



# STORM WATER MANAGEMENT PERMIT APPLICATION

LCD PERMIT #: SW - \_\_\_\_\_ - \_\_\_\_\_

## SITE INFORMATION

**Project Name:** \_\_\_\_\_ **Project Type (Commercial, Subdivision, Residential, Ag, Other)** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Property Description:** \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ **Sec.** \_\_\_\_\_, **T** \_\_\_\_\_ **N, R** \_\_\_\_\_ **W**, **Town of** \_\_\_\_\_

**Computer #(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Eau Claire County Online GIS Map: <https://beacon.schneidercorp.com/>

**Project Description:**

Provide a brief description of the project.

**Proposed Construction Start Date:** \_\_\_\_\_

**Total Proposed Land Disturbance (sq ft or acres):** \_\_\_\_\_

**Total Proposed Impervious Added (sq ft or acres):** \_\_\_\_\_

**Potentially Environmentally Sensitive Areas:**  
(Check All Applicable)

- |   |   |   |   |  |  |
|---|---|---|---|--|--|
| <input type="checkbox"/> Wetland/Shoreland Areas (Hydric Soils) | <input type="checkbox"/> Slopes of 20% or greater | <input type="checkbox"/> Direct hydrologic connection to waters (Lakes, streams, wetlands, groundwater) | <input type="checkbox"/> Lack of soil filtering capacity (coarse soils) | <input type="checkbox"/> Shallow depth to groundwater (<12 inches) | <input type="checkbox"/> Environmental Corridors |
|---|---|---|---|--|--|

## APPLICANT INFORMATION

Applicant: The person or entity holding fee title to the property or their representative. The applicant shall sign the initial permit application form in accordance with the items 1-5 listed below, after which the applicant may provide written authorization for others to serve as the applicant's representative: 1) In the case of a corporation, by a principal executive officer of at least the level of vice-president or by the officer's authorized representative having overall responsibility for the operation of the site for which a permit is sought; 2) In the case of a limited liability company, by a member or manager; 3) In the case of a partnership, by the general partner; 4) In the case of a sole proprietorship, by the proprietor, or; 5) For a unit of government, by a principal executive officer, ranking elected official or other duly authorized representative.

**Applicant Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

I hereby certify that I meet the definition of "Applicant" of this form. I understand that I will become the "permit holder" once a permit is issued. I also understand by submitting this application, County staff may enter upon the subject site to obtain information necessary to administer the storm water ordinance (Chapter 17.05 Storm Water Management and Erosion Control).

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby authorize (name) \_\_\_\_\_ to serve as my representative for purposes of this application.

## ENGINEER INFORMATION

Engineer (or Planner): The primary contact for the preparation of erosion control and storm water management plans. All plan review comments will be addressed to this contact. For all storm water plans and other engineering, this person must: 1) Be a licensed P.E. in Wisconsin; 2) Stamp P.E. number and sign all plans submitted as part of the permit; and 3) Oversee and verify construction of all practices.

**Engineer Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION** Authorized as applicant representative

<b>Name:</b>	<b>Company:</b>
<b>Email Address:</b>	<b>Phone Number:</b>
Responsibilities assigned (check all that apply): <input type="checkbox"/> Site Grading <input type="checkbox"/> Temporary Erosion Control <input type="checkbox"/> Site Restoration and Stabilization <input type="checkbox"/> Other:	

**EROSION CONTROL INSPECTOR**

The contact listed below is the primary contact for conducting erosion control inspections on the permitted site. This person will also be responsible for maintaining the inspection log and making it available to the Eau Claire County – Land Conservation Department.

<b>Name:</b>	<b>Company:</b>
<b>Email Address:</b>	<b>Phone Number:</b>
<b>How will inspection logs be made available to LCD staff:</b> <input type="checkbox"/> On-site <input type="checkbox"/> Electronic/Email <input type="checkbox"/> Other (list)	

**RESPONSIBLE PARTY FOR ADMINISTERING THE EROSION CONTROL PLAN REQUIREMENTS**

The contact listed below is the primary contact responsible for maintaining the erosion control Best Management Practices and meeting the Erosion Control Plan requirements, which can be a contractor, owner or engineer.

<b>Name:</b>	<b>Company:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

**RESPONSIBLE PARTY FOR COMPLETING FINAL SITE RESTORATION**

The contact listed below is the primary contact responsible for maintaining the erosion control Best Management Practices and meeting the Erosion Control Plan requirements, which can be a contractor, owner or engineer.

<b>Name:</b>	<b>Company:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

**GENERAL APPLICATION REQUIREMENTS**

<input type="checkbox"/> <b>Signed Application</b> (this form) <input type="checkbox"/> Stormwater General Requirements Agreement <input type="checkbox"/> Site Plan Map (Checklist #1) <input type="checkbox"/> Erosion Control Plan (Checklist #2) <input type="checkbox"/> Storm Water Management Plan (Including Inspection Plan - Checklist #3) <input type="checkbox"/> Maintenance Agreement (recorded with the Register of Deeds) <input type="checkbox"/> Financial Assurance	<b>PERMIT FEES</b> Application Fee: \$ _____ Additional Fee: \$ _____ (\$50/4,000 Sq. Ft of Impervious Area) <b>Total Fee:</b> \$ _____	<b>CHECKS PAYABLE TO:</b> Eau Claire County LCD
	<b>(LCD Use Only)</b> Date Received: _____ Fee Amount Received: _____ Received By: _____ Receipt #: _____	

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for the staff of the Eau Claire County Department of Planning and Development to enter my property for the purpose of verifying that the standards of the Land Conservation Division Code are met. Providing incorrect information may cause a delay in the permit process and/or denial. I further agree to withdraw this application if substantive false or incorrect information has been included.

**Owner/Agent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

The LCD shall establish an expiration date for all erosion control permits not to exceed a period of two years unless the LCD grants an extension. All applicants shall submit a written request for the one year permit extension and shall pay the corresponding fee.

**NOTICE: PERMIT FEES DOUBLE WHEN WORK BEGINS PRIOR TO ISSUANCE OF PERMITS & APPROVALS.**