



# PERMIT APPLICATION

Return application to:  
**Middle Fork Crow River Watershed District**  
 174 Lake Avenue North  
 P.O. Box 8  
 Spicer, MN 56288  
 Phone/Fax: (320) 796-0888

**TO BE COMPLETED BY DISTRICT:**  
 PAN \_\_\_\_\_  
 AMT RECEIVED \_\_\_\_\_ DATE \_\_\_\_\_  
 RECEIVED FROM \_\_\_\_\_  
 ACTION REQUIRED BY (DATE): \_\_\_\_\_

**Project Name** \_\_\_\_\_ **Address/Intersection** \_\_\_\_\_ **City** \_\_\_\_\_

**Project Location:** \_\_\_\_\_  $\frac{1}{2}$  \_\_\_\_\_  $\frac{1}{4}$  \_\_\_\_\_ **Section** \_\_\_\_\_ **Township** \_\_\_\_\_ **County** \_\_\_\_\_

**Project Purpose** *(Please be specific and include amount of grading and excavation; total length and diameter of tile installed; amount of impervious surface; etc. Attach additional sheets if necessary.)*

Area of Land Disturbance (square feet) \_\_\_\_\_ Distance to Lake, Stream, or River (feet) \_\_\_\_\_

**Rule Applicability (check all that apply):**

Rule 5 – Stormwater       Rule 6 – Erosion Control       Rule 7 – Drainage

Name of Owner \_\_\_\_\_ Organization Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Owner's Agent \_\_\_\_\_ Organization Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

The undersigned hereby acknowledges by signing this Permit Application, the undersigned, its agents, assigns and/or representatives (hereinafter "Permittee") shall abide by all the standard conditions and special terms and conditions of the Middle Fork Crow River Watershed District (MFCRWD) Permit. Any work which violates the terms of the permit may result in the MFCRWD issuing a Stop Work Order, which shall immediately cause the work on the project relating to the permit to cease and desist. All work on the project shall cease until the permit conditions are met and approved by the MFCRWD.

I hereby make application for a permit or make notification to proceed with the proposed described above and have attached all supporting maps, plans, and other information submitted with this application and all necessary fees. The information submitted and statements made concerning this application are true and correct to the best of my knowledge.

Signature of owner or authorized agent \_\_\_\_\_ Date \_\_\_\_\_

*Note: You may also need to apply for permits from other local, state, or federal agencies.*