

**Notice:** An Endangered Resources (ER) Review of a proposed land development, management, planning, or similar type of project provides the requester with information from Wisconsin's Natural Heritage Inventory (NHI) database and other sources on rare plants and animals, high quality natural communities, and other endangered resources that may be impacted by the proposed project. The ER Review will also include specific recommendations to help projects comply with Wisconsin's Endangered Species Law (s. 29.604, Wis. Stats.) and other laws and regulations protecting endangered resources. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).

**Instructions:** The following materials are required to process this request. Submit all materials by mail to the address above or by fax (608-266-2925) or email ([DNRERReview@wisconsin.gov](mailto:DNRERReview@wisconsin.gov)). Do not include payment with this form.

- ☐ Completed, signed form
- ☐ Map(s) delineating the project area, preferably a topographic map and digital orthophoto (aerial photo)

Submission of the following materials are strongly encouraged and will facilitate review of your project:

- ☐ Photographs that clearly show the project area, including natural features and vegetation present on site
- ☐ Additional relevant information and reports (e.g., detailed project and habitat descriptions, wetland delineation, and site plans)

**Section 1: Requester Information (ER Review, correspondence and invoice will be sent to this person)**

Name		Organization	
Mailing Address		City	State ZIP Code
Telephone Number	FAX Number	Email Address	

**Section 2: Landowner Information (if different than Section 1)**

Name		Organization	
Mailing Address		City	State ZIP Code
Telephone Number	FAX Number	Email Address	

**Section 3: Project Information**

Project Name	Project Address (if applicable)
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Project Types: ☐ Residential ☐ Commercial ☐ Industrial ☐ Utility ☐ Transportation (roads, railroads, trails)  
☐ Other: \_\_\_\_\_

Start Date (on-site disturbance)	End Date (on-site disturbance)	Total Acreage
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County	<input type="radio"/> City <input type="radio"/> Town <input type="radio"/> Village of: _____
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Township	Range	Direction	Section	Quarter Section	Quarter-Quarter Section	Additional Comments on TRS Location (attach additional information if necessary)
N		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	<input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	
N		<input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	<input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	

Provide a detailed description of the proposed project and associated disturbance, including acres to be disturbed. Attach additional pages as needed.

# Endangered Resources Review Request

Form 1700-047 (R 2/11)

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## Section 3: Project Information, *continued*

Provide a detailed description of the habitat types and current land use within the project area (e.g., 50% in active agriculture-currently corn, 20% floodplain forest, 15% industrial area, 10% hardwood swamp dominated by black ash, 5% fallow field - in active agriculture until one year ago). Attach additional pages as needed.

List all wetlands and waterbodies (e.g., rivers, intermittent streams, lakes, marshes) within one mile of the project area. List any known or suspected impacts of the proposed project to these wetlands and waterbodies. Indicate the location(s) of any point source discharge(s) into wetlands or waterbodies.

List any reports that have been prepared to describe habitat that may be impacted by the proposed project (e.g., wetland delineation, habitat assessments, and rare species surveys). Attach copies if available.

List any other project reports or correspondence concerning endangered resources. Include endangered resources reviews conducted by this or another agency (list log # and/or date issued) for this or a different phase of or alternative to the proposed project. Attach copies if available.

## Section 4: Related Permits, Licenses or Regulatory Approvals

Permit, License or Approval	Issuing Agency, Program or Municipality	Contact Person	Status
			<input type="checkbox"/> will be applying for <input type="checkbox"/> have applied for <input type="checkbox"/> have received
			<input type="checkbox"/> will be applying for <input type="checkbox"/> have applied for <input type="checkbox"/> have received
			<input type="checkbox"/> will be applying for <input type="checkbox"/> have applied for <input type="checkbox"/> have received

## Section 5: Certification by Requester

I am the owner, authorized representative of the owner, or utility representative of the property for which I am requesting an Endangered Resources (ER) Review. To the best of my knowledge, the information I have provided is complete and accurate.

I understand that the requested ER Review may contain NHI data and information (including specific locations of endangered resources) which are considered sensitive and are not subject to Wisconsin's Open Records Law (per s. 23.27, Wis. Stats.). I agree to use the information contained in the ER Review solely for planning and implementation of the proposed project. As such, I agree to share information contained in the ER Review only with individuals who need this information to carry out specific roles in planning and implementation of the proposed project. I agree to not reproduce or disseminate the ER Review or the specific locations of endangered resources contained in the ER Review to any other parties or individuals without prior written permission from the Bureau of Endangered Resources. (Please contact the Endangered Resources Review Program at 608-264-6057 if you have any questions about sharing information contained in the ER Review.)

I agree to pay, within 30 days of receipt of an invoice, the fee charged by the Department for this ER Review (see Page 1 for details).

Signature of Requester	Date Signed	Name of Requester ( <i>Please Print</i> )