



DEPARTMENT OF LAND CONSERVATION
Erosion Control Permit Application

LA CROSSE COUNTY, WISCONSIN

608-785-9867

Site Visit Date _____

REQUIRED: Parcel No. _____ Contact Zoning, Planning & Land Information Dept. at 785-9722 for parcel number. In order for an application to be processed, the applicant shall provide the parcel # of the site where all land disturbance activities will occur.

(Landowner Name)

(Telephone)

(Address)

(City)

(Zip Code)

Person Responsible for Erosion Control:

(Landowner Name)

(Telephone)

(Address)

(City)

(Zip Code)

Description of Activity: _____

For Office Use Only

Amount of area to be disturbed: Square Feet _____ (or) Acres _____

Distance between disturbed area and perennial waters, streams, lakes, etc.

(Check one) 0-100' _____, 101-300' _____, Within ¼ mile _____, Over ¼ mile _____

Slope of site where land disturbance will occur: _____% Fee received \$ _____

Category _____ erosion control plan required. Date ____/____/____