



**ASHLAND COUNTY
ZONING ADMINISTRATION**
*Court House- 201 West Main St., Room 109
 Ashland, WI 54806
 (715) 682-7014*

LARGE ASSEMBLY SANITARY APPLICATION

Operators Name	Operators Address	City	State	Zip Code
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Name of Event	Dates of Event
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Event Location

Contact(s)	Phone Number	Email Address
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- 1) NUMBER OF ATTENDEES:** _____
- a)** Estimated number of male attendees _____
- Estimated number of female attendees _____
- Total of people attending** _____

- 2) RESTROOM FACILITIES THAT WILL BE PROVIDED:**
 (Please refer to the below requirements to complete the chart)

Toilets	Male	Female
# Portable Toilets		
# Flush Toilets		

Toilet Requirements (As Per Chapter 29 IBC as Modified by WI SPS 391.14(2))

1 toilet per 75 males
 1 toilet per 37 females ***Toilets shall not exceed a path of travel over 500' from assembly area**

3) LICENSED DISPOSER SERVICING THE PORTABLE TOILETS OR INDEPENDENT UNITS:

Name: _____ Phone Number: _____

Address: _____

Pumper Signature: _____

4) PROVIDE A SCALED SITE DRAWING OF YOUR INTENDED ASSEMBLY AREA:

X-Water Well(s) T-Toilet Facilities D-Dependent Units S-Water Supply Outlets O-Solid Waste Containers I-Independent Units

5) FEES: \$25.00 per portable toilet

<u>Make Check Payable To:</u> Ashland Co. Zoning Dept.	<u>Submit To:</u> Ashland Co. Zoning Dept. 201 W Main St. Rm. 109 Ashland, WI 54806
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Applicant's Printed Name

Applicant's Signature

Date

Applicant's Drivers License #

FOR OFFICE USE ONLY	
Amount Paid: _____	Date: _____
Permit Issued: _____	