

City of Crystal Lake STORMWATER MANAGEMENT PERMIT

For Internal Use Only:
Application No: _____

100 West Woodstock Street Crystal Lake, IL 60014 (815) 356-3605

Property Owner:	Primary Contact:
Project Address:	Company Name:
Owner Address:	Address:
Phone:	Phone:
Email Address:	Email Address:
Project Description:	
	gically disturbed area
acre(s) Existing imperviou	us area on development site
acre(s) Proposed impervi	ous area on development site
acre(s) Impervious area o	n development site before 2005
Statement of Authorization (completed b	by owner only if using a primary contact):
processing of this application and to fur	(primary contact) to act on my behalf as my agent in the rnish, upon request, supplemental information in support of this permit chalf as the point of contact for permit correspondence.
Signature:	Date:
have provided forms the basis for the iss	correct to the best of my knowledge. I realize that the information that I uance of the permit and have included all work to be authorized with this nent in compliance with the permitted documents. Date:
-	
A stormwater management permit is here	eby issued per the approved plans dated
Permit conditions should be referenced p	er the plan review dated
Enforcement Officer	Date
If wetlands are impacted, the wetland management permit.	specialist has reviewed and recommends approval of this stormwater
	Date