Buffalo County

Digital Sanitary Permit Application Submittal

Agreement

The undersigned acknowledges that the following email address will be recognized by the Buffalo County Zoning Department as an authenticated source of Sanitary Permit Application submittals after the date signed. Thus, correspondence via the aforementioned email with an attached State Sanitary Permit Application will constitute a digital signature made by the undersigned Master Plumber. The Master Plumber will take full responsibility for any application that has been submitted with a digital signature. Upon written notice, this agreement may be terminated at the request of the undersigned or by the Buffalo County Zoning Department.

Email address to be used for Digital Sanitary Permit Application Submittals:

Applicant Name - Please Print	Subscribed and sworn to before me on this date:
MP/MPRS License Number	Notary Public
Notarized Signature of Buffalo County Digital Sanitary Permit Applicant	My Commission Expires

Document Accepted by:

Date: _____

Buffalo County Zoning Department Staff Signature

407 S. 2nd Street; PO Box 492; Alma, WI 54610

Document Drafted by the Buffalo County Zoning Department 4/13/2022

Personal information you provide may be used for secondary purposes [Privacy Law, s.1504 (1)(m)].