

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:

- | | | | |
|------------------------------------------|----------------------------------|--------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Install | <input type="checkbox"/> Remove | <input type="checkbox"/> Crossing | <input type="checkbox"/> Culvert size(s) _____ |
| <input type="checkbox"/> Excavate | <input type="checkbox"/> Fill | <input type="checkbox"/> Levy | <input type="checkbox"/> Bridge size _____ |
| <input type="checkbox"/> Dike | <input type="checkbox"/> Channel | <input type="checkbox"/> Tile | |
| <input type="checkbox"/> Erosion Control | <input type="checkbox"/> Dam | <input type="checkbox"/> 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.

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