

Fee\*\*:

## Waukesha County Dept. of Parks & Land Use – Land Resources Division 515 W. Moreland Blvd., Room 260 Waukesha, WI 53188-3868

Phone: 262-896-8300 Fax: 262-896-8298

## Waukesha County Storm Water Permit Amendment Request

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1,	hereby request:		Office Use Only
(Applicant Name)	٦		Office use Offig
Extension of Permit		Request:	□ Approved □ Denied
Transfer of Permit*		Staff Initia	ıls:
Plan Amendment		Date:	
Project Name:			
Permit #:			
For permit extension(s), explain the circur construction timeline.	nstances that prompted the r	equest and	I provide a new
Explain:			
*Permit transfers require the new applicar financial assurance. Use the appropriate \$			
Applicant Signature:	<del></del>		
Date:			
Described Dr. (Chaff Lattala)			lote: Permit extension and sfer fees are set by the
Received By (Staff Initials):		LRD	and approved by the nty Board through the
Date:	_	annı	ual budget process. See the

appropriate fee.