WINNEBAGO COUNTY EROSION CONTROL and STORMWATER MANAGEMENT APPLICATION FORM

Zoning: (920) 232-3344 112 Otter Ave., PO Box 2808, Oshkosh WI 54903-2808

OWNER

(must be owner's name of record)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Home (_____) _____

Cell (_____) _____

E-mail _____

TYPE OF REQUEST

◯ **Erosion Control**

◯ Single Parcel

◯ General Permit
(for Municipality/Utility permits only)

◯ **Stormwater Permit**

Commercial

Industrial

Subdivision

Project Start Date

_____

Estimated End Date

_____

(This time frame should include the completed landscaping)

SEND PERMIT TO: ☐ Owner by: ☐ E-mail ☐ Mail ☐ Applicant by: ☐ E-mail ☐ Mail

APPLICANT

Name/Co. _____

Address _____

City _____ State _____ Zip _____

Telephone Home (_____) _____

Cell (_____) _____

E-Mail _____

SITE LOCATION

STOP - if this property does not have an address assigned by **OUR** office, complete the on-line Address Request Application prior to submitting this application.

Address _____

Parcel No. _____ Town of _____

Plat/CSM _____ Lot # _____ Lot Size _____ Sec ____ T ____ R ____

Describe type of proposed project (new home, shed, etc.), work to be done and provide a description and location of erosion control measures.

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Site plan must include setbacks and all dimensions of the building/project - see attached instructions)

APPLICANT/OWNER ACKNOWLEDGEMENT

FAILURE TO PROVIDE ALL REQUIRED MATERIALS AND INFORMATION COULD RESULT IN THE REVIEW OF THIS APPLICATION BEING DELAYED FOR CONSIDERATION:

☐ For new home construction, the Winnebago County Zoning Dept. must be contacted for an inspection, *within **one business day** of initial disturbance of land*, at **(920) 232-3344** OR by email to: zoningdepartment@co.winnebago.wi.us.

☐ I understand that the conditions of the permit are minimum requirements and that, upon site inspection further measures may be required for compliance within the ordinance.

☐ I understand that all required erosion control measures shall be maintained as described in the permit plan until the Winnebago County Zoning Dept. approves their removal.

☐ I further grant the right-of-entry to the property, as described under "Site Location", to personnel designated by the County, for the purpose of inspecting and monitoring compliance with the ordinance(s).

☐ I have reviewed *Section 23.15 of the Winnebago County Zoning Ordinance* regarding erosion control & stormwater management and agree to comply with the requirements of the ordinance.

☐ In accordance with Wisconsin State Statute 59.691, the information provided herein is to give you notice regarding potential wetlands. You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open waters can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources Wetland Identification web page at: http://dnr.wi.gov/topic/surfacewater/swdv/ or contact your local DNR office. As the applicant, I hereby acknowledge notice of this wetland information.

_____ Date: _____

ORIGINAL INK Signature of Owner/Applicant/Agent

OFFICE USE ONLY

Fee Recv'd $ _____ Date _____ Permit # _____

Type _____ Issued Date _____

Issued by: _____

06/20

Complete and PRINT form. Submit application with **ORIGINAL INK SIGNATURE, SITE PLAN** and fees to our office in person or by mail. **DO NOT E-MAIL**