



**NOTICE OF COMMENCEMENT FOR
LAND DISTURBING ACTIVITIES
CITY OF PLATTEVILLE, WISCONSIN**

City of Platteville - Department of Public Works
 75 N. Bonson Street, P. O. Box 780 Platteville, WI 53818
 P: (608) 348-9741 F: (608) 348-4154 <http://www.platteville.org/>

Print or Type

Owner				
Name (Organization/Entity)		Authorized Representative		Title
Mailing Address		Phone (include area code)		Fax (include area code)
City	ST	Zip Code	E-mail Address	
Applicant/Owner's Authorized Representative				
Name (Organization/Entity)		Authorized Representative		Title
Mailing Address		Phone (include area code)		Fax (include area code)
City	ST	Zip Code	E-mail Address	
Contractor				
Name (Organization/Entity)		Authorized Representative		Title
Mailing Address		Phone (include area code)		Fax (include area code)
City	ST	Zip Code	E-mail Address	

Site Location: _____
 Address: _____ Zoning: _____ Parcel Number: _____

Date of Commencement: _____
 Attach any modifications to the storm water management plan for approval before commencement.

I agree to notify the Director of Public Works of any significant modifications I intend to make to an approved storm water management plan. The Director of Public Works may require that the proposed modifications be submitted for approval prior to incorporation into the storm water management plan and execution by the responsible party.

Signature of Landowner/ Authorized Representative _____ Date _____

Printed Name of Landowner/ Authorized Representative _____ Date _____