

**Search Request  
Vilas County Maintenance Program  
Effective 2/13/2018**

Name of Requester: \_\_\_\_\_  
Address of Requester: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Will Pick Up: \_\_\_\_\_

Vilas County Zoning Office  
330 Court Street  
Eagle River, WI 54521  
Ph: (715) 479-3620 Fax: (715) 479-3752

Purpose of Request: \_\_\_\_\_  
\_\_\_\_\_

**Must complete: Number of existing Septic Systems on parcel \_\_\_\_\_**

Legal Description or Attach Vilas County's Tax Information for Computer No.

Gov't Lot \_\_\_\_\_; or \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4; Section \_\_\_\_\_; Town \_\_\_\_\_ North; R \_\_\_\_\_ E  
Computer Number: \_\_\_\_\_ Town of \_\_\_\_\_  
Site Address: \_\_\_\_\_

Current Property Owner

Name(s): \_\_\_\_\_  
Alternate Name(s) : \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Name(s) of Previous Owners:

Name(s) \_\_\_\_\_  
Approximate duration of ownership: \_\_\_\_\_ to \_\_\_\_\_

*For Office Use Only*

Computer Number: \_\_\_\_\_ Sanitary System(s) on the Maintenance Program: **Y N INVENT**

Permit Number (s): \_\_\_\_\_

Note: Systems marked as "INVENT" were added to the maintenance system through the state-mandated inventory. Soil borings and initiation fees will still be required for improvements or property transfers.

# Bedrooms:	Tank Size:	Drain Field:	Installed:
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_ This permit is available on line at: <http://www.vilascounty zoning.com> OR <https://maps.vilascountywi.gov/lookup.html>

Zoning Representative Signature: \_\_\_\_\_