

925 15th Avenue Union Grove, WI 53182 Office - 262-878-2123 Fax - 262-878-1680		FILL-EROSION CONTROL PERMIT APPLICATION TOWN OF YORKVILLE			Permit No. _____ Parcel No. _____	
Building Type _____		Use _____				
Building Site Address: _____					Suite No. _____	
Owner's Name: _____		Mailing Address _____			Tel. _____ Fax# _____	
Tenant's Name: _____		Mailing Address _____			Tel. _____ Fax# _____	
Contractor's Name: _____		Lic/Cert# _____	Mailing Address _____		Tel. _____ Fax# _____	
PROJECT DESCRIPTION					Estimated Value of Work \$ _____	
Project Start Date: _____		Estimated Project Completion Date _____			Subdivision Name: _____	
Zoning District(s) _____		Total Lot Square Footage: _____			Lot No. _____ Block No. _____	
Footprint Area of All Buildings & Structures: Square feet: _____		Footprint Area of All Hard Surface: Square Feet: _____			Area of Green Space: Square Feet: _____	
1. FILL ACTIVITY					If Land Division, How Many Parcels? Number of Parcels _____	
Estimated Cubic Yards Entire Project _____					Is Property Located Within 300 ft of a River? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fill will be: <input type="checkbox"/> Riprap <input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Silt <input type="checkbox"/> Clay <input type="checkbox"/> Organics <input type="checkbox"/> Other					Is Property Located within 1000 ft of a Lake? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fill Impact Area is _____ Acres; _____ Length; _____ Width; _____ Depth					DISTURBED AREA Total Area of Disturbed Soils _____ Acres or _____ Sq. Ft.	
2. EXCAVATION ACTIVITY					DISTURBED AREA OVER ONE (1) ACRE REQUIRES A DNR NOTICE OF INTENT	
Removal will involve _____ cubic yards annually and/or _____ cubic yards total project.						
Removal will be: <input type="checkbox"/> Riprap <input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Silt <input type="checkbox"/> Clay <input type="checkbox"/> Organics <input type="checkbox"/> Other						
Impact Area is _____ Acres; _____ Length; _____ Width; _____ Depth						
Is the disposal area: Upland? <input type="checkbox"/> Yes <input type="checkbox"/> No Wetland/Waterway? <input type="checkbox"/> Yes <input type="checkbox"/> No						
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 building inspector, or the inspector'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. No refunds issued after work has begun. No refunds issued after work has begun. By applying for this permit, you are authorizing Town personnel to inspect this property within the scope of their duties.						
APPLICANT'S SIGNATURE _____				DATE SIGNED _____		
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. <input type="checkbox"/> See below for conditions of approval.				
CONDITIONS: _____				Municipality Number of Dwelling Location _____		
PERMIT FEES:		BONDS:		PERMIT ISSUED BY:		
Permit \$ _____		Erosion Bond \$ _____		Name _____		
Other \$ _____		Grand Total \$ _____		Date _____ Tel. _____		
Total \$ _____		Total Doubled \$ _____		Cert No. _____		