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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City of Cedarburg/Engineering • W63 N645 Washington Avenue • P.O. Box 49 • Cedarburg, Wisconsin 53012-0049
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