## **APPLICATION FOR PERMIT** RED LAKE WATERSHED DISTRICT

1000 Pennington Avenue South Thief River Falls, MN 56701 218-681-5800

Applicant's Name:		Telep	Telephone Number:		
Address (Street, RFD, Box N	No., City, State, Zip):				
Project Location: Government Lot	Quarter Se	ection(s)	Section(s)		
Township (Name & #)		_ Range #	County		
Type of Work Proposed:  [ ] Excavate [ ] Fill [ ] Drain [ ] Construct	[ ] Install [ ] Remove [ ] Other [ ]	[ ] Channel [ ] Culvert (Size [ ] Bridge (Size [ ] Dam	[ ] Dike e)	ol	
Be sure to attach all necessary	reports, maps, drawir	ngs, photos, other data,	, etc., to support permit application.		
Description of work to be do	ne:				
Estimated drainage area: acres or sq. mile(s)					
Work is necessary because:					
plans, and other information sapplication are true and corre	ubmitted with this appect to the best of my	plication. The informa knowledge. Obtaining	cribed above and have attached all supportion submitted and statements made coring a permit from the Managers does no zation or permits required by law.	ncerning this	
Signature of owner or author	rized agent	Date			

For Office Use Only

P.A. No.

## **Red Lake Watershed District**

Permit Application Plat Map

Applicant:	Permit #:	
	For Office Use Only	
County:	Twp. (name & #):	

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).

