LAND ALTERATION PERMIT APPLICATION

POLK COUNTY
ENVIRONMENTAL SERVICES

Polk County Environmental Services
PO Box 375 • Crookston, MN 56716
218-281-5700 • 800-482-6804 • Fax 218-281-6471

SECT/TWNSHP/RNG	LAKE NAME	LOT SIZE OR ACRES	FIRE NO.	PARCEL NO.

PROJECT CONTACT OR OWNER

Name _____
Last First

Address _____ Daytime Phone No. _____

City _____ State _____ Zip Code _____

LANDSCAPE COMPANY

Name _____
Phone No. _____

ALTERATION TYPE

( ) excavation ( ) fill ( ) grading
( ) sand blanket ( ) rock riprap ( ) other _____

SOIL/MATERIALS

TYPE AND AMOUNT (in cubic yards) of material(s) **IMPORTED:**
1) _____cu. yds. 2) _____cu. yds. 3) _____cu. yds.
TYPE AND AMOUNT (in cubic yards) of material(s) **EXPORTED:**
1) _____cu. yds. 3) _____cu. yds. 3) _____ cu. yds.
TYPE OF VEGETATIVE COVER (indicate which you will use):
( ) grass seed ( ) sod ( ) rock ( ) other _____

EROSION/ SEDIMENTATION CONTROL

Describe type of control used to prevent erosion of soils <u>before and after</u> land alteration is completed. _____
_____
_____

NEIGHBOR APPROVAL

Neighbor approval is required if the proposed alteration is within 10 feet of the property line.
NEIGHBOR'S SIGNATURE_____ Date _____ Fire # _____
NEIGHBOR'S SIGNATURE_____ Date _____ Fire # _____

ITEMIZATION OF FEES

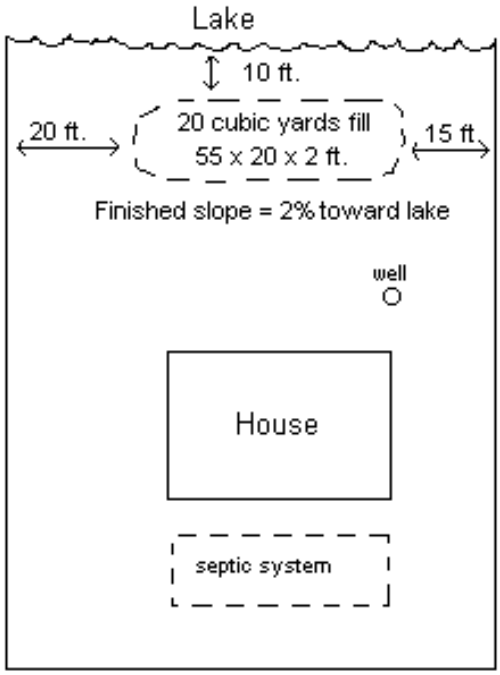
Type of Project:	Fees:	Please make check payable to:
Land Alteration	*$100*	**Polk County Treasurer**

FOR OFFICE USE ONLY

Date application sent: _____By _____ Date application received: _____

PERMIT NUMBER _____ Date permit mailed: _____

Example Sketch Plan



Sketch Plan Requirements

Draw a sketch plan, similar to the one on the left, of your proposed project. Be as complete as possible. Items that need to be included in the sketch plan are:

- ❑ North Arrow
- ❑ Depth, width and height of project (if applicable)
- ❑ Distances from property lines
- ❑ Distances from lake, wetlands, or other water bodies
- ❑ Structure locations
- ❑ Septic system and well location
- ❑ Slopes
- ❑ Drainage

Proposed Sketch Plan

I hereby apply for a Land Alteration Permit, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinance of Polk County and with the regulations of the Department of Natural Resources; that I understand this is not a permit, but only an application for a permit, and work is not to start without a permit; and the work will be in accordance with the approved plan in the case of work that requires a review and approval of plans. I also understand that by submitting this application, I am consenting to allow the Administrator (or Zoning employees) to inspect and verify that all information in the application is complete and correct; and to conduct inspections before, during and after construction for compliance with the permit and the Polk County Zoning Ordinance.

APPLICANT'S SIGNATURE _____**DATE** _____

APPLICATION APPROVED: Signature _____*Date*_____