

TOWN OF LESSOR

(2 issued - 1 returned to applicant)

APPLICATION FOR LANDSPREADING PERMIT

Person requesting permit and address: _____

If different, landowner of proposed spreading site:

Name _____

Address & phone no. _____

Lienholders of landowner: _____

Type of contaminant to be spread: _____

Contaminant source, present location: _____

List in detail past experience with landspreading of contaminants in Wisconsin:

If organization or corporation, in existence since year: _____

DNR or EPA approval required? Yes _____ No _____

If yes, at what stage is permit process now? _____

Governmental agency contact person you are working with? _____

Address & phone _____

List any past arrests, convictions, citations or remedial orders issued by a government or its agency dealing with any environmental issue:

I understand this activity may not be for any unauthorized or undisclosed purpose, and there are penalties if the answers herein are found to be false or greatly misleading.

Business or organization contact person: _____

Telephone for contact person, days: _____

night: _____

Date/time frame of intended landspreading: _____

I understand the town clerk will furnish me or has given me an ordinance copy so that all plan requirements can be met by the scheduled meeting date. I will notify the Clerk of any additional time needed for plan preparation if a scheduled meeting date is before all information will be available.

Engineer or expert providing landspreading, permit and security fund information: _____

Tax parcel numbers of landspread site(s): _____

Tax parcel legal description(s): _____

Neighboring landowners within 500 feet of boundaries of each tax parcel sought for permit (name and address): _____

List any navigable stream on landspreading site or within 500 feet: _____

Date of application: _____

_____ typed or printed name: _____

Preliminary expected hearing date: _____

(next months board meeting more than 2 weeks from application date)

ANY PERSON APPLYING AFTER LANDSPREADING HAS COMMENCED SHALL PAY AN APPLICATION FEE OF DOUBLE THE NORMAL AMOUNT.