

CHIPPEWA COUNTY
711 N. Bridge Street
Chippewa Falls, WI 54729
Planning and Zoning, (715) 726-7940
Land Conservation & Forest Mgmt, (715) 726-7920

Stormwater Permit Application Form

Project Name: _____

Project Location: _____ 1 / 4, Section _____ T__N - R __W

Municipality: _____ **Parcel Number (if known):** _____

Estimated Total Area of Site: _____ acres

Project Type (circle): Residential Commercial

For Residential Projects, Number of Lots: _____ lots

Stormwater Permit

Items Submitted (OFFICE USE ONLY)

- Signed Application
- Application Fee
- Site Plan Map
- Final Erosion Control Plan
- Final Stormwater Mgt. Plan
- Maintenance Agreement
- Financial Assurance

OFFICE USE ONLY

Parcel #: _____

Permit #: _____

- Administrative Waiver

The following contacts are required at the time of application:

- **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.
- **Engineer:** The primary contact for the preparation of erosion control and stormwater management plans. All plan review comments will be addressed to this contact. For all stormwater 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.

Applicant Contact Information: (required to process application)

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone #: _____ FAX: _____

E-mail Address: _____

I hereby certify that I meet the definition of "Applicant" on page 1 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 stormwater ordinance (Section 12-37).

Signature of Applicant: _____ Date: _____

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

Engineer Contact Information: (required to process application)

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone #: _____ FAX: _____

E-mail Address: _____

Additional contacts for installation and maintenance of temporary erosion control practices and final site restoration and stabilization practices will need to be identified **prior** to a permit being issued. Please use the **Chippewa County Stormwater Permit Additional Contacts** form (p. 3 of 3).

MAKE CHECK PAYABLE TO:
Chippewa County Treasurer

OFFICE USE ONLY

Application & Processing Fee (\$125): \$ _____

Residential: Plan Review & Inspection Fee for 1-3 lots (\$810): \$ _____

Additional Lot Fee (if more than 3 lots)
Number of Lots: - 3 = x \$135 = \$ _____

Commercial: Plan Review & Inspection Fee (\$2,000): \$ _____

Institutional Plan Review & Inspection (\$1,000) \$ _____

Additional Zoning Fees: \$ _____

Total Fee: \$ _____

Receipt #: _____

Received By: _____

Date stamp "received" here

Chippewa County Stormwater Permit Additional Contacts

Additional Contact Information:	<input type="checkbox"/> Authorized as applicant
Name: _____ Company: _____	
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Daytime Phone #: _____ Fax: _____	
E-mail Address: _____	
Please indicate responsibilities assigned to this contact (check all that apply):	
<input type="checkbox"/> Site grading	
<input type="checkbox"/> Temporary Erosion Control Practices	
<input type="checkbox"/> Site Restoration and Stabilization Practices	
<input type="checkbox"/> Other, list _____	

Additional Contact Information:	<input type="checkbox"/> Authorized as applicant
Name: _____ Company: _____	
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Daytime Phone #: _____ Fax: _____	
E-mail Address: _____	
Please indicate responsibilities assigned to this contact (check all that apply):	
<input type="checkbox"/> Site Grading	
<input type="checkbox"/> Temporary Erosion Control Practices	
<input type="checkbox"/> Site Restoration and Stabilization Practices	
<input type="checkbox"/> Other, list _____	

*****Erosion Control Inspector Contact Information*****

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 Chippewa County.

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone #: _____ Fax: _____

E-mail Address: _____

Please indicate how the **inspection log** will be made available to Chippewa County:
