## STORMWATER MANAGEMENT POST CONSTRUCTION & CONSTRUCTION SITE EROSION CONTROL APPLICATION

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

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. Any site disturbing one or more acres of land will require a stormwater permit

SEC	SECTION A: Project Information:						
Pro	ject Name:		Property Address:	(If Available)			
Project Location:¼, Section, Township North, Range West							
Municipality:			Parcel Number 1 (if known):				
	Town of Anson	☐ Town of Eagle Point	Parcel Number 2 (if know	wn):			
	Town of Lafayette	☐ Village of Lake Hallie					
Esti	mated Total Area of Site:	Acres	Estimated Disturbed Are	ea: Acres			
SECTION B: Land Conservation & Forest Management Fees: Stormwater Management – Post Construction							
1.	Application & Processing Fee (\$1	.85):	\$	LCFM – Office Use			
2.	Commercial/Industrial: Plan Revi	iew & Inspection Fee (\$2,855):	\$	Date stamp "received" here			
3.	Institutional: Plan Reviews & Insp	pection Fee (\$1,425):	\$				
4.	Residential: Plan Review & Inspe	ection Fees:					
	a. 1 - 3 Lots (\$1,155)		\$	ADMINISTRATIVE WAIVER:			
	b. Add'l Lots (\$195/each)		\$	Receipt #:			
	TOTAL DUE TO LAND CONSERVA	ATION & FOREST MGMT:	\$	Received by:			
(Check payable to: Chippewa County Treasurer)							
SECTION C: Submitted Information - Checklist							
	Signed Application		☐ Peak Runoff Discharge	e Calculations			
	Application Fee		☐ TSS Reduction Calculation				
	Narrative		☐ Soil Investigation Repo	☐ Soil Investigation Report			
	Site Plan Map		□ Cost Estimate				
	Erosion & Sediment Control Plan	1	☐ Quality Assurance Plan				
	PE Stamped Construction Plans	•	☐ Long-term Maintenance Agreement				
☐ Post-construction Stormwater Management Plan		☐ Financial Assurance					
ш	Post-construction Stormwater M	ianagement Pian	☐ Filialicial Assurance				

<u>SECTION I: Applicant Information:</u> 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.

			,				
Name:			Company (if applicable):				
Mailing Address:			Telephone:				
City:	State:	Zip:	Email Address:				
I also understand by submitting this a	pplication,	Chippewa County stat	I understand that I will become the "permit holder" once a permit is issued. If from the Departments of Land Conservation & Forest Management and to obtain information necessary to administer and enforce the stormwater				
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;							
Name:			Company (if applicable):				
Mailing Address:			Telephone:				
City:	State:	Zip:	Email Address:				