) Dispersal Area Proposed (sf) System Elevation Galo Image of Finite Galos Galos Galos Image of Finite Tank Information Capacity in Gallons Total # of Gallons Image of Finite Galos Image of Finite Septic or Holding Tank Design Soft Application Rate(gpd/sf) Dispersal Area Required (sf) Manufacturer Image of Finite Image of Finite Septic or Holding Tank Design Chamber 7.50 7.50 7.50 Image of Finite Image of Finite Image of Finite Pumber's Signature Plumber's Signature Plumber's Signature MP/MPRS Number Business Phone Number Plumber's Address (Street, City, State, Zip Code) Permit Fee Date Issued Issuing Agent Signature Null21 C+4 L2 V John Son Crelet, WI 53.058 Date Issued Issuing Agent Signature Image of Finite Solutions of Approval/Reasons for Disapproval Permit Fee Date Issued Issuing Agent Signature Image of Finite Pump for Signature Milderov Ordinance your sept		Holding Tank		1)	At-Gri	ade		Mon 🕅	ınd	🗌 Indiv	vidual Site D	esign [Other	Гуре (ехр	olain)
Design Flow (gpd) Design Soil Application Rate(gpd/sf) Dispersal Area Required (sf) Dispersal Area Proposed (sf) System Elevation 600 "/.0.54.0.0" 600 600 1/2.50 Tank Information Capacity in Gallons Total alons # of Gallons Manufacturer 90<			re 🗌 Revision -		Chang	e of Plum	ber	🗌 Tran	sfer to New Own	List Prev	ious Permit 1	Number ar	nd Date]	ssued	
600 100 54 nd 600 600 112.50 Tank Information Capacity in Gallons Total # of Gallons Manufacturer 9 <								1	A	1					
Tank Information Capacity in Gallons Total (Gallons) # of Gallons Manufacturer Image: Capacity of State Image: Capacity of State Image: Capacity of St	_										ed (sf) Sy				
Tank Information Gallons Gallons Gallons Units g g g g g g g g g g g g g g g g g g g	64			Contraction of Contra		-						112	.50		
Septic or Holding Tank 1000-300 1300 1 Data frequency X Dosing Chamber 750 750 Data frequency X Image: Septic or Holding Tank Plumber's Name (Print) Plumber's Signature MP/MPRS Number Business Phone Number Thom (AS E. GAILHZ Plumber's Signature MP/MPRS Number Business Phone Number Plumber's Address (Street, City, State, Zip Code) MU31 C44 RA Y John Son Creek, wit 53038 VI. County/Department Use Only VI. County/Department Use Only Permit Fee Date Issued Issuing Agent Signature @ Owner Given Reason for Denial Permit Fee Date Issued Issuing Agent Signature @ Owner Given Reason for Denial II-18-24 Wylw Barn /MS Conditions of Approval/Reasons for Disapproval Under the Waukesha Countly Sanitary Ordinance your septic (ano lift oump) tank will reduire pumping and inspection every three (3) years. Attach to complete plans for the system and submit to the County only on paper not less thag 8 1/2 x 11 inches in size	Tank Info		Gall	ons		and the second second		1992	Manujac	Lurer	b rete	-uo-			0
Septic or Holding Tank 1000-300 1300 1 Data frequency X Dosing Chamber 750 750 Data frequency X Image: Septic or Holding Tank Plumber's Name (Print) Plumber's Signature MP/MPRS Number Business Phone Number Thom (AS E. GAILHZ Plumber's Signature MP/MPRS Number Business Phone Number Plumber's Address (Street, City, State, Zip Code) MU31 C44 RA Y John Son Creek, wit 53038 VI. County/Department Use Only VI. County/Department Use Only Permit Fee Date Issued Issuing Agent Signature @ Owner Given Reason for Denial Permit Fee Date Issued Issuing Agent Signature @ Owner Given Reason for Denial II-18-24 Wylw Barn /MS Conditions of Approval/Reasons for Disapproval Under the Waukesha Countly Sanitary Ordinance your septic (ano lift oump) tank will reduire pumping and inspection every three (3) years. Attach to complete plans for the system and submit to the County only on paper not less thag 8 1/2 x 11 inches in size			New Tanks	Existing Ta	inks						Prefa	Site C	Steel	liber	lasti
Dosing Chamber 750 750 Control of the POWTS shown on the attached plans. Plumber's Name (Print) Plumber's Signature MP/MPRS Number Business Phone Number Thom(3S, E., Gallitz Plumber's Signature MP/MPRS Number Business Phone Number Plumber's Address (Street, City, State, Zip Code) MP/MSCO (420) (499-934) VI. County/Department Use Only Permit Fee Date Issued Issuing Agent Signature Owner Given Reason for Denial Permit Fee Date Issued Issuing Agent Signature Conditions of Approval/Reasons for Disapproval Under the Waukesha County Sanitary Ordinance your septic (ano lift oump) tank will require pumping and inspection every three (3) years.	Septic or Ho	olding Tank	1000-300			1300		,	01			0.1 0		щ О	<u> </u>
Plumber's Name (Print) Thomas E. Gallitz Plumber's Address (Street, City, State, Zip Code) NUISI Cty Rd Y Johnson Creek, WI 53038 VI. County/Department Use Only Approved Owner Given Reason for Denial Conditions of Approval/Reasons for Disapproval Conditions of Approval/Reasons for Disapproval Aftach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size	Dosing Char						1	-	Calma	17	X				
Plumber's Name (Print) Thomas E. Gallitz Plumber's Address (Street, City, State, Zip Code) NUISI Cty Rd Y Johnson Creek, WI 53038 VI. County/Department Use Only Approved Owner Given Reason for Denial Conditions of Approval/Reasons for Disapproval Conditions of Approval/Reasons for Disapproval Address for Disapproval Address for Disapproval Address for the system and submit to the County only on paper not less thag 8 1/2 x 11 inches in size	V. Respo	nsibility Sta	tement- I, the under	signed, ass	ume respon	nsibility fo	or inst	allation of	f the POWTS sh	own on the	attached pla	uns.		1	
Plumber's Address (Street, City, State, Zip Code) NU331 CHU RA V JOHNSON CYELK, WI 53038 VI. County/Department Use Only Approved Disapproved Owner Given Reason for Denial Conditions of Approval/Reasons for Disapproval Conditions of Approval/Reasons for Disapproval Will reasons for Disapproval Will require pumping and Inspection every three (3) years. Attach to complete plans for the system and submit to the County only on paper not less thag 8 1/2 x 11 inches in size	Plumber's	Name (Print)		Plumbe	r's Signatur	re	0	14					hone Ni	umber	
VI. County/Department Use Only Permit Fee Date Issued Issuing Agent Signature Approved Disapproved \$ [133, 00] Date Issued Issuing Agent Signature Owner Given Reason for Denial \$ [133, 00] II-18-24 Supple Bolm / MS Conditions of Approval/Reasons for Disapproval Under the Waukesha County Sanitary Ordinance your Septic (ano lift oump) tank will require pumping and Inspection every three (3) years. Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size Supple 2 x 11 inches in size	Plumber's	<u>MAS</u> E Address (Stree	• GUIITZ et, City, State, Zip Code	,	1-3	(X)	e	0	12	2730		920)	699	1-934	HT I
Approved Disapproved Permit Fee \$ 1[33, 00 Date Issued Issuing Agent Signature Conditions of Approval/Reasons for Disapproval Image: State of the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size Under the Waukesha County State	NUBI			nson	Creek	.WI	5	3038	\$						
Conditions of Approval/Reasons for Disapproval							Date I	ssued	Issuing Ag	ent Signatur	re				
Conditions of Approval/Reasons for Disapproval	/ Arpoint			enial	1133.00	0	1-1	8-24	Suyla	- Behry	MS				1
Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size	Condition	s of Approva	I/Reasons for Disapp	roval	and the second second	t				U	/				
Will require pumping and inspection every three (3) years. Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size		* N	igen strong	essi	oep		2					m Ord	nance	YOU!	1
Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size											septic	(ano lit	I DUM	and and	
Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size											Will re	n every	three	(3) ye	ars.
Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size 52808\$1383 Recent 20429				Showlengerse											
			Attach to complete pl	ans for the s	ystem and su	abmit to the	e Count	ty enly on p	aper not less than	8 1/2 x 11 inc	ches in size 2042	9			

STATE SANITARY PERMIT	ERMIT
TRANSFER/RENEWAL PREVIOUS NO.	S NO.
OWNER Michael Wigner & Rentless Prime	 CHAPTER 145.135 (2) WISCONSIN STATUTES (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.
LIC.# 2275	 (c) The sanitary permit is valid and may be renewed for a specified period. (d) Changed regulations will not impair the validity of a sanitary permit. (e) Renewal of the sanitary permit will be based on
SEC 19 .T 5 N, R IS E/W AND/OR LOT 1 BLOCK	regulations in force at the time renewal is sought, and that changed regulations may impede renewal. (f) The sanitary permit is transferable. History: 1977 c. 168; 1979 c. 34,221; 1981 c. 314
Hoitage Hills Eshales SUBDIVISION THE	Note: If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.
THIS PERMIT EXPIRES AUTHORIZED ISSUING OFFICER – DATE A	UNLESS RENEWED BEFORE THAT DATE
POST IN PLAIN VIEW	TEW
VISIBLE FROM THE ROAD FRONTING THE LOT DURING CONSTRUCTION	RING CONSTRUCTION
SBD-06499 (R11/20)	

NO. 658878

WAUKESHA COUNTY