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
--------	-------	------

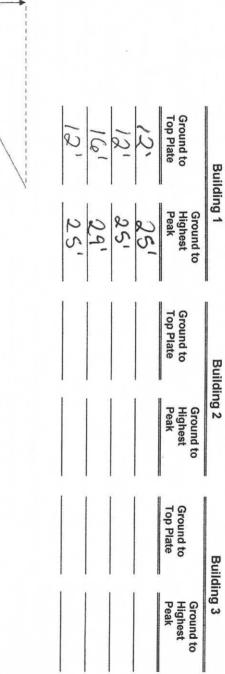
Signature of Town Official

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

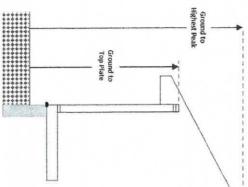
A copy of this completed form shall be provided to the Town Clerk for billing purposes. updated 10/4/24

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	<ul> <li>CHAPTER 145.135 (2) WISCONSIN STATUTES</li> <li>(a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.</li> </ul>
LIC.# <b>2275</b>	<ul> <li>(c) The sanitary permit is valid and may be renewed for a specified period.</li> <li>(d) Changed regulations will not impair the validity of a sanitary permit.</li> <li>(e) Renewal of the sanitary permit will be based on</li> </ul>
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