



Department of Land Conservation

212 6th Street North O: 608-785-9867
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La Crosse, WI 54601 www.lacrossecounty.org
email: LandCon@lacrossecounty.org

Storm Water Permit Application Form

Project Name: _____

Project Type: 1 or 2 Family Residence Subdivision Commercial/Multifamily
Other _____

Impervious Area: _____ ft²

Tax Parcel ID #(s): _____

The following contacts are required at the time of application: (Enter information on 2nd page)

- **Responsible Party:** The person or entity holding fee title to the property or the person acting as the owner's representative, as delegated on page 2 of this form. **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 or Designer:** The primary contact for the preparation of the storm water management plan. All plan review comments will be addressed to this contact. For all storm water plans and other engineering, this person must number and sign all plans submitted. If the designer is a licensed professional they shall stamp and sign all plans submitted as part of the permit. The designer or their designee shall oversee and verify construction of all practices.

If a pre-construction conference is required, contractor contact information will be required prior to issuing a permit.

- Storm Water Permit
Items needed:
1. Signed Permit Application form and General Requirements Agreement form
 2. Application Fee
 3. Site Plan Map (Checklist #1)
 4. Final Erosion Control Plan (see Chapter 21)
 5. Storm Water Mgt. Plan (including construction inspection plan - Checklist #3)
 6. Preliminary Maintenance Agreement
 7. Financial Assurance

Storm Water Management Application (Page 2)

Responsible Party Contact Information: (owner information required to process application)

Name:		Company:	
Mailing Address:			
City:		State:	
Daytime Phone:		Cell Phone:	
E-mail Address:			

I hereby certify that I meet the definition of "Responsible Party: 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 storm water ordinance (Chapter 29 County Code of Ordinances).

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

Signature of Applicant – _____ Date: _____
Responsible Party:

Designer Contact information: (required to process application)

Name:		Company:	
Mailing Address:			
City:		State:	
Daytime Phone:		Cell Phone:	
E-mail Address:			

If pre-construction conference is required, additional contact information is required prior to a permit being issued.

Preliminary Review Fee: \$
Base Permit Fee: \$
 (+\$.01 / ft² for impervious area over .5 acres)
Total Fee: \$

<u>Office use only</u> Double Fee Fee Exemption
DATE RECEIVED

Email completed form to LandCon@lacrossecounty.org

Land Conservation staff will contact applicant to arrange payment of fees.