

WATER RESOURCE PERMIT APPLICATION FORM

Use this form to notify/apply to the Minnehaha Creek Watershed District (MCWD) of a proposed project or work which may fall within their jurisdiction. Fill out this form completely and submit with your site plan, maps, etc. to the MCWD at:
15320 Minnetonka Blvd. Minnetonka, MN 55345.

Keep a copy for your records.

YOU MUST OBTAIN ALL REQUIRED AUTHORIZATIONS BEFORE BEGINNING WORK.

1. Name of each property owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ **Phone:** _____ **Fax:** _____

2. Property Owner Representative Information (not required) (licensed contractor, architect, engineer, etc...)

Business Name: _____ Representative Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ **Phone:** _____ **Fax:** _____

3. Project Address: _____ City: _____

State: _____ Zip: _____ Qtr Section(s): _____ Section(s): _____ Township(s): _____ Range(s): _____

Lot: _____ Block: _____ Subdivision: _____ PID: _____

4. Size of project parcel (square feet or acres): _____

Area of disturbance (square feet): _____ Volume of excavation/fill (cubic yards): _____

Area of existing impervious surface: _____ Area of proposed impervious surface: _____

Length of shoreline affected (feet): _____ Waterbody (& bay if applicable): _____

5. Type of permit being applied for (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> EROSION CONTROL | <input type="checkbox"/> WATERBODY CROSSINGS/STRUCTURES |
| <input type="checkbox"/> FLOODPLAIN ALTERATION | <input type="checkbox"/> STORMWATER MANAGEMENT |
| <input type="checkbox"/> WETLAND PROTECTION | <input type="checkbox"/> APPROPRIATIONS |
| <input type="checkbox"/> DREDGING | <input type="checkbox"/> ILLICIT DISCHARGE |
| <input type="checkbox"/> SHORELINE/STREAMBANK STABILIZATION | |

6. Project purpose (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> SINGLE FAMILY HOME | <input type="checkbox"/> MULTI FAMILY RESIDENTIAL (apartments) |
| <input type="checkbox"/> ROAD CONSTRUCTION | <input type="checkbox"/> COMMERCIAL or INSTITUTIONAL |
| <input type="checkbox"/> UTILITIES | <input type="checkbox"/> SUBDIVISIONS (include number of lots) |
| <input type="checkbox"/> DREDGING | <input type="checkbox"/> LANDSCAPING (pools, berms, etc.) |
| <input type="checkbox"/> SHORELINE/STREAMBANK STABILIZATION | <input type="checkbox"/> OTHER (DESCRIBE): _____ |

7. NPDES/SDS General Stormwater Permit Number (if applicable): _____

8. Waterbody receiving runoff from site: _____

9. Project Timeline: Start Date: _____ Completion Date: _____

Permits have been applied for: City _____ County _____ MN Pollution Control Agency _____ DNR _____ COE _____

Permits have been received: City _____ County _____ MN Pollution Control Agency _____ DNR _____ COE _____

By signing below, I hereby request a permit to authorize the activities described herein. I certify that I am familiar with MCWD Rules and that the proposed activity will be conducted in compliance with these Rules. I am familiar with the information contained in this application and, to the best of my knowledge and belief, all information is true, complete and accurate. I understand that proceeding with work before all required authorizations are obtained may be subject to federal, state and/or local administrative, civil and/or criminal penalties.

Signature of Each Property Owner

Date