



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

## NOTICE OF INTENT

### Plan Summary Review For Custom Erosion and Sediment Control Plans

Use This Form When Not Using the Web or Paper ("In Lieu of Web") Submittals Because of Custom-Designed Plans That Do Not Follow RUSLE Calculations.

Do Not Use This Form For Plans That Satisfy the Requirements of Comm 60 Using the RUSLE Calculator Available via Web Submittal

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  
Device for the Deaf: Use state  
Relay number - Dial 711**

Complete the following Plan Summary Review Application and Notice of Intent . After developing an erosion control plan according to Comm 60 and a long-term storm water management plan according to NR 216.47, submit completed application form and a minimum of three copies of the complete Erosion and Sediment Control Plan Summary to the address shown above. Summaries must clearly describe and demonstrate how the methodologies proposed for the site will meet the erosion and sediment control 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)			Supervising Professional (Customer 3)		
First Name	Last Name	Customer Number	First Name	Last Name	Customer Number
Company Name			Company Name		
Address			Address		
City	State	Zip+4 (9 digits)	City	State	Zip+4 (9 digits)
Phone Number (area code)	Fax	e-mail	Phone Number (area code)	Fax	e-mail
Check others if applicable ( ) Supervising Professional A/E # _____ ( ) Designer			Check others if applicable: ( ) Supervising Professional A/E # _____ ( ) Designer		

Designer Information (Customer 2)			REQUIRED SIGNATURES
First Name	Last Name	Customer Number	<u>Stormwater Requirements:</u>  Stormwater plan requirements. Owner must sign the following verification statement.  I verify that a long-term stormwater management plan meeting the requirements set forth in NR 216.47 has been developed and will be implemented.  Signature _____  Date _____
Company Name			
Address			
City	State	Zip+4 (9 digits)	
Phone Number (area code)	Fax	e-mail	
Check others if applicable: ( ) Supervising Professional A/E # _____			

Describe the reasons for NOI submittal via Custom Plan Summary Review rather than web submittal.

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Describe the soil and sediment control methodologies proposed for the purpose of satisfying the standards established in Comm 60 Wis. Adm. Code.

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**FEES:**

- Submittal Fee (required for each and every separate submittal)..... \$100
- Miscellaneous Review Fee..... \$250
- Notice of Intent fee..... \$200
- Additional fees (if necessary) @ \$60.00/hour..... \_\_\_\_\_
- Total Fees submitted..... \_\_\_\_\_