

We're going outside.

## CLEAR WATER DISCHARGE INTO PUBLIC RIGHT OF WAY APPLICATION/PERMIT Under City of Jefferson Municipal Code § 232-33 A-F. City of Jefferson, Wisconsin Form Subject to Change

Date:	. c.m. campos to change				
Application/Permit is only valid from April 1 thru reasonable alternative for discharge is available.		ctor of Public	: Works determine	s that a	
No person shall make connection of roof down of surface runoff or groundwater to a building s					
Applicant/Owner is subject to all requirements damages, costs and charges that may accrue permit to discharge clear into the City right of v	related to the permitted discharge of clear	water. Appli	cation is hereby m		
Section 1: Location Information					
Address of Clear Water Discharge:	Source of Clear Water D	Source of Clear Water Discharge:			
Section 2: Landowner/Applicant Information	on				
Applicant Name (Individual, Organization or Er	ntity				
Mailing Address	City	State	Zip		
E-mail address	Telephone Number	F	ax Number		
Section 3: Site Information & Proposed Plans to Correct Site Conditions					
Explain or draw detailed map of proposed disc sidewalks and streets.	harge. Show or explain how discharge wi	ll be done sa	fely and not impac	:t	

Section 4: Plans for Discharge Prohibited Period (November 1 through March 31)  Explain what will be done on site to ensure that discharges do not occur during the prohibited period.			
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Section 5: Certification & Permission			
contained in this form and attachments is true and accurate knowledge is not contaminated. I understand that failure to opermit revocation and/or other enforcement actions consistent read the Ordinance § 232-33 and will comply with the Ordin certify that I will hold the City harmless from all damages, co water. I also understand and certify that I will correct my drain public right of way. I also understand that I may not be permit correct the problem that I have on my property. The City is City's discretion. I understand that I may not be permitted in the			
reality of Gwiler. (Fills)	1 disprishe Namiser		
Signature	Date Signed		
Date Received:	Special Conditions:		
Issued/Approved By:	Date:		