## \$\_\_\_\_\_ Fee

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

Permit Issued Date:

Fee Amount: \_\_\_\_\_

## **Erosion Control/Stormwater Management Permit**

Sheboygan County Planning & Conservation Department 508 New York Avenue Sheboygan, WI 53081 920-459-1370



Fee Schedule **Owner/Applicant Information** Check One: **Erosion Control** (includes Land Disturbance Only) Name: Basic Fee: \$ 100\_\_\_\_ Street Address: \$40/acre of land disturbance: acres x \$40/ac. = State: \_\_\_\_\_ Zip Code: Total Fee: **Erosion Control & Stormwater Management** Phone #: \_\_\_\_\_ (includes both Land Disturbance & Regulation of Email Address: Post-Construction Runoff) Basic Fee: \$ 200 \$40/acre of land disturbance: acres x \$40/ac. = **Owner's Agent/Contact Information** Total Fee: Name: \_\_\_\_\_ **Project Location/Description** Street Address: Project Address: \_\_\_\_\_ Parcel Number: Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Property Description: Phone #: \_\_\_\_\_ \_\_\_\_\_¼ \_\_\_\_\_¼, Section \_\_\_\_\_, T \_\_\_\_\_ N – R \_\_\_\_E Email Address: Town of \_\_\_\_\_ Project Name: \_\_\_\_\_ Anticipated Start-Up Date: Owner/Applicant Acknowledgement I hereby certify that all information contained in this application and the required attachments are correct and I understand that: A permit issued under this application will be in my name and I am representing ownership of the property. All contacts listed on this application are subject to ordinance enforcement. A financial guarantee may be required as a condition of the County issuing this permit. A permit may be withheld or temporarily revoked if the County determines that the necessary site stabilization may be unachievable due to late All erosion control and stormwater management BMPs shall be installed & stabilized before proceeding with any other construction phases of County permits issued are valid for a period of 6 months (180 days) or the length of the building permit or other construction authorizations, whichever is longer, from date of issuance. In order to have a permit valid longer than the 180-day period, proof of other permit or authorization durations must be submitted prior to county permit approval. This permit does not relieve the applicant of compliance with other local, state, or federal requirements. County staff is authorized to enter upon the subject site to obtain information needed to administer the ordinance. Owner/Applicant Signature: Date: **Department Use** 

Date Paid: \_\_\_\_\_

Permit Expiration Date:

Issued by: \_\_\_\_\_

Revised 8/25/2020