SHORELAND ALTERATION PERMIT APPLICATION

Kandiyohi County Environmental Services

County Office Building, 400 SW Benson Ave, Willmar, MN 56201

320-231-6229 www.co.kandiyohi.mn.us

Version: Nov. 2014

OFFICE USE: Fee $100.00 Date Received_____ Date Mailed _____ Permit Number _____
Zone _____   AS 400 _____Excel_____

Property Owner_____ Daytime Phone_____

Mailing Address_____City_____ State_____ Zip_____

Property Address(911)_____

Tax Parcel Number _____ Township _____ Section _____ Lake_____

Legal Description _____

_____

Request:_____

_____

_____

Contractor Name_____Phone_____

Project Type
- ☐ Vegetation removal
- ☐ Grading/Filling
- ☐ Retaining Wall
- ☐ Sand Beach Area
- ☐ Stairway in impact zone
- ☐ Deck/Patio in impact zone

Type of Erosion Control Proposed
- ☐ Sod
- ☐ Seed
- ☐ Straw bale checks
- ☐ Fiber Blanket
- ☐ Mulch
- ☐ Geotextile
- ☐ Other (specify)_____

Project Scope
Closest distance to ordinary
High Water Mark: _____
Area of disturbed ground
(length x width)_____
Volume of fill in cubic yards
(length x width x depth) _____
Average Slope of
Work area: _____

This application is not complete until plans are submitted which adequately describe the proposed project.

I hereby certify that I have examined this application and acknowledge the information submitted to be true. I further agree there shall be no changes in plans or specifications to the work authorized herein unless such change is first approved in writing by the zoning administrator.
The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance.
The granting of this permit does not exempt the permitee from having to secure other permits from other state, federal or local units of government which may have jurisdiction over portions of the authorized project.
NOTICE: Any violation of the conditions established in conjunction with the Shoreland Alteration Permit granted pursuant to this application may be prosecuted as a misdemeanor as more fully provided in Chapter 2, Section 2-9 and 2-10 of the Kandiyohi County Zoning Ordinance.

Signature of Property Owner/Agent_____Date_____

A Shoreland alteration permit is hereby approved to begin construction and is issued for one (1) year from date of permit for the above location under existing regulations and is approved for zoning compliance.

Conditions_____

_____

_____

Zoning Administrator _____ Date _____

SITE PLAN
(Complete or attach separate sheet)

Name _____Parcel #_____

Information to be included in site plan:

_____ Location & dimensions of proposed project   _____ Area of disturbed ground
_____ Approximate location of ordinary high water mark   _____ Property lines
_____ Direction of water flow   _____ Nearby structures
_____ Proposed erosion control measures   _____ Vegetative markers such as large trees

SITE PLAN
NORTH ↑