



**LA CROSSE COUNTY**  
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# Erosion Control Permit Transfer

DEPARTMENT OF LAND CONSERVATION

212 6<sup>th</sup> Street North      O: 608-785-9867  
Room 1300                      F: 608-789-7849  
La Crosse, WI 54601      www.lacrossecounty.org  
email: LandCon@lacrossecounty.org

Permit #: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ is no longer responsible for the erosion control implementation.  
*(person or business)*

\_\_\_\_\_ is accepting full responsibility for erosion control implementation.  
*(person or business)*

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: Address: \_\_\_\_\_

I understand that by signing this transfer that I am agreeing to implement the agreed upon erosion control plan. I will contact the La Crosse County Department of Land Conservation and provide them with a copy of this signed document by the next working day from the date of this transfer. Please contact the Land Conservation Department for a copy of the erosion control plan if needed.

\_\_\_\_\_  
*(signature of entity assuming responsibility)*

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

Send to: Fax: (608)789-7849  
E-mail: LandCon@LaCrosseCounty.org