

Call (414) 544-8280 or
1-800-422-5220
INDEPENDENT
INSPECTIONS, LTD.
ILHR 20-06(a)3

UNIFORM EROSION CONTROL PERMIT APPLICATION

APPLICATION NO. _____

TAX KEY # _____

ISSUING MUNICIPALITY

TOWN VILLAGE CITY

OF _____

PROJECT LOCATION

PROJECT DESCRIPTION

COMMERCIAL ONE & TWO FAMILY

Owner's Name _____ Mailing Address _____ Telephone - Include Area Code _____

Contractor's Name _____ Mailing Address _____ Telephone - Include Area Code _____

PROJECT

Building Address _____ Subdivision Name _____ Lot No. _____ Block No. _____

_____ 1/4, _____ 1/4, SECTION _____, T _____, N, R _____, E(or)W _____

Total lot area _____ square feet.
Area to be disturbed by construction _____ square feet.
Duration of land disturbance _____ days.
Estimated date when permanent seeding/sodding will be installed _____.
Distance between disturbed area and any body of water or wetland _____ feet.

- For land disturbing activities covering less than one acre (43,560 sq. ft.), please submit a Survey Map to include the following:
 - existing site conditions, elevations/grade, project boundaries, proposed stock pile locations, proposed Erosion Control devices and location, final site conditions with grade, temporary drive locations, bodies of water within 200 feet of property.
- For land disturbing activities covering more than one acre, refer to Ordinance.

The applicant has reviewed and understands the Municipal code regarding Erosion Control, and shall implement the control plan for this project as approved by the Municipality; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT _____ **DATE** _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have Permit/Application number and address when **requesting inspections**. Call (414) 544-8280 or 1-800-422-5220. Give at least 24 hours notice.

FEES:	PERMIT(S) REQUIRED	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Plan Review Fee _____	<input type="checkbox"/> Construction _____	Permit expires per Ordinance _____	Name _____
Inspection Fee _____	<input type="checkbox"/> HVAC _____		Date _____
Administration Fee _____	<input type="checkbox"/> Electrical _____		Certification No. _____
Other _____	<input type="checkbox"/> Plumbing _____		
Total _____	<input type="checkbox"/> Other _____		