APPLICATION FOR PERMIT RED LAKE WATERSHED DISTRICT

1000 Pennington Avenue South, Thief River Falls, MN 56701 RLWD@redlakewatershed.org

218-681-5800

TO THE BOARD OF MANAG	GERS:			
Landowner Name:	Telephone Number:			
	Email Address:			
Address (Street, RFD, Box N	o., City, State, Zip):			
Project Location: Government Lot	Quarter Section	on(s)	Section(s)	
Township (Name & #)	Ra	unge #	_ County	
Type of Work Proposed: [] Excavate [] Fill [] Drain [] Construct	 Install Remove Other] 	 [] Ditch [] Culvert (Size		

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 sq. 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.

Signature of landowner:

Date:

For Office Use Only P.A. No.

Red Lake Watershed District

Permit Application Plat Map

Applicant:_____

Permit #:______
For Office Use Only

Twp. (name & #):_____

County:_			
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Please identify below the general location of proposed work. Use reverse side of this map for a detailed description of work in the appropriate Section(s).

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