La Crosse Fire Department

Division of Community Risk Management

inspection@cityoflacrosse.org 608-789-7530

http://www.cityoflacrosse.org/your-government/departments/fire-department

APPLICATION FOR *LAND DISTURBANCE* PERMIT

Application Number_____ Date_____ Parcel Number_____

OWNER INFORMATION			
Name:			
Address of Above: Street	**City**	**State**	**Zip Code**
Phone:	**Cell:**	**Fax:**	**Email:**

CONTRACTOR INFORMATION			
Name:			
Address of Above: Street	**City**	**State**	**Zip Code**
Phone:	**Cell:**	**Fax:**	**Email:**

PROJECT INFORMATION		
Project Address:		
Start Date:	**Description of Work:**	
End Date:		
Subdivision Name:	**Lot:**	**Block:**

DISTURBANCE INFORMATION			
Sq. Ft.:	**Cu. Yds. Filled:**	**Cu Yds. Excavated:**	**Linear Ft.:**

FLOOD PLAIN INFORMATION		
In Floodplain: ☐ Yes ☐ No	**Floodplain Type:** ☐ Flood Fringe ☐ Flood Way ☐ Flood Storage ☐ Shore Land- Wet Land ☐ Shallow Depth Floodplain	**If over 1 acre-CPCP Provided from DNR:** ☐ Yes ☐ No

Applicant: _____ (Print) _____ (Sign) _____ (Date)

Owner: _____ (Print) _____ (Sign) _____ (Date)

OFFICE USE ONLY		
Application: ☐ Approved ☐ Conditionally Approved ☐ Denied	**Inspector:**	**Date:**
Notes/Conditions:		