

**THIRTY LAKES WATERSHED DISTRICT
WATER RESOURCE PERMIT
APPLICATION**

Thirty Lakes Watershed District
P.O. BOX 376, 322 Laurel Street Suite 13.
Brainerd, MN 56401
Phone (218) 828-0243
lakeswsd@brainerd.net, www.30lakes.org

YOU MUST OBTAIN ALL REQUIRED AUTHORIZATIONS BEFORE BEGINNING WORK.

Property Owner Name (First, Last): _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email Address: _____ **Phone:** _____ **Fax:** _____

Location of Proposed project:

Project Address: _____ **City:** _____ **Zip:** _____

County: _____ **Lake:** _____ **Section:** _____ **Township:** _____ **Range:** _____ **Lot:** _____

Block: _____ **Subdivision:** _____ **PIN(RE Code):** _____

Size of site: _____ **Area of excavation (or fill):** _____ sq ft, or _____ acres

Volume of excavation (or fill): _____ cubic yards **Length of shoreline affected:** _____ feet

Type of permit being applied for (Check all that apply):

<input type="checkbox"/> EROSION CONTROL	<input type="checkbox"/> WETLAND ALTERATION
<input type="checkbox"/> STORMWATER MANAGEMENT	<input type="checkbox"/> WATERBODY CROSSING
<input type="checkbox"/> LAND ALTERATION	<input type="checkbox"/> SHORELINE/STREAMBANK IMPROVEMENTS
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> DREDGING
<input type="checkbox"/> ICE RIDGE ALTERATION	<input type="checkbox"/> LANDSCAPING
<input type="checkbox"/> SHORELINE STABILIZATION (lakescaping, bioengineering)	<input type="checkbox"/> OTHER (DESCRIBE):

PLEASE ATTACH SITE PLAN (TO SCALE)

Application is hereby made for a permit to authorize the activities described herein. I certify that I am familiar with the information contained in this permit application and have read the permit application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activity or I am acting as the duly authorized agent of the applicant. I understand that falsifying any information on this form, results in the permit and/or application being null and void. This permit application shall be deemed authorization for TLWD staff to enter and inspect the property listed on this application.

Signature of Applicant (Property Owner) Date

Signature of Agent Date

Print Name of Agent