



**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**

<input type="checkbox"/>	Single Family
<input type="checkbox"/>	Two or More Family
<input type="checkbox"/>	Garage
<input type="checkbox"/>	Accessory Building
<input type="checkbox"/>	Other

**NON RESIDENTIAL**

<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Church
<input type="checkbox"/>	School
<input type="checkbox"/>	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: \_\_\_\_\_

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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)
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- |  |       |
|--|-------|
| <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