

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

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| <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 |
|--|---|

Applicant's Printed Name

Applicant's Signature

Date

Applicant's Drivers License #

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