

Buffalo County Zoning Department



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www.co.buffalo.wi.us

Change of Plumber Form

PERMIT HOLDER INFORMATION	SANITARY PERMIT INFORMATION
Permit Holder Name:	Sanitary Permit Number:
Mailing Address:	Date Issued:
City, State, Zip:	State Plan ID Number:
Phone:	

SITE INFORMATION
Site Address: _____
Property Description: _____ ¼ _____ ¼ Sec. _____, T _____ N, R _____ W, Town/City of _____
Parcel Number: _____ Lot Number: _____ Subdivision Name: _____

STATEMENT OF AUTHORITY			
I, the undersigned, hereby assume authority for the installation of the private onsite wastewater treatment system permitted by the sanitary permit number listed above.		I, the undersigned, hereby relinquish authority for the installation of the private onsite wastewater treatment system permitted by the sanitary permit number listed above.	
New Plumber Name:		Original Plumber Name:	
New Plumber Signature:	Date:	Original Plumber Signature:	Date:
New Plumbers Address:		Original Plumbers Address:	
MP/MPRS Number:	Phone:	MP/MPRS Number:	Phone:

PERMIT HOLDER AUTHORIZATION
I, the undersigned, hereby authorize the change of plumbers specified on this form.
Permit Holder Signature:

ISSUING AGENT AUTHORIZATION	
Issuing Agent Signature:	
Date Issued:	Certification Number:

The new plumber must possess the new sanitary permit placard, designating authority to the new plumber, before any POWTS or POWTS component may be installed, replaced, modified, altered, or enlarged by the new plumber.