



Safety & Buildings Division  
Bureau of Integrated Services

## Standard Erosion and Sediment Control Notice of Intent Plan Summary Review In Lieu of Web Submittal

Use This Form In Lieu of Web Submittal  
for Erosion and Sediment Control Plans That Satisfy the  
Requirements of Comm 60 Using the Revised Universal Soil  
Loss Equation (RUSLE) Calculator or Methodologies from the  
Commerce Code Appendices

**NOTE:** Personal information you provide may be used for secondary purposes  
[Privacy Law s. 15.04(1)(m), Stats.]

Return completed form to  
And plan submittal to:

DEPARTMENT OF COMMERCE  
SAFETY & BUILDINGS DIVISION  
201 W. Washington Ave 53703

P.O. Box 7162  
Madison, WI 53707-7162

608-266-3151  
Fax: 608-267-9566  
TTY: Contact Through Relay

Complete the following Plan Summary Review Application and Notice of Intent. After developing an erosion control plan according to Comm 60 using the Revised Soil Loss Equation (RUSLE) Calculator or methodologies from the Commerce Code Appendices, and a long-term storm water management plan according to NR 216.47, submit a completed application form along with a single sheet copy of the Universal Soil Loss Equation Calculator (Spreadsheet) results, to the address shown above.

OR: If methodologies from the Commerce Code Appendices have been used to satisfy Comm 60 requirements, include a thorough description of these in the Section 4. of this application.

Narrative summaries (Section 4.) must clearly describe the proposed erosion and sediment control methods to be used for compliance with the standards established in Comm 60 Wis. Adm Code.

**NOTE:** Earth disturbing activities can not commence on the site until the Department has completed the review and approval of this plan summary submittal for conformance with the erosion and sediment control standards established in Comm 60 Wis. Adm Code.

**1. Construction Site Information**

Total Estimated Disturbed Area  
\_\_\_\_\_ Acres

Anticipated Construction Start Date  
\_\_\_\_\_

Anticipated Construction End Date  
\_\_\_\_\_

Nearest named receiving water body  
\_\_\_\_\_

**2. Type of Project – Fill in all known information**

Project/Site Name \_\_\_\_\_

Number & Street/Legal Description \_\_\_\_\_

County \_\_\_\_\_ ( ) City ( ) Village ( ) Town of \_\_\_\_\_

**3. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information. Attach additional copy of this page if there are more customers.**

**Owner Information (Customer 1)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Check others if applicable  
( ) Supervising Professional A/E # \_\_\_\_\_ ( ) Designer

**Supervising Professional (Customer 3)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Check others if applicable:  
( ) Supervising Professional A/E # \_\_\_\_\_ ( ) Designer

