



Stormwater Management Permit Application

City of Madison Engineering Division

210 Martin Luther King Jr. Blvd. ■ City-County Building Suite 115 ■ Madison, WI 53703

Section 1 ■ Property Information

Project Name: _____

Property Address: _____

<i>Street</i>	<i>Lot Number(s)</i>	<i>Parcel Number</i>
_____	_____	_____
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
_____	_____	_____
<i>Plat or CSM</i>		

Section 2 ■ Landowner Information

Full Name: _____

Last *First* *M.I.*

Mailing Address: _____

<i>Street</i>	<i>Apartment/Unit #</i>
_____	_____
<i>City</i>	<i>State</i> <i>ZIP Code</i>
_____	_____

Contact Phone: _____ E-Mail: _____

Section 3 ■ Applicant Information

*Applicant other than landowner requires a notarized statement authorizing the applicant to act as the landowner's agent. Form must be attached.

Same as Landowner (Check if YES, and continue with Section 4)

Full Name: _____

Last *First* *M.I.*

Mailing Address: _____

<i>Street</i>	<i>Apartment/Unit #</i>
_____	_____
<i>City</i>	<i>State</i> <i>ZIP Code</i>
_____	_____

Contact Phone: _____ E-Mail: _____

Section 4 ■ Site Information

	Total Site Area	ft ²
	Existing Impervious Area <i>(Before Project)</i>	ft ²
(A)	New Impervious Area <i>(Impervious area added outside any existing impervious area)</i>	ft ²
(B)	Redeveloped Impervious Area <i>(Impervious area redeveloped inside original impervious area footprint)</i>	ft ²
	Removed Impervious Area <i>(From inside original impervious area footprint)</i>	ft ²
	Net Impervious Area <i>(After Project)</i>	ft ²

Work to be performed by (if known): Same as Applicant (Check if YES) Same as Landowner (Check if YES)

Construction Contact: _____

Contact Phone: _____ E-Mail: _____

Stormwater Management Report/Plan to be attached.
****Please note application cannot be processed without report/plan****

Section 5 □ Fee Calculation

Use information from Section 4 above for (A) and (B)

Permit Base Fee	\$ 400.00
(A) New Impervious Area Fee (\$10/1000 ft ²)	\$ _____
(B) Redeveloped Impervious Area (\$5/1000 ft ²)	\$ _____
Total Fees	\$ _____

FEES RECEIVED
Office Use Only

Date _____

Amt _____

By _____

Section 6 □ Stormwater Management Requirements

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> TSS Reduction: | <input type="checkbox"/> New Development (80%) | <input type="checkbox"/> Redevelopment (40%) | <input type="checkbox"/> Redevelopment TMDL (80%) |
| <input type="checkbox"/> Oil & Grease Removal | | | |
| <input type="checkbox"/> Runoff Rate Control/Detention | | | |
| <input type="checkbox"/> Infiltration | | | |
| <input type="checkbox"/> Groundwater Recharge | | | |
| <input type="checkbox"/> Thermal Control | | | |
| <input type="checkbox"/> Maintenance Agreement Executed | | | |

Construction Start Date _____ Estimated Project Completion Date _____

Section 7 □ Applicant Signature

I have reviewed and understand Chapter 37 of the Madison General Ordinances regarding erosion control, and I shall implement the control plan or checklist for this project as approved by the city.

I further, in accordance with Chapter 37, grant the right-of-entry onto this property, as described above, to the designated personnel of the City of Madison for the purpose of inspecting and monitoring for compliance with the aforesaid ordinance.

Applicant Signature _____ Date of Application _____

**Applicant other than landowner requires a notarized statement authorizing the applicant to act as the landowner's agent—must be attached*