

## Stormwater Management Permit Application

Application Date: _		Tax K	ey: 31		
Site Address:					
Project Description:					
Proposed Activity:			Addition New Paving n Redevelopment		
Area of Parcel:		square feet	Disturbed Area:		square feet
Site Owner Name:			Company:		
Telephone:	Email:				
Address:		City		State	Zip Code
Billing Name:			Company:		
Telephone:	Email:				
Address:		City		_ State	_ Zip Code
Engineer Name:		Tele	phone:	Email	:
State of Wisconsin,  OWNER'S STATI Chapter 20 and appl any conditions of pla the plan approval:  1. Owner shall Managemen  2. Owner shall Stormwater  3. Owner shall Maintenance	EMENT: I request that plans icable State codes. I recognizan approval. At a minimum, submit as-built plans of the state Plan within thirty (30) days submit a certification by the Management Plan. Said cert provide a recordable legal de Agreement.	easonable inspensions be reviewed for that I am respondent of the stormwater mand of completion design engineer ification shall lesscription to be	corrections as a condition of compliance with ponsible for compresponsible for surpresponsible for surpres	on of this per the City of Ap- liance with a bmitting the sidentified in ractices fund the (10) do	ermit.  opleton Municipal Code all code requirements and of following as conditions of an the Stormwater  etion as approved in the ays of completion.  Management Practices
Owner recognizes th Municipal Code.	at tailure to provide the above	e intormation m	ay be viewed as a v	violation of s	section 20-313 of the Appletor
		Owner – Print name			
Approved B  ☐ - File		ilding Inspector	Signature of O		Applicant