925 15 th Ave Union Grove, WI 53182 Office - 262-878-1818 Fax - 262-878-3782 Building Type	FILL-EROSION CONTROL PERMIT A VILLAGE OF UNION GR								
Building Site Address:	Suite No.								
Owner's Name:			Mailing Address					Tel.	
								FAX#	
Tenant's Name:			Mailing Address					Tel.	
								FAX#	
Contractor's Name:			/Cert#	Mailing Address				Tel.	
								FAX#	
PROJECT DESCRIPTION				Estimated Value of \$			Value of V	Work	
Project Start Date: Estimated Project Completion				te: Subdivision			on Name	n Name:	
Zoning District(s):	s): Total Lot Square Foo			: Lot				Block No.	
Footprint Area of All Buildings & Structures: Footprint Area of A				All Hard Surface: Area of C			Green Space:		
Square feet: Square Feet:				Square Feet:			c:		
1. FILL ACTIVITY						-	If Land Division, How Many Parcels?		
Estimated Cubic Yards Entire Project							Number of Parcels		
Fill will be: Riprap Rock Gravel Sand Silt Clay Organics Other						1 7	Is Property Located Within 300 ft of a River? YES NO		
Fill Impact Area isAcres;Length;Width;Depth						Is Property	Is Property Located within 1000 ft of a Lake?		
2. EXCAVATION ACTIVITY						_ Y	□ YES □ NO		
Removal will involvecubic yards annually and/orcubic yards total project						DISTURB	DISTURBED AREA		
						To	Total Area of Disturbed Soils		
Removal will be: Riprap Rock Gravel Sand Silt Clay Organics Other									
							Acres orSq. Ft.		
Impact Area isAcres;Length;Width;Depth								EA OVER ONE (1) ACRE	
Is the disposal area: Upland? □Yes □No Wetland/Waterway? □Yes □No							DISTURBED AREA OVER ONE (1) ACRE REQUIRES A DNR NOTICE OF INTENT		
I agree to comply with all applicable cod express or implied, on the state or munic agent, permission to enter the premises for issued after work has begun. By applying	ipality; and or which thi	certify that all s permit is sou	the above informations that all reasonable	on is accurate. I expres hours and for any prop	sly g er pu	grant the building arpose to inspect t	inspector, or the work wh	r the inspector's authorized ich is being done. No refunds	
APPLICANT'S SIGNATURE						DATE SIG	DATE SIGNED		
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to compermit or other penalty. See below for conditions of approva									
CONDITIONS:					Municipality Number of Dwelling Location 51-186				
PERMIT FEES: BONDS:					PERMIT ISSUED BY:				
Permit Fee \$		sion Bond	\$						

Grand Total

Total Doubled

Other

Total

Name ______Date _____

Tel. _____Cert No. ____