

***Storm Water Management & Construction Site Erosion and Sediment Control Permit Application***

***Large Project Sites***

*Land Disturbing Activities Greater than One (1) Acre*

**Walworth County Land Use and Resource Management Department**  
100 West Walworth Street P.O. Box 1001  
Elkhorn, WI 53121

Walworth County Website  
www.co.walworth.wi.us

**Land Conservation Division**  
262.741-4972  
262-741-4973 (fax)

**Authority: Walworth County Storm Water Management Ordinance-- Chapter 26-Article I & II of the Walworth Co. Code of Ordinances**

<b>Property Owner's Name:</b> _____	<b>Plan Preparer: Engineer/Consultant:</b> _____
<b>Company Name (If applicable):</b> _____	
<b>Mailing Address:</b> _____ _____	<b>Phone:</b> _____
<b>Phone:</b> _____	<b>Email Address:</b> _____
<b>Email Address:</b> _____	<b>Method of Permit Release:</b> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/>

***Parcel Information***

**Municipality:** \_\_\_\_\_ **Tax Key Parcel #** \_\_\_\_\_

***Project Information***

**Description of the proposed project:** \_\_\_\_\_

**Proposed Area Disturbed:** \_\_\_\_\_ (Square feet). **Proposed Area of Impervious Surfaces:** \_\_\_\_\_ (Square feet).

***Owner Certification***

I certify that I am the owner of the property that is subject to this Permit Application. I certify that the information contained on this form and on the attachments are true, accurate and complete. I agree to comply with all applicable codes, statutes and ordinances and the permit conditions. I will implement the approved storm water management plan. I understand that the approval of the plan and permit creates no legal liability, expressed or implied of the Walworth County Land Use and Resource Management Department.

The applicant/landowner understands by submitting this application, Walworth County staff may enter upon the parcel, as described above, for the purpose of obtaining information necessary to review the permit application, prepare the permit approval and inspect construction activities.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Owner's Name:** \_\_\_\_\_

***Statement of Authorization of Project Representative***

I hereby authorize \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
to act on my behalf in the processing of this Permit Application and to prepare and submit supplemental information requested by Walworth County.

\_\_\_\_\_  
**Owner's Signature** **Date**

**Office Use Only**  
**Permit Approved By:** \_\_\_\_\_ (name)

**Date:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Total Fee:** \_\_\_\_\_ **Receipt #** \_\_\_\_\_