



Town of Sheboygan

1512 N. 40th St
Sheboygan, WI 53081
Phone (920) 451-2320
Fax (920) 451-2323

APPLICATION FOR DUMPING/FILL PERMIT

DATE _____

PERMIT NO. _____

PHONE NO. _____

FEE \$200.00

1. Location of Dumping _____
2. Lot Number _____
3. Owner _____
4. Type of Fill _____
5. Quantity of Fill _____
6. Describe Where Fill Is Needed _____
7. Start Date _____ Finish Date _____

THE PRIVILEGE AS GRANTED ABOVE IS GRANTED ONLY ON THE CONDITION THAT BY THE ACCEPTANCE OF THE PRIVILEGE, THE SAID UNDERSIGNED SHALL BECOME PRIMARILY RESPONSIBLE AND LIABLE FOR ALL AND ANY DAMAGE TO PERSONS OR PROPERTY CAUSED BY AND ARISING FROM THE GRANT AND EXERCISE OF SUCH PRIVILEGE.

THE OWNER SHALL BE RESPONSIBLE FOR ANY AND ALL DAMAGE OR STORMWATER DAMAGE PROBLEMS CAUSED AS A RESULT OF THIS DUMPING OPERATION.

SIGNATURE _____ PHONE NO. _____

ADDRESS _____

OFFICE USE ONLY

(ALL OF THE FOLLOWING LINES MUST BE FILLED IN PER THE TOWN CHAIRMAN)

The above permit has been approved by the following person(s):

SIGNATURE _____

DATE OF ISSUANCE _____ DATE OF EXPIRATION _____

AUTHORIZING THE FOLLOWING: _____

QUANTITY OF FILL _____

This permit is good for one (1) year from date of issuance.