



WHITESIDE COUNTY DRAINAGE PERMIT APPLICATION

Whiteside County Highway Department
18819 Lincoln Road
Morrison, IL 61270
Phone: 815-772-7651 Fax: 815-772-4870

Applicant: _____

Phone: _____

Address: _____

Fax: _____

City _____

State _____

Zip _____

PPN: _____

Engineer of Record: _____

Signature of Applicant: _____

DEVELOPMENT TYPE	
RESIDENTIAL	NON RESIDENTIAL
Single Family	Industrial
Two or More Family	Commercial
Garage	Church
Accessory Building	School
Other	Other

Size : _____ Acres

of Buildings: _____

Total Square Ft.: _____

Total Imp. Area: _____

(Inc. build., driveway, etc.)

Parking Lot: Yes/No

Existing land use and Characteristics: (Farmland, prairie, forest, etc. use percentages if necessary).

Proposed land use and Characteristics:

VALIDATION (DEPT. USE)

Permit Issued _____

OR

EXEMPTION

Reason for exemption: _____

County Engineer _____

Fee: _____

Paid

Date: _____

WHITESIDE COUNTY HIGHWAY DEPARTMENT

STORM WATER PERMIT APPLICATION CHECKLIST AND CERTIFICATION

(COMPLETE FORM AND INCLUDE WITH APPLICATION)

Project: _____

Applicant: _____

Submittals: _____ Date/Initials
(Office Use)

<input type="checkbox"/> Permit application	_____
<input type="checkbox"/> Drainage Plan (Delineation of subareas and flowpaths)	_____
<input type="checkbox"/> FEMA FIRMette of project location	_____
<input type="checkbox"/> Web Soil Survey of project location	_____
<input type="checkbox"/> Wetlands Mapper of project location	_____
<input type="checkbox"/> Construction Cost Estimate \$ _____ (Attach copy)	_____
<input type="checkbox"/> Inspection Fee (4% of Cost Estimate) \$ _____	_____
<input type="checkbox"/> Design Calculations	_____

DETENTION FACILITY REQUIREMENTS:

Maintenance Responsibility of Detention Facility:

Public ____ Private ____ N/A ____

For publicly maintained detention facilities:

Escrow in the amount of 100% of Cost Estimate _____

For privately maintained detention facilities only:

Maintenance Agreement _____

Design Parameters/Certification

Area of Developed Property: _____ acres Imp. Areas: Existing _____ acres Proposed _____ acres

Existing Release Rates: _____ cfs (2-yr) _____ cfs (100-yr)

Proposed Release Rates: _____ cfs (2-yr) _____ cfs (100-yr) Required Detention: _____ ac-ft

Design Methodology: _____

I certify, to the best of my knowledge and ability, that the proposed drainage system for the above stated development complies with the provisions of the Whiteside County Storm Water Management Ordinance and that the elements of the system have been designed using methods of analysis and design that are generally accepted for the elements presented.

IL PE
Seal