



Rock County SWCD/Land Mgt Local Notification Form for Drainage/Wetland Impact

For Internal Use Only

Application No.	Field Office Code	Date Initial Application Received	Date Initial Application Deemed Complete
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1. Landowner/Applicant Contact Information (must have all information completed)

Name: _____

Address: _____

Phone: Home _____ Cell: _____ Email: _____

2. Project Location

Township: _____ Section: _____ Quarter: _____

3. Project Purpose, Description and Dimensions: Describe what you plan to do and why it is needed, how you plan to construct the dimensions (length, width, depth), area of impact, and when you propose to construct the project.

Please be very specific

*****Attached Map with Specific Project Information Required*****

*****Project approvals and denials based on information provided in this form and the project map draws, Additional work done by Applicant/Landowner that is not included in this application can be considered a violation*****

4. I am providing information need for a local notification for the work described in this notification. I am familiar with the information contained in this application. To the best of my knowledge and belief, all information is true, complete and accurate. I possess the authority to undertake the work described, or I am actin as the duly authorized agent of the applicant.

Signature of Applicant (Landowner)

Date