

PENNINGTON COUNTY SHORELAND PERMIT APPLICATION SUMMARY FORM

Pennington SWCD, 201 Sherwood Ave. S, Thief River Falls, MN 56701 (218) 683-7075; Mon-Fri, 7:30am-5:00pm

FEES: Buildings, Septic System, Land Alteration = \$25 **LATE FEE:** (No permit obtained prior to construction) = \$75

				APPLICATIO	N NUMBER
A. GENERAL INFORMATION	B. PROPE	RTY LEGA	L DESCRI	PTION	
Applicant's Name	(SEE TAX BILL OR ATTACH A COPY)				
	Lot(s), Block,	Lot(s), Block, Subdivision Name			
Address					
	Section	Township	Range	Qtr./Qtr.	Gov't Lot No.
City State Zip					
Phone (Day) (Evening) (Cell Phone)	Check here if { } Property is in metes and bounds description Lake/Stream/River Name				
	Lake/Stream/RiverClassification { }NE { }AR { }UR { }TS { }Other				
Fire Number at Project Location	NE = Natural E	NE = Natural Environment AR = Agriculture UR = Urban TS = Tributary			
	Are Wetlands/	owland areas i	nvolved? { }Y	es { }No	
C. TYPE OF ZONING PROJECT					
Project Type Supplemental Form			*Importa	nt Notice*	•
{ } Building PermitBuilding Permit Supplemental Data		Most projects r	equire the sub	mission of one o	or more
{ } Sewage System PermitSewage System Permit Supplementa	al Data	Data additional forms as shown in SECTION C , and			
{ } Land Alteration PermitLand Alteration Permit Supplementa	l Data	sometimes pla	ns, specificatio	ns and a writter	n project
{ } Conditional Use Permit \$250		description before your application is considered to be			
{ } Variance \$300		complete. This form provides summary information			
{ } Other (Specify)		for record keep	oing.		
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I hereby certify with my signature that all data contained herein as well as all	supporting data	are true and co	rrect to the bes	st of my	
knowledge; that the work will be in conformance with the Pennington County	Shoreland Ordin	nance and/or Pe	nnington Cour	nty Individual	
Sewage Treatment System Ordinance, and the Minnesota Building Codes; tl	nat I understand	this is NOT a po	ermit, but only	an application	
for a permit, and work is not suppose to start without a permit.					
(For office us	se only)	Signature of Ap	oplicant		Date
D. ADMINISTRATIVE DATA SUMMARY					
{ } Proper addendum to application has been submitted.	er addendum to application has been submitted. { } Detailed plans have been submitted.				
{ } Written project description has been submitted.	{ } Approved	} Approved { } with, { } without modification on:			
{ } Denied on:	Reason for disp	Reason for disproval:			
{ } Fee paid on: Reciept #	{ } Certificate of	} Certificate of Zoning Compliance on:			
***VARIANCES AND C	ONDITIONAL U	SE PERMITS**	*		
Referred to township on:					
Date of Hearing Notice:	Date of Public	ate of Public Hearing:			
Is ten day notice to the DNR necessary? { } yes { } no		Date sent to DNR:			
Final Action: { } Approved { } with, { } without modification	Date of site visit:				
{ } Denied					

	Api	olication	Number	
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SKETCH PLAN	
Please be as complete as possible. Include all of the items listed below where appli	cable. Scale of Diagram: 1 inch =ft.
GENERAL CHECKLIST WATER RESOURCE CHECKLIST	Drawing By:
[] scale [] north arrow [] lot dimensions [] structure-location [] side lot setback [] road setback [] road setback [] septic tank location [] drainfield location [] location of all wells within 100' of drainfield [] fill and grading limits [] vegetation alteration limits	Date of Drawing:
	4
Α	E.