LAKE SHORELINE STABILIZATION PERMIT APPLICATION FORM

MINNEHAHA CREEK WATERSHED DISTRICT (MCWD) 15320 MINNETONKA BLVD.

Ph: 952-471-0590 **MINNETONKA, MN 55345** Fax: 952-471-0682

Name of each property owner:						
Mailing Address:	City:	State:	Zip:			
Email Address:		Phone:				
2. Contracting company information	n:					
		Representative Name:				
Business Address:	City:	State:	Zip:			
Email Address:		Phone:				
Ongoing performance bond with MCWD): ☐ Yes ☐ No Bond Numb	per:				
3. Project Details:						
Project address:	City:	State:	Zip:			
County:	Property ID number (PID):					
Type of Project:	tion	☐ Riprap ☐ Re	taining wall			
In-kind replacement: ☐ Yes ☐ No	Erosion intensity score (if no	ot in-kind replacement):_				
Located on lake:	Length	of shoreline affected:	(lineal fee			
Describe any existing structure along sh	oreline:					
Access to project site by:						
Financial assurance bond acquired:]Yes □No (If not an ongoin	g performance bond plea	se fill out next page			
signing below, I hereby request a permit to author proposed activity will be conducted in compliance best of my knowledge and belief, all information thorizations are obtained may be subject to federate	orize the activities described herein. I can be with these Rules. I am familiar with is true, complete and accurate. I under	certify that I am familiar with Natherinformation contained in the certain that proceeding with v	1CWD Rules and that ne application and, to			
gnature of property owner or contracti	ng representative	Date				

BONDING REQUIREMENTS

All shoreline project applicants are required to submit a bond or letter of credit as described in the Districts Financial Assurance Rule.

- Projects involving 50 lineal feet or less require a bond of \$5,000.00.
- Projects greater than 50 lineal feet require a bond equal to \$100.00 per lineal foot.

Individuals or contractors may submit an individual project bond as described above or they have the option of submitting a standing bond in the amount of \$25,000.00 with the MCWD to cover multiple bonds on an annual basis. If a standing bond is to be used, please provide the following:

Bond Holder:		Bond Nur	Bond Number:		
Address:	(Mailing Address)	(City)	(State)	(Zip)	
Contact:		Dhono: ()			

Individuals or contractors may submit an individual project.