TOWN OF MUKWONAGO
W320 S8315 Beulah Road East
Mukwonago, WI 53149

Inspections
call (262) 210-3226

PERMIT NO.
TAX KEY #
Attached with Building Permit #

EROSION CONTROL Permit Application

PROJECT ADDRESS:
PROJECT DESCRIPTION:

☐ Commercial ☐ One and Two Family

PROPERTY OWNER	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR	**MAILING ADDRESS - INCLUDE CIT & ZIP**	**TELEPHONE - INCLUDE AREA CODE**

All erosion control plans for sites shall show the following:	
1	Locations of existing and proposed dwelling with respect to the property lines and the limits of land disturbance activities.
2	Direction of slope before and after land disturbance, and the size of the upslope drainage area.
3	Locations of all temporary best management practices to control erosion from the site.
4	Indicate existing ground cover on site (i.e. grass, trees, exposed soil, etc.).
5	Construction timeline (provide estimated dates) Preliminary Backfilling:_____ Excavation:_____ Final Grading:_____
6	Provide narrative of revegetation plan (i.e. seeding mixture, sod, timeline to be completed).

Conditions of Approval:	
1	Erosion and sediment control measures shall be installed prior to any land disturbing activities.
2	Inspect the erosion and sediment control practices after each rain of 1/2" or more, at least once each week and make needed repairs.

____ No silt fence will be required for this site, but if runoff becomes a problem, it will be required.

____ Monitor and maintain silt fence on site until the site is established.

____ Install a gravel access of 3" stone to a depth of 6", 7' wide and at least 50' long. All gravel and soil piles must be kept at least 15' from the road area. Any sediment that leaves the site and enters the roadway must be cleaned up by the end of each day. All practices must be maintained until the site is stabilized with seed and mulch or sod.

*****DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED*****

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the permit: understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, agency or Inspector; and certifies that all of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-210-3226. Give at least 24 hours notice on all inspections.

Signature of Applicant_____ Date_____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee $_____ **If you would like a copy of the permit, please send a stamped self addressed envelope.**	Ck #_____ Date_____ From_____ _____ Rec. By_____	**Permit Expires 90 Days** from date unless otherwise noted below _____	Name_____ Date_____ Certification#_____

NO REFUNDS ON PERMITS