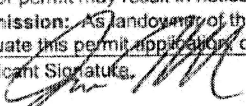
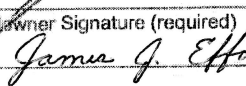




EROSION CONTROL AND STORMWATER MANAGEMENT PERMIT APPLICATION

Applicant Information			
Applicant Name (Indiv., Org. or Entity) Keller Inc.		Authorized Representative Jesse Hall	Title Project Manager
Mailing Address N216 State Road 55	City Kaukauna	State WI	Postal Code 54130
E-mail Address jhall@kellerbuilds.com	Telephone (include area code) (920) 438-9316		Fax (include area code) (920) 766-5004
Landowner Information (if different than Applicant)			
Name (Organization or Entity) Accurate Machine Co.		Contact Person James Effa	Title President
Mailing Address 1901 Hyland Avenue	City Kaukauna	State WI	Postal Code 54130
E-mail Address jim@accuratemachine.net	Telephone (include area code) (920) 766-7720		Fax (include area code) (920) 766-9399
Other Contact Information (check one): <input type="checkbox"/> Engineer / Consultant <input checked="" type="checkbox"/> Contractor / Builder <input type="checkbox"/> Agent / Other			
Name (Organization or Entity) Tom Vand Handel Corp		Contact Person Rick Van Handel	Telephone (include area code) (920) 585-3771
Mailing Address 1830 E. Edgewood Drive	City Appleton	State WI	Postal Code 54913
Project or Site Location			
Site Name (Project): Accurate Machine Co.		Parcel Numbers: 322091200	
Address / Location: 1901 E. Hyland Avenue Kaukauna, WI 54130		Plat / CSM / Lot No.: 6	
Permit Type & Fees (check all that apply)			
<input checked="" type="checkbox"/> Erosion Control < 1 acre or 43,560 sq.ft. Disturbed Area (EC1) <input checked="" type="checkbox"/> Stormwater Management < 20,000 sq.ft. Impervious Area (SM1)			
<input type="checkbox"/> Erosion Control ≥ 1 acre or 43,560 sq.ft. Disturbed Area (EC2) <input type="checkbox"/> Stormwater Management ≥ 20,000 sq.ft. Impervious Area (SM2)			
Total Disturbed Area	22,000	sq.ft. x \$0.0002 / sq.ft. (EC2) = \$	_____
New Impervious Area	6,000	sq.ft. x \$0.0025 / sq.ft. (SM2) = \$	_____
Base Fee: \$200 (EC1), \$250 (EC2), \$200 (SM1), \$500 (SM2) = \$		400.00	
Total Application Fee = \$		400.00	
Duration of Land Disturbance	35	weeks x \$25 / week (EC1, EC2) = \$	875.00
Start Date.....	9/15/20205	Base Fee: \$250 (EC2), \$500 (SM2) = \$	_____
End Date.....	6/5/2026	Total Inspection Fee = \$	875.00
TOTAL PERMIT FEE (Application Fee + Inspection Fee) = \$ 1,275.00			
Certification & Permission			
Certification: I hereby certify that I am the landowner of the property which is the subject of this Permit Application. I certify that the information contained in this form and attachments is true and accurate. I understand that failure to comply with any or all of the provisions of the ordinances and/or permit may result in notices, fines / forfeitures, stop work orders, permit revocation, and cease & desist orders.			
Permission: As landowner of the property, I hereby give the Director of Public Works or designee, permission to enter and inspect the property to evaluate this permit application, determine compliance with ordinances, and perform corrective actions after issuing proper notice to the landowner.			
Applicant Signature 		Date Signed 8/29/25	
Landowner Signature (required) 		Date Signed 9-2-25	
LEAVE BLANK -- FOR MUNICIPAL USE ONLY			
Date Application Received:	Fee Received \$	Receipt No:	
Construction Site ID / Permit No:	Date Issued:	Issued By:	

PLEASE CONTACT CITY OF KAUKAUNA ENGINEERING DEPARTMENT AT 920-766-6305 WITH QUESTIONS.