

City of Rockville  
**SHORELAND ALTERATION PERMIT APPLICATION**

229 Broadway Street East, P.O. Box 93, Rockville, MN 56369  
Phone 320-251-5836 • Fax 320-240-9620 • Email [cityhall@rockvillecity.org](mailto:cityhall@rockvillecity.org)

**A. Applicant Information**

Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Number \_\_\_\_\_ Email \_\_\_\_\_

**B. Project Location**

Project Address \_\_\_\_\_  
Lake \_\_\_\_\_ Parcel # \_\_\_\_\_

**C. Project Information**

➤ Attach drawing and shoreland alteration plans - include **all** dimensions (length, width, and depth of altered areas). ⏪

**Type of Work** (check all that apply)

- |                                      |                                   |                                 |                                       |                                  |                                    |
|--------------------------------------|-----------------------------------|---------------------------------|---------------------------------------|----------------------------------|------------------------------------|
| <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"/> Sand blanket | <input type="checkbox"/> Bridge  | <input type="checkbox"/> Wetland   |
| <input type="checkbox"/> Other _____ |                                   |                                 |                                       |                                  |                                    |

**Other Permits Obtained**

- DNR    Township    Stearns County    Army Corps of Engineers    MPCA    Watershed District  
 Septic Certificate # \_\_\_\_\_

**Project Purpose.** Why is this project needed? What benefits will it provide?

\_\_\_\_\_  
\_\_\_\_\_

Area of disturbed ground (square feet or acreage) \_\_\_\_\_ Volume of fill or excavation (in cubic yards) \_\_\_\_\_

Proposed start date: \_\_\_\_\_ Proposed completion date: \_\_\_\_\_

**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 applicant.

\_\_\_\_\_  
**Property Owner or Contractor Signature** **Date**

\_\_\_\_\_  
**Bolton & Menk Engineer** **Date**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**City of Rockville/City Administrator** **Date**

Office Use  
Permit # \_\_\_\_\_ Fee \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ 101-46300-36240 \$45.00 101-46300-36240 \_\_\_\_\_