

SHORELAND ALTERATION PERMIT APPLICATION

City of Rockville

229 Broadway St E, • Po Box 93 • Rockville, MN 56369-0093

(320) 251-5836 • Fax (320) 240-9620

A. Applicant Information

Applicant name (last, first, MI)

Telephone

Applicant address

City/State/Zip

B. Project Location

Address of property affected

City/State/Zip

Parcel #

Lot, Block, Subdivision

¼ Section, Section- Twp-Range

C. Project Information

Waterbody name and number (if known)

Area of disturbed ground (in sq. feet or acres)

Volume of fill or excavation (in cubic yards)

TYPE OF WORK & AREA (check all that apply):

Attach drawing & plans (include dimensions)

- | | | | | | |
|--------------------------------------|-----------------------------------|---------------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Construct | <input type="checkbox"/> Excavate | <input type="checkbox"/> Remove | <input type="checkbox"/> Access path | <input type="checkbox"/> Rip rap | <input type="checkbox"/> Shoreline |
| <input type="checkbox"/> Drain | <input type="checkbox"/> Fill | <input type="checkbox"/> Repair | <input type="checkbox"/> Bridge | <input type="checkbox"/> Sand blanket | <input type="checkbox"/> Wetland |
| <input type="checkbox"/> Other _____ | | | | | |

Project Purpose (Why is this project needed? What benefits will it provide?):

Alternative (describe any other site or methods that could be used to achieve the purpose of your project while avoiding or minimizing environmental impacts: Attach additional sheets if necessary).

DATES: Proposed start of activity: _____ Proposed completion: _____

OTHER PERMITS OBTAINED: DNR Township Stearns County
 Army Corps of Engineers MPCA Watershed district Septic Cert.#: _____

AGREEMENT: I hereby certify that I am the owner of the above property or their duly authorized agent and that the information contained herein is correct. I agree to do the proposed work in accordance with the ordinances of Stearns County, Minnesota and also in accordance with any additional provisions or conditions which may be attached to the permit being applied for. **The Contractor must have a current Minnesota Excavator License and will need to provide a copy of license.**

Please Note: Any Costs that incurred with this application are responsibility of the petitioner.

Signature of Property

Owner or Agent:

Date:

COST: STEARNS COUNTY FEE + \$25

101-41940-36240 \$25.00 101-41940-36240 _____

Permit #

Receipt #

Date

Check #

SCES REVIEW

DATE