

Staff Date Stamp

MIDDLE SNAKE TAMARAC RIVERS  
WATERSHED DISTRICT  
453 N McKinley St  
PO Box 154  
Warren, MN

Phone: 218-745-4741  
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www.mstrwd.org  
info@mstrwd.org

Permit #: \_\_\_\_\_ - \_\_\_\_\_

**PERMIT APPLICATION**

To: Board of Managers of the Middle Snake Tamarac Rivers Watershed District:

Applicant Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Location: Government Lot: \_\_\_\_\_, Quarter Section(s) \_\_\_\_\_, Section(s) \_\_\_\_\_  
 Township Name: \_\_\_\_\_, Range: \_\_\_\_\_, County: \_\_\_\_\_  
 Is Applicant the Landowner  Yes  No\*  
 \*If "No", who is the Landowner(s): \_\_\_\_\_

**Type of Work Proposed:**

- Install                       Remove                       Crossing                       Culvert size(s) \_\_\_\_\_
- Excavate                       Fill                               Levy                               Bridge size \_\_\_\_\_
- Dike                               Channel                       Tile                              \_\_\_\_\_
- Erosion Control               Dam                               Other \_\_\_\_\_

Be sure to attach necessary reports, maps, drawings, photos, other data, etc. to support the permit application.

**Estimated Drainage Area:** Acres \_\_\_\_\_ or Square Mile(s) \_\_\_\_\_

Description of Work to be Done: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work is Necessary Because: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby apply for a permit to proceed with the proposal described above and have attached all supporting maps, plan, and other information submitted with this application. The information submitted and statements made concerning this application are true and correct to the best of my knowledge. Obtaining a permit from the Managers does not relieve the applicant from the responsibility of obtaining any other additional authorization or permits required by law.

**The Managers have stated that all applications must be received Wednesday at noon prior to the Board Meeting. The completed application and supporting data can be faxed or electronically sent to "info@mstrwd.org".**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landowner or Possibly Affected Property Signatures & Dates (Required): \_\_\_\_\_

Permit #: \_\_\_\_\_ Recommended Action:  Approve  Deny  
 Provisions/Conditions: \_\_\_\_\_

**MIDDLE-SNAKE-TAMARAC RIVERS  
WATERSHED DISTRICT**

**PERMIT APPLICATION PLAT MAP**

APPLICANT: \_\_\_\_\_  
TOWNSHIP: \_\_\_\_\_ COUNTY \_\_\_\_\_

Please identify below the general location of the proposed work.

6	5	4	3	2	1
7	8	9	10	11	12
18	17	16	15	14	13
19	20	21	22	23	24
30	29	28	27	26	25
31	32	33	34	35	36