

**CONSTRUCTION SITE  
EROSION CONTROL  
PERMIT APPLICATION**

1303 Lynn Avenue  
Altoona, WI 54720  
Phone: (715)839-6092  
Fax: (715)839-1800

**OWNER INFORMATION**

**THE OWNER'S NAME MUST BE THE NAME THAT APPEARS ON THE TAX ROLL. You may call 715-839-6092 to verify. If the current owner is not correctly identified, the application must be re-submitted, which will delay the start of the project.**

Name			
Address		Email Address	
City	State	Zip Code	
Phone	Cell Phone	Fax	

**ENGINEER/DESIGNER INFORMATION**

Name			
Company			
Address		Email Address	
City	State	Zip Code	
Phone	Cell Phone	Fax	

**EXCAVATING/GRADING CONTRACTOR INFORMATION (IF KNOWN AT THIS TIME)**

Name			
Company			
Address			
City	State	Zip Code	
Phone	Cell Phone	Fax	

**SITE INFORMATION**

Address/Location Description					
Parcel #	¼	¼	Section	T	R
				27N	9W
Zoning District(s)	Subdivision Name			CSM	

**PROJECT DESCRIPTION:** Please use this space to describe your project. If additional space is required, note submitted attachments.

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the City Engineer, or the City Engineer's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. **The Owner is responsible to meet all provisions of the City of Altoona Municipal Code and those of the WI Department of Natural Resources and the WI Department of Commerce.**

**OWNER'S SIGNATURE**

**DATE**

**APPROVAL CONDITIONS:** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

See attached.

By	(Signature of Authorized Permitting Authority)	Title	Date
----	--	-------	------

**OFFICE USE ONLY**

FEES		RECEIPT		PERMIT NUMBER:
Application	\$50.00	Cash or Check		
Review		Date		
Other		Received By		
TOTAL				

