



## Town of Greenville Residential Erosion Control Change of Permit Contact

**Mail, fax or deliver completed form to:**  
 Attn: Erosion Control Inspector  
 Greenville Public Works Department  
 PO Box 60  
 W6895 Parkview Dr  
 Greenville, WI 54942

This form must be completed and returned when any change in contact or ownership occurs on the property listed below.

Permit No:		Lot No:	
Date Issued:		Plat/CSM:	
Expiration Date:		Site Address:	

### Current Contact

Name:	
Company:	
Address:	
City:	
State:	
ZIP:	
Phone:	
Fax:	
Email:	

### New Contact

Name:	
Company:	
Address:	
City:	
State:	
ZIP:	
Phone:	
Fax:	
Email:	

\*\*\* I acknowledge that, as the new erosion control permit contact for this property, I am responsible for maintaining all erosion control devices until permanent ground cover has been established. Erosions control devices shall be installed and maintained according to the site plan submitted with the original erosion control permit application, along with all other erosion control orders issued to the property. I also acknowledge the responsibility of removing any and all sediment that is transported offsite due to rainfall or construction activities at the site. Furthermore, I acknowledge that **the existing erosion control permit expires 24 months after the date of issuance; if permanent ground cover has not been established by the end of this term, a new erosion control permit must be obtained for the property.**

\_\_\_\_\_  
 Signature of New Contact (will not be accepted without signature)

\_\_\_\_\_  
 Date

**OFFICE USE ONLY**

Processed By: \_\_\_\_\_

Date Change of Contact Received: \_\_\_\_\_

Date Change of Contact Processed: \_\_\_\_\_
