



FEE _____
 RECEIPT No. _____
 No. _____
 DATE OF APPLICATION _____

STORMWATER UTILITY SERVICE APPLICATION

A. Applicant

1. Applicant Name _____ 2. Owner Name _____
 Address _____ Address _____
 Phone _____ Phone _____

3. Project Description _____

4. Site Address _____

5. Key No. _____ 6. Plat Name _____ 7. Block No. _____ 8. Lot No. _____

9. Type (Check One)
 Residential Single Family Duplex Multi-Family Dwelling Units _____
 Non-Residential Commercial Industrial Other _____

10. Building Permit (Check All That Apply)
 New Construction Internal Remodeling Demolition Grass Gravel Asphalt
 Parking Lot Only Addition Type of Restoration Other
 External Remodeling

11. Utility Service (Check All That Apply)
 Water Existing Yes No Served By _____ New Required: Yes No Unknown
 Well Existing Yes No
 Sanitary Existing Yes No Served By _____ Yes No Unknown

Complete The Following For ALL NON-RESIDENTIAL Projects

12. Number of Units in the Building _____
 Related Site Addresses _____

	Existing +	Change +/-	= New Total
Total Parcel Area	sq.ft.	sq.ft.	sq.ft.
Foot Print	sq.ft.	sq.ft.	sq.ft. (A)
Paved / Gravel	sq.ft.	sq.ft.	sq.ft. (B)
Total Landscape Area	sq.ft.	sq.ft.	sq.ft.

Total Impervious Area $\frac{A+B}{3,350 \text{ sq.ft.}} = \frac{3,350 \text{ sq.ft.}}{3,350 \text{ sq.ft.}} =$ ERU (Equivalent Runoff Unit calculated to the nearest .01)

14. Preparer's Signature TM _____ Print Name TM _____

B. Building Inspector's Signature TM 15. TM _____ Date TM _____

C. Building Inspection 16. Building Permit No. TM _____ Issued By TM _____

McMAHON ASSOCIATES, INC.

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