

# STORMWATER MANAGEMENT POST CONSTRUCTION & CONSTRUCTION SITE EROSION CONTROL APPLICATION

Chippewa County, 711 N. Bridge Street Chippewa Falls, WI 54729

Planning & Zoning (715) 726-7940 • Land Conservation & Forest Management (715) 726-7920

At some sites, a permit for construction site erosion control will be required, but a permit for post-construction stormwater management may not be required. For other sites, a concurrent permit for both construction site erosion control and post-construction stormwater management may be required.

In cases where only a permit for construction site erosion control is required, the Construction Site Erosion Control Plan is to be submitted to the Department of Planning & Zoning for plan review. In cases where a permit for post-construction stormwater management is required, a Construction Site Erosion Control Plan, a Post-Construction Stormwater Management Plan and a Maintenance Plan Agreement for Post-Construction Stormwater Management Features is to be submitted to the Land Conservation & Forest Management Department for Plan Review.

## SECTION A: Project Information:

Project Name: \_\_\_\_\_ Property Address: \_\_\_\_\_ (If Available)  
 Project Location: \_\_\_ ¼, Section \_\_\_, Township \_\_\_ North, Range \_\_\_ West  
 Town or Municipality: \_\_\_\_\_ Parcel Number 1 (if known): \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Estimated Total Area of Site: \_\_\_\_\_  Acres  Sq. Ft. Parcel Number 2 (if needed): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## SECTION B: Planning & Zoning Fee: Construction Site Erosion Control

- 1. Construction Site Erosion Control Permit (\$75): up to 1,000 sq. ft      \$ \_\_\_\_\_
- 2. Construction Site Erosion Control Permit (\$150): over 1,000 sq. ft      \$ \_\_\_\_\_
- TOTAL DUE TO PLANNING & ZONING:**      \$ \_\_\_\_\_

(Check payable to: Chippewa County Treasurer)

## SECTION C: Land Conservation & Forest Management Fees: Stormwater Management – Post Construction

- 1. Application & Processing Fee (\$125):      \$ \_\_\_\_\_
- 2. Commercial: Plan Review & Inspection Fee (\$2,000):      \$ \_\_\_\_\_
- 3. Institutional: Plan Reviews & Inspection Fee (\$1,000):      \$ \_\_\_\_\_
- 4. Residential: Plan Review & Inspection Fees:
  - a. 1 - 3 Lots (\$810)      \$ \_\_\_\_\_
  - b. Add'l Lots \_\_\_\_\_ (\$135/each)      \$ \_\_\_\_\_
- TOTAL DUE TO LAND CONSERVATION & FOREST MGMT:**      \$ \_\_\_\_\_

(Check payable to: Chippewa County Treasurer)

**LCFM – Office Use**  
Date stamp “received” here

**ADMINISTRATIVE WAIVER:**

Receipt #: \_\_\_\_\_

Received by: \_\_\_\_\_

## SECTION D: Submitted Information – OFFICE USE ONLY

- Signed Application
- Final Erosion Control Plan
- Application Fee – Land Conservation & Forest Management
- Final Stormwater Management Plan
- Application Fee – Planning & Zoning
- Maintenance Agreement
- Site Plan Map
- Financial Assurance

**SECTION I: Applicant Information:** 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 (a) – (e) listed below, after which the applicant may provide written authorization for others to serve as the applicant’s representative:

- (a) 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;
- (b) In the case of a limited liability company, by a member or manager;
- (c) In the case of a partnership, by the general partner;
- (d) In the case of a sole proprietorship, by the proprietor, or;
- (e) For a unit of government, by a principal executive officer, ranking elected official or other duly authorized representative.

<b>Name:</b>			<b>Company (if applicable):</b>		
<b>Mailing Address:</b>			<b>Telephone:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email Address:</b>		

I hereby certify that I meet the definition of “Applicant” for this permit. I understand that I will become the “permit holder” once a permit is issued. I also understand by submitting this application, Chippewa County staff from the Departments of Land Conservation & Forest Management and the Department of Planning & Zoning may enter upon the project site to obtain information necessary to administer and enforce the stormwater ordinance (Section 12-37).

As the applicant, I hereby authorize \_\_\_\_\_ to serve as my representative for the purposes of this application.

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

**SECTION II: Professional Engineer Information:** 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:

- (a) Be a licensed Professional Engineer in Wisconsin;
- (b) All plans submitted must be stamped with the P.E. number and signature; and;
- (c) Oversee and verify construction of all practices;

<b>Name:</b>			<b>Company (if applicable):</b>		
<b>Mailing Address:</b>			<b>Telephone:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email Address:</b>		

<b>SECTION III: Erosion Control Inspector Contact Information:</b> 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 (if applicable):	
Mailing Address:		Telephone:	
City:	State:	Zip:	Email Address:
Please indicate how the inspection log will be made available to Chippewa County:			

<b>Section IV: Additional Contact Information:</b> Additional contacts for the installation and maintenance of temporary erosion control practices and final site restoration and stabilization practices.			
Name #1:		Company (if applicable):	
Mailing Address:		Telephone:	
City:	State:	Zip:	Email Address:
Please Indicate Responsibilities Assigned to this Contact:			
<input type="checkbox"/> Site Grading <input type="checkbox"/> Temporary Erosion Control Practices <input type="checkbox"/> Site Restoration & Stabilization Practices <input type="checkbox"/> Other: _____			
Name #2 (If Applicable):		Company (if applicable):	
Mailing Address:		Telephone:	
City:	State:	Zip:	Email Address:
Please Indicate Responsibilities Assigned to this Contact:			
<input type="checkbox"/> Site Grading <input type="checkbox"/> Temporary Erosion Control Practices <input type="checkbox"/> Site Restoration & Stabilization Practices <input type="checkbox"/> Other: _____			