

Stormwater Management Permit Application

City of La Crosse Engineering Department

400 La Crosse Street
Engineering Department
La Crossse, WI 54601

Section 1 Property Information Project Name: Property Address: Street Lot Number(s) Parcel Number ZIP Code City State Plat or CSM Section 2 Landowner Information Full Name: Last First М.І. Mailing Address: Street Apartment/Unit # City ZIP Code State Contact Phone: E-Mail: Section 3 Applicant Information Same as Landowner (Check if YES, and continue with Section 4) Full Name: Last First М.І. Mailing Address: Apartment/Unit # Street City State ZIP Code Contact Phone: E-Mail: Γ ft² Total Site Area

Existing Impervious Area (Before Project) New Impervious Area	ft ² ft ²
	ft ²
New Impervious Area	ft ²
	10
(Impervious area added outside any existing impervious area)	
Redeveloped Impervious Area	ft ²
(Impervious area redeveloped inside original impervious area foot print)	
Removed Impervious Area	ft ²
(From inside original impervious area footprint)	
Net Impervious Area	ft ²
(After Project)	

Work	to	be	performed	by	(if	known):	
				-	•	,	

Same as Applicant (Check if YES)

Contact Phone:	ct Phone: E-Mail:						
Please note	mwater Management Report/Plan application cannot be processed wit	thout report/plan					
	Section 5 a Fee						
Permit Fees per Municipal Code of Ordi	nances Appendix C Fee Schedule	FEES RECEIVED Office Use Only Date Amt By					
Section 6	Stormwater Management	t Requirements					
TSS Reduction: Image: Constraint of the second	New Development (80%) 🔲 Redev	velopment (40%)					
Maintenance Agreement Executed							

Section 7 Applicant Signature

I have reviewed and understand Chapter 105 of the La Crosse Ordinances regarding erosion control, and I shall implement the control plan for this project as approved by the city.

I further, in accordance with Chapter 105, grant the right-of-entry onto this property, as described above, to the designated personnel of the City of La Crosse for the purpose of inspecting and monitoring for compliance with the aforesaid ordinance.

Applicant Signature _____ Date of Application _____

*Applicant other than landowner requires a notarized statement authorizing the applicant to act as the landowner's agent—must be attached