



La Crosse Fire Department

Division of Community Risk Management

inspection@cityoflacrosse.org 608-789-7530

<http://www.cityoflacrosse.org/your-government/departments/fire-department>

APPLICATION FOR LAND DISTURBANCE PERMIT



Application Number _____ Date _____ Parcel Number _____

OWNER INFORMATION

Name:			
Address of Above: Street	City	State	Zip Code
Phone:	Cell:	Fax:	Email:

CONTRACTOR INFORMATION

Name:			
Address of Above: Street	City	State	Zip Code
Phone:	Cell:	Fax:	Email:

PROJECT INFORMATION

Project Address:		
Start Date:	Description of Work:	
End Date:		
Subdivision Name:	Lot:	Block:

DISTURBANCE INFORMATION

Sq. Ft.:	Cu. Yds. Filled:	Cu Yds. Excavated:	Linear Ft.:
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FLOOD PLAIN INFORMATION

In Floodplain: ☐ Yes ☐ No	Floodplain Type: ☐ Flood Fringe ☐ Flood Way ☐ Flood Storage ☐ Shore Land- Wet Land ☐ Shallow Depth Floodplain	If over 1 acre-CPCP Provided from DNR: ☐ Yes ☐ No
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Applicant: _____ (Print) _____ (Sign) _____ (Date)

Owner: _____ (Print) *Andrew Goodman* _____ (Sign) _____ (Date)

OFFICE USE ONLY

Application: ☐ Approved ☐ Conditionally Approved ☐ Denied	Inspector:	Date:
Notes/Conditions:		