

**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.

**Customer 1**

**Customer 2**

Designer Information			<input type="checkbox"/> Same <input type="checkbox"/> Owner Other Please Specify _____		
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)		Cell phone	Phone Number (area code)		Cell phone

You may e-mail technical code questions to [mike.bindl@co.richland.wi.us](mailto:mike.bindl@co.richland.wi.us)

Make checks payable to **Richland County Zoning**

**Total Amount Due \$** \_\_\_\_\_