

W240 N3065 Pewaukee Road Phone – 262-691-9107 Fax – 262-691-6039 *NOTE*: All Highlighted Areas must be completed		FILL-EROSION CONTROL PERMIT APPLICATION CITY or VILLAGE OF PEWAUKEE		Permit No.
				Parcel No.
Building Type			Use	
Building Site Address:				Suite No.
Owner's Name:		Mailing Address		Tel.
		Email Address		Cell#
Tenant's Name:		Mailing Address		Tel.
		Email Address		Cell#
Contractor's Name:		Lic/Cert#	Mailing Address	Tel.
			Email Address	Cell#
PROJECT DESCRIPTION				Estimated Value of Work \$ _____
Project Start Date:		Estimated Project Completion Date:		Subdivision Name:
Zoning District(s):		Total Lot Square Footage:		Lot No.
				Block No.
Footprint Area of All Buildings & Structures: Square feet:		Footprint Area of All Hard Surfaces (like sidewalks, driveways & patios): Square Feet:		Area of Green Space: Square Feet:
1. FILL ACTIVITY				If Land Division, How Many Parcels? Number of Parcels _____
Estimated Cubic Yards Entire Project _____ Fill will be : <input type="checkbox"/> Riprap <input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Silt <input type="checkbox"/> Clay <input type="checkbox"/> Organics <input type="checkbox"/> Other Fill Impact Area is _____Acres; _____Length; _____Width; _____Depth				Is Property Located Within 300 ft of a River? <input type="checkbox"/> YES <input type="checkbox"/> NO Is Property Located within 1000 ft of a Lake? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. EXCAVATION ACTIVITY				DISTURBED AREA
Removal will involve _____cubic yards annually and/or_____cubic yards total project Removal will be : <input type="checkbox"/> Riprap <input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Silt <input type="checkbox"/> Clay <input type="checkbox"/> Organics <input type="checkbox"/> Other Impact Area is _____Acres; _____Length; _____Width; _____Depth				Total Area of Disturbed Soils _____Acres or _____Sq. Ft.
Is the disposal area: Upland? <input type="checkbox"/> Yes <input type="checkbox"/> No Wetland/Waterway? <input type="checkbox"/> Yes <input type="checkbox"/> No				DISTURBED AREA OVER ONE (1) ACRE REQUIRES A DNR NOTICE OF INTENT
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. No refunds issued after work has begun. By applying for this permit, you are authorizing City personnel to inspect this property within the scope of their duties.				
APPLICANT'S SIGNATURE _____			DATE SIGNED _____	
APPROVAL CONDITIONS		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See below for conditions of approval.		
CONDITIONS:				
PERMIT FEES:		BONDS:		PERMIT ISSUED BY:
Permit Fee	\$ _____	Erosion Bond	\$ _____	Name _____ Date _____
Other	\$ _____	Grand Total	\$ _____	Tel. _____ Cert No. _____
Total	\$ _____	Total Doubled	\$ _____	