



City of Kaukauna  
 201 W. Second Street  
 Kaukauna, WI 54130  
 Phone: 920.766.6305 Engineering Department

# EROSION CONTROL AND STORMWATER MANAGEMENT PERMIT APPLICATION

Applicant Information			
Applicant Name (Indiv., Org. or Entity)	Authorized Representative	Title	
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)	Fax (include area code)	
Landowner Information (if different than Applicant)			
Name (Organization or Entity)	Contact Person	Title	
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)	Fax (include area code)	
Other Contact Information (check one): <input type="checkbox"/> Engineer / Consultant <input type="checkbox"/> Contractor / Builder <input type="checkbox"/> Agent / Other			
Name (Organization or Entity)	Contact Person	Telephone (include area code)	
Mailing Address	City	State	Postal Code
Project or Site Location			
Site Name (Project):	Parcel Numbers:		
Address / Location:	Plat / CSM / Lot No.:		
Permit Type & Fees (check all that apply)			
<input type="checkbox"/> Erosion Control < 1 acre or 43,560 sq.ft. Disturbed Area (EC1) <input type="checkbox"/> Stormwater Management < 20,000 sq.ft. Impervious Area (SM1) <input type="checkbox"/> Erosion Control ≥ 1 acre or 43,560 sq.ft. Disturbed Area (EC2) <input type="checkbox"/> Stormwater Management ≥ 20,000 sq.ft. Impervious Area (SM2)			
Total Disturbed Area .....	_____	sq.ft. x \$0.0002 / sq.ft. (EC2) = \$	_____
New Impervious Area .....	_____	sq.ft. x \$0.0025 / sq.ft. (SM2) = \$	_____
Base Fee: \$200 (EC1), \$250 (EC2), \$200 (SM1), \$500 (SM2) = \$			_____
<b>Total Application Fee = \$</b>			
Duration of Land Disturbance .....	_____	weeks x \$25 / week (EC1, EC2) = \$	_____
Start Date.....	_____	Base Fee: \$250 (EC2), \$500 (SM2) = \$	_____
End Date.....	_____	<b>Total Inspection Fee = \$</b>	
<b>TOTAL PERMIT FEE (Application Fee + Inspection Fee) = \$</b>			
Certification & Permission			
<b>Certification:</b> I hereby certify that I am the landowner of the property which is the subject of this Permit Application. I certify that the information contained in this form and attachments is true and accurate. I understand that failure to comply with any or all of the provisions of the ordinances and/or permit may result in notices, fines / forfeitures, stop work orders, permit revocation, and cease & desist orders. <b>Permission:</b> As landowner of the property, I hereby give the Director of Public Works or designee, permission to enter and inspect the property to evaluate this permit application, determine compliance with ordinances, and perform corrective actions after issuing proper notice to the landowner.			
Applicant Signature	Date Signed		
Landowner Signature (required)	Date Signed		
LEAVE BLANK – FOR MUNICIPAL USE ONLY			
Date Application Received:	Fee Received \$	Receipt No:	
Construction Site ID / Permit No:	Date Issued:	Issued By:	