



**COMMERCIAL BUILDING CONSTRUCTION SITES
NOTICE OF INTENT**
NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

Return completed form to:
**DEPARTMENT OF COMMERCE
SAFETY & BUILDINGS DIVISION
4003 N KINNEY COULEE RD
LACROSSE WI 54601**

Contact Tel: (608) 785-9334

Complete the following registration form. **After** developing an erosion control plan according to Comm 61.115 and a long-term storm water management plan according to NR216.47, submit **completed** registration form to the address shown above.

NOTE: This form must be reviewed by the department, for projects which will disturb 1 or more acres, at least 14 days **prior** to any earth disturbing activities.

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 _____
Tenant name or building designation:
[Example: West Mall/Jim's Shoes, Bldg #1]

Tenant or building address _____ Zip Code _____

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 or Internet	Phone Number (area code)		Fax or Internet
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	Stormwater Requirements: 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 or Internet			
Check others if applicable: () Supervising Professional A/E # _____					