



Office Use Only	
Permit No.	_____
Permit Fee	_____
Date Issued	_____
Tax Key No.	_____

# Stormwater Management Permit Application

Application Date: \_\_\_\_\_

Site Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Proposed Activity: New Building \_\_\_\_\_ Building Addition \_\_\_\_\_ New Paving \_\_\_\_\_ Grading/Repaving \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Redevelopment \_\_\_\_\_

Area of Parcel: \_\_\_\_\_ square feet Disturbed Area: \_\_\_\_\_ square feet

Impervious Area this Project: \_\_\_\_\_ square feet Total Site Impervious: \_\_\_\_\_ square feet

Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Site Owner: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Engineer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

The undersigned agrees to conduct the above-described activities in accordance with the approved Stormwater Management Plan, and in strict compliance with all the provisions of the City of Cedarburg Ordinance and the Code of the State of Wisconsin, and to grant permission for reasonable inspections as a condition of this permit.

**OWNERS STATEMENT:** I request that plans be reviewed for compliance with City of Cedarburg Municipal Code Chapter 14-2 and applicable State Codes. I recognize that I am responsible for compliance with all Code requirements and any conditions of plan approval.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Signature of Applicant

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