



Washington County
Land & Water
Conservation Division

333 East Washington Street
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West Bend, WI 53095-2003

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Application Form

Small Site Erosion Control Permit (<1 Acre)

Project Name: _____ **Project Type:** _____

Project Location: _____
(1/4 Section, Section, Survey Town Name)

Project Address (if applicable): _____

1. **Contact Information:** The following contacts are required at the time of application.
One person may serve as more than one contact type listed.

- **Applicant:** The name that will appear on the permit. If not the property owner, must represent the owner. Must agree to all statements on back page and sign. Will receive copies of all communications relating to the plan review and permit process.
- **Planner:** The primary contact for the preparation of erosion control plans. All plan review comments will be addressed to this contact.
- **Grader/Landscaper:** Primary contact for implementing and maintaining all erosion control measures during the construction phase and responsible for final site stabilization.

Applicant:

Name:	
Mailing address:	
Daytime phone #:	Fax:
E-mail address:	

Owner:

Name:	
Mailing address:	
Daytime phone #:	Fax:
E-mail address:	

Planner:

Name:	
Mailing address:	
Daytime phone #:	Fax:
E-mail address:	

Landscaper/Grader:

Name:	
Mailing address:	
Daytime phone #:	Fax:
E-mail address:	

2. **Plan Requirements:** All Small Site Erosion Control Plans shall contain the following:

- _____ a) A survey map or site sketch of sufficient clarity and detail to show erosion control provisions.
- _____ b) Locations of existing and proposed dwellings with respect to property lines and the limits of land disturbance activities.
- _____ c) Direction of slope before and after land disturbance, and the size of the upslope drainage area.
- _____ d) Locations of all temporary best management practices to control erosion from the site.
- _____ e) Indicate existing ground cover on site (i.e. grass, trees, exposed soil, etc.).
- _____ f) Construction timeline (provide estimated dates).
Excavation: _____
Final Grading/Seeding : _____
- _____ g) Provide narrative of revegetation plan, (i.e. seeding mixture, sod, timeline for completion).
- _____ h) For underground utility placement, indicate length of project in feet: _____.

3. Certification:

I hereby certify that all information submitted is true and correct. I further understand and agree that:

- A permit issued under this application will be in my name and that I am representing ownership of the property;
- The County must respond to all permit applications within 10 working days of submittal of a completed application and all required fees and supporting documents;
- A financial guarantee will be required as a condition of the County issuing my permit;
- A permit may be withheld or temporarily revoked if the County determines that necessary site stabilization measures may be unachievable due to late-season construction;
- All contacts listed on this form are subject to ordinance enforcement;
- Erosion and sediment control measures shall be installed prior to any other land disturbing activities;
- Erosion and sediment control practices are to be inspected at least once a week and after each rain of ½ inches or more and needed repairs made;
- County staff are authorized to enter upon the subject site to obtain information needed to administer the ordinance; and
- Additional plan review and inspection fees will be assessed according the current Fee Schedule and must be paid in full.

Signature of Applicant (Owner or Owner Representative)

Date

Application Fee: \$ _____

Received by: _____

Date Stamp Here