

Holding Tank

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

1. Project Information – Fill in all known information.

Project/Site Name _____

Location, Number & Street of project (if unknown, indicate nearest road)

Legal Description _____

County _____ () City () Village () Town of _____

2. After plans are reviewed, please: (check all that apply)

___ Call customer 1, 2 (circle number)*

___ Requesting party will pick up

___ Mail plans to customer 1, 2 (circle number)*

*Refers to customer number from below

3. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information.

Designer Information (Customer 1)			Commerce	Other Please Specify (Customer 2)_____			Commerce
First Name	Last Name		Customer No.	First Name	Last Name		Customer No
Company Name				Company Name			
Address				Address			
City	State	Zip		City	State	Zip	
Phone Number (area code)	Fax	cell phone		Phone Number (area code)	Fax	cell phone	
Check others if applicable () Owner				Check others if applicable () Owner			

4. Submittal checklists can be found in each applicable component manual. You may e-mail technical code questions to **bindlm@co.richland.wi.us**

Make checks payable to **Richland County Zoning**
Attach check here

Total Amount Due \$_____