**J:\Stormwater Municipal Permit\Reference Guide\City of Fond du Lac Logo.emfCity of Fond du Lac**

**Engineering Division**

**Drainage, Erosion Control and Stormwater Management Permit Application**

160 S. Macy Street P.O. Box 150 Fond du Lac, WI 54936-0150

P: (920) 322-3470 F: (920) 322-3471 <https://www.fdl.wi.gov/>

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Print or Type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant / Agent** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Name (Organization/Entity) | | | | | | | | | | | | | | Authorized Representative | | | | | | | | | | | | | | | | | Title | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | Phone (include area code) | | | | | | | | | | | | | | | | | Fax (include area code) | | | | | | | | |
| City | | | | ST | | | | | Zip Code | | | | | E-mail address | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Owner** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Organization/Entity) | | | | | | | | | | | | | | Authorized Representative | | | | | | | | | | | | | | | | | Title | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | Phone (include area code) | | | | | | | | | | | | | | | | | Fax (include area code) | | | | | | | | |
| City | | | | ST | | | | | Zip Code | | | | | E-mail address | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Contact (e.g. general contractor, developer, surveyor, builder)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Specify:** | | | | |  | | | | | | |
| Name (Organization/Entity) | | | | | | | | | | | | | | Authorized Representative | | | | | | | | | | | | | | | | | Title | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | Phone (include area code) | | | | | | | | | | | | | | | | | Fax (include area code) | | | | | | | | |
| City | | | | ST | | | | | Zip Code | | | | | E-mail address | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Start Date | | | | | | | |  | | | | | | | | | | Anticipated End Date | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | (includes completed landscaping) | | | | | | | | | | | | | | | | | | | | | |
| Project Description: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Check all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | New building | | | | | |  | | |  | Single lot residential | | | | | | | | |  |  | New paving | | | | | | | | | |  | |  | | Other: |  | | |
|  | Building addition | | | | | |  | | |  | Subdivision | | | | | | | | |  |  | Grading/filling | | | | | | | | | |  | |  | |  | | | |
|  | Redevelopment | | | | | |  | | |  | Utility work | | | | | | | | |  |  | Grading/repaving | | | | | | | | | |  | |  | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Site Location** | | |  | | | | | | | | | | | | | | | | Address | | | | | |  | | | | | | | | | | | | | | |
| Parcel Number | | |  | | | | | | | | | | | | | | | | | | | | Municipality | | | | | | |  | | | | | | | | | |
| Plat/CSM | |  | | | | | | | | | | | | | | | | | | | | | Lot # | | | | | |  | | | | | | | | | | |
| Section | |  | | | | | | | | | | | Town | |  | | | | | | | | Range | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Land Disturbing Activity:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Total Project Area: | | | | |  | | | | | | | Acres (include all parcels) | | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
| Total Area to be Disturbed (square feet): | | | | | | | | | | | | | | | |  | | | | | | | | Sq. Ft. | | | | |  | | | | | | | | | | |
| Total Impervious Before Activities (square feet): | | | | | | | | | | | | | | | |  | | | | | | | | Sq. Ft. | | | | |  | | | | | | | | | | |
| Total Impervious After Activities (square feet): | | | | | | | | | | | | | | | |  | | | | | | | | Sq. Ft. | | | | |  | | | | | | | | | | |
| Project Impervious Surface Disturbance (include new and redeveloped impervious surfaces) (square feet): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Sq. Ft. |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Complete the applicant acknowledgement section and Erosion Control and Stormwater Management Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Acknowledgement Section** | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | |
| Please carefully read the statements below, initial, and provide the required information and signatures. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | I have reviewed Chapter 325 of the City of Fond du Lac Municipal Code regarding erosion control and stormwater management and I agree to comply with the requirements of the code and with all applicable federal, state, and local laws and regulations. I further understand that I am responsible for ensuring that all individuals working at this site understand and comply with the requirements of this code. | | | | | | | | | | | | | | |
|  | I understand that the conditions of the permit are minimum requirements and that, upon site inspection, further measures may be required for compliance with the code. I understand that all required erosion control and stormwater management measures shall be installed and maintained as described in the permit plan. I understand that weekly inspections and inspections within 24 hours after a precipitation event of 0.5 inches or greater shall be performed and that inspection reports, along with all approved plans, shall be kept on-site and inspections entered online. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | Erosion control /  stormwater management (check all that apply) measures will be completed by: | | | | | | | | | | | | | | |
|  | Organization/Entity | | | | | |  | | | | | | | | |
|  | Contact Name | | |  | | | | | Phone | |  | | | | |
|  |  | | | | | | | | | | | | | | |
|  | I agree to notify the City of Fond du Lac Engineering Division prior to commencing any land disturbing activity, and following the installation of any Best Management Practices (BMPs). In addition, I agree to obtain permission in writing from the City of Fond du Lac prior to any modification of the erosion/sediment control plan and/or the stormwater management plan. | | | | | | | | | | | | | | |
|  | I agree to maintain all BMPs and if necessary repair any damage to adjoining lands and/or drainage ways resulting from land disturbing activities at the site until final inspection approval by the City of Fond du Lac. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| Stormwater Management projects only | | | | | | | | | | | | | | | |
|  | I have submitted a Long-term Stormwater Management Maintenance and Access Agreement for the site to be recorded by the City of Fond du Lac at the Fond du Lac County Register of Deeds and I agree to comply with said agreement. In addition, upon completion of site construction, I will submit accurate final construction documentation (i.e. “as-builts”) to the City of Fond du Lac and submit an annual report to the City of Fond du Lac reviewing the condition of the BMP and any maintenance performed during the reporting period. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | Stormwater management maintenance will be performed by : | | | | | | | | | | | | | | |
|  | Organization/Entity | | | | | |  | | | | | | | | |
|  | Contact Name | | |  | | | | | | Phone |  | | | | |
|  |  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| Fiscal Responsibility | | | | | | | | | | | | | | | |
|  | I agree to pay all required municipal costs and fees as shown on the City of Fond du Lac Fee Schedule. | | | | | | | | | | | | | | |
|  | The person responsible to pay fees is: | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| Applicant Signature | | | | | | | | | | | | | | | |
| I hereby certify that I as the Applicant  /Agent  /Other Contact  (check one) I am acting as the responsible party for all work outlined in this application. I certify that the information contained in this form, schedules, and attachments are true and accurate. | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| Applicant Signature | | | | | |  | | | | | | | DATE | |  |
|  | | | | | |  | | | | | | |  | |  |
| Owner Section **(To Be Valid, Application must be signed by the landowner of the property.)** | | | | | | | | | | | | | | | |
| I hereby certify that I am the owner of the property which is the subject of this permit application. I understand that failure to comply with any or all of the provisions of the permit may result in a permit revocation, stop work order or forfeiture under the provisions of applicable laws. If the application and plans were not prepared by myself, I certify that I am aware of all the site plan details. I hereby grant the right-of entry for the purpose of inspecting compliance with the erosion/sediment control and stormwater management plans or for performing any work necessary to bring the site into compliance. | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | |  | |  | |
| Owner Signature | | | | |  | | | | | | | DATE | |  | |