

**KANE COUNTY STORMWATER ORDINANCE
WETLAND IMPACTS AND MITIGATION PERMIT APPLICATION**

Kane County Division of Environmental and Water Resources
719 S. Batavia Avenue
Geneva, IL 60134
Telephone 630-208-5118 Fax 630-208-3837

1. CERTIFIED COMMUNITY _____	2. DATE RECEIVED (office use only)	3. STORMWATER APPLICATION/PERMIT NO. (ASSIGNED BY COMMUNITY) _____ - _____ - _____
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6. NAME, ADDRESS, TITLE OF APPLICANT: Telephone No. _____ Fax No. _____ Email Address _____	7. NAME & ADDRESS OF OWNER: Telephone No. _____ Fax No. _____ Email Address _____
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8. Check all of the following conditions which apply:
 (a) if the application contemplates mitigation for the wetland impact by the payment of a fee in lieu of mitigation, a permit fee of \$1,000 is required;
 (b) if the application contemplates mitigation for the wetland impact by the purchase of credits from a wetland mitigation bank, a permit fee of \$1,000 is required;
 (c) if the application contemplates mitigation for the wetland impact within a proposed wetland mitigation facility, a permit fee of \$2,500 is required;
 (d) if the application contemplates more than one type of mitigation for the wetland impact, a permit fee of \$2,500 is required.

9. DESCRIPTION OF PROPOSED DEVELOPMENT:

10. LOCATION OF DEVELOPMENT: Street Address _____ Municipality _____ Watershed & Tributary _____	11. LEGAL DESCRIPTION: 1/4 Section Township Range PIN _____ - _____ - _____ PIN _____ - _____ - _____
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12. **UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY**, I declare that I have examined and/or made this application and it is true and correct to the best my knowledge and belief. I agree to comply with all provisions of this ordinance. I realize that the information that I have affirmed hereon forms a basis for the issuance of the wetland impacts and mitigation permit herein applied for and approval of plans in connection therewith shall not be construed to permit any activity upon said premises or use thereof in violation of any provision of any applicable ordinance or to excuse the owner or his successors in title from complying therewith.

_____ Signature of Applicant _____ Date _____ Signature of Owner _____ Date

13. PERMIT REVIEW FEE: Date _____ Amount _____ Check Number _____ Initials _____	14. MITIGATION COSTS: Mitigation Facility Costs _____ Mitigation Bank Costs _____ Fee-in-lieu Costs _____	15. PERFORMANCE SECURITY: Dated _____ Security Type _____ Amount _____ Expiration _____
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FINAL APPROVALS: PERMIT NO. _____	Date _____	Approved By/Title _____ KCDEWR
SPECIAL CONDITIONS: _____		