

LAND ALTERATION PERMIT APPLICATION



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 _____

Mailing Address _____ Daytime Phone No. _____

City _____ State _____ Zip Code _____

Site Address _____

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 before and after 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 # _____

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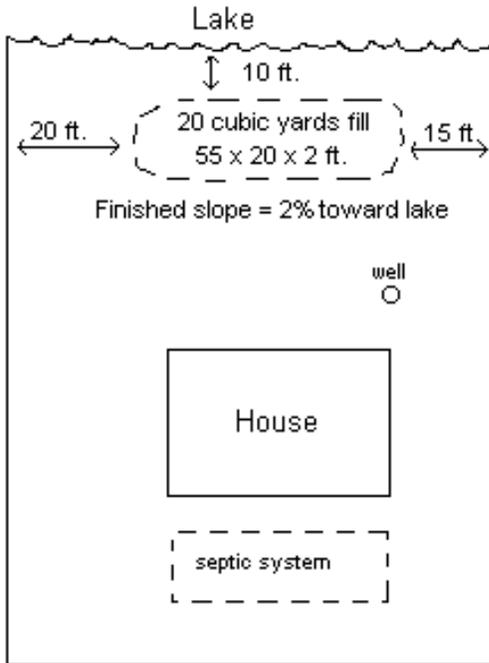
ITEMIZATION OF FEES Type of Project: Land Alteration Fees: \$100 Please make check payable to: **Polk County**

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
- Method / Location of Erosion Control Measure (Silt Fence)

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* _____