

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

A. Applicant Information

Applicant Name _____
Address _____
Contact Number _____ Email _____

B. Project Location

Project Address _____
Lake _____ Parcel # _____

C. Project Information

➤ Attach drawing of 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**

City of Rockville, City Administrator **Date**

Bolton & Menk Engineer **Date**

Engineer's comments: _____

Office Use :: Permit Fee \$65.00 + Engineer Fee

Permit # _____ Fee _____ Date _____ Check # _____ 101-46300-36240 \$65.00 101-46300-36240 _____