

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

Phone: 218-745-4741

Fax: 218-745-5300

453 N McKinley Street
Warren, MN 56762

Date Rec'd: _____

PERMIT APPLICATION

_____ - _____

www.mstrwd.com

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

Applicants Name: _____	Home Phone: _____
Address: (PO Box, St) _____	Work Phone: _____
City, State, Zip Code _____	
Project Location: Government Lot _____, Quarter Section(s) _____, Section(s) _____	
Township Name: _____ Range _____ County _____	
Is Applicant the Landowner: <input type="checkbox"/> YES <input type="checkbox"/> NO*	
*If "NO" who is the Landowner(s): _____	
Landowner and/or All Affected Owner(s) signature(s) are Required.	

Type of Work Proposed:			
<input type="checkbox"/> Excavate	<input type="checkbox"/> Install	<input type="checkbox"/> Channel	<input type="checkbox"/> Dike
<input type="checkbox"/> Fill	<input type="checkbox"/> Remove	<input type="checkbox"/> Culvert (Size _____)	<input type="checkbox"/> Erosion Control
<input type="checkbox"/> Drain	<input type="checkbox"/> Other	<input type="checkbox"/> Bridge (Size _____)	<input type="checkbox"/> Other
<input type="checkbox"/> Construction	<input type="checkbox"/> _____	<input type="checkbox"/> Dam	<input type="checkbox"/> _____

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

Description of Work to be Done: _____ _____
Estimated Drainage Area: Acres _____ or square mile(s) _____
Work is Necessary Because: _____ _____

I hereby make application for a permit to proceed with the proposal described above and have attached all supporting maps, plans, 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.

Note: All applications must be received Wednesday, at noon, prior to the Board Meeting.

Applicant Signature: _____ Date: _____	Landowner(s) or Potentially Affected Property(s) Signature(s) and dates: _____ : _____
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Permit # _____	Recommended Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
PROVISIONS: _____ _____	