



WHERE THE FOREST MEETS THE PRAIRIE

# Todd County

MINNESOTA • EST. 1855

**PLANNING & ZONING**

215 1<sup>st</sup> Avenue South, Suite 103

Long Prairie, MN 56347

Phone: 320-732-4420 Fax: 320-732-4803

## Shoreland Alteration Permit

Township	Lake / Waterbody	Parcel ID Number

### APPLICANT INFORMATION

Name: _____			
Mailing Address: _____			
City: _____	State _____	Zip: _____	
Phone #: _____	Alternative Contact Info: _____		

### PROPERTY INFORMATION (if different than above)

Owner's Name: _____			
Site Address: _____	City: _____	State _____	Zip: _____
Phone #: _____	Email Address: _____		

Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

**Type of Alteration**

<input type="checkbox"/> Riprap	<input type="checkbox"/> Vegetative	<input type="checkbox"/> Connection to Public Water
<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Sand Blanket	<input type="checkbox"/> Shoreland Access (ex: stairs)
<input type="checkbox"/> Topographic	<input type="checkbox"/> Watercraft Access	<input type="checkbox"/> Other: _____

Area to be altered (ft): Length \_\_\_\_\_ Width \_\_\_\_\_

Type and amount of material to be placed/excavated in cubic yards: \_\_\_\_\_ cu.yds.

Distance from OHW: \_\_\_\_\_ ft.

Is any part of this project extending below the OHWL? Y / N

**Describe in detail the proposed project and its purpose:** \_\_\_\_\_

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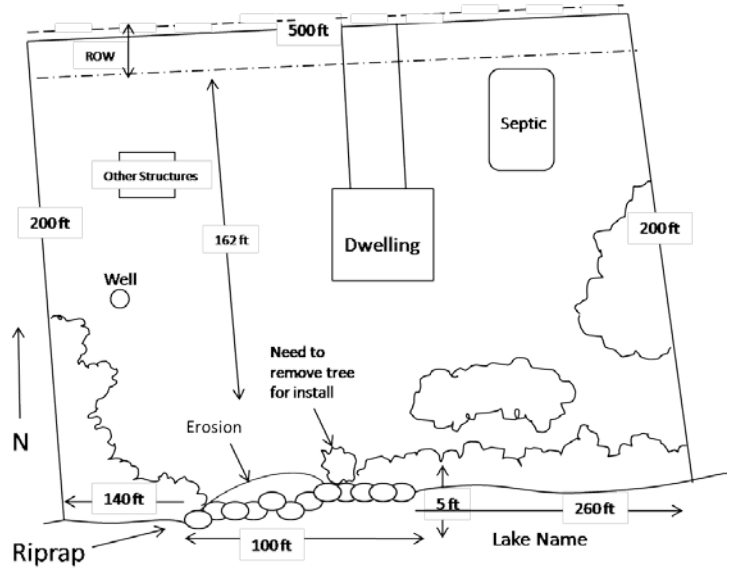


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**Describe the erosion control measures you intend to use:** \_\_\_\_\_

\*\*\*\*\***FEE SCHEDULE:** Shoreland Alteration Permit Fee: \$200.00    Shoreland Access Permit Fee: \$150.00

Example sketch-



*Site sketch*



Depending on your project, it may be beneficial to include a side profile sketch.  
Attach additional sheets if necessary.

## SHORELAND IMPACT QUESTIONS

- 1.) Is the proposed project located within shore or bluff impact zones or moderate to severe slopes? Y / N  
*% slope at project site: \_\_\_\_\_*
- 2.) Will there be lights incorporated into this project? Y / N
- 3.) Will this project increase the square footage of impervious surfaces to over 25% of the lot? Y / N  
*Existing % of impervious surface: \_\_\_\_\_*
- 4.) Will the proposed project result in a net loss of wildlife habitat on the property? Y / N  
*If yes, explain:*
- 5.) Will the proposed project reduce vegetative screening of structures on the lot from the water? Y / N  
*If yes, explain:*
- 6.) Will the proposed project be consistent with the character of the neighboring properties? Y / N  
*If no, explain:*
- 7.) Will the proposed project result in an intensification of use in the shore impact zone? Y / N  
*If yes, explain:*
- 8.) Is there an alternative project that could serve the same purpose with less impact? Y / N  
*Explain:*
- 9.) Will the proposed project result in an increase in runoff to surface waters or adjoining properties? Y / N  
*If yes, explain:*
- 10.) If your project is extending below the OHWL, have you contacted the MN DNR? Y / NA  
*Little Falls DNR: 320-232-1060*

I acknowledge that all information provided for application review, including required sketch plans, is complete and accurate; that the work will be in conformance with all applicable Zoning Ordinances; 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. I also understand that by submitting this application, I am consenting to allow the Director (or SWCDD employees) to inspect and verify that all information in the application is complete and correct; and to conduct inspections before, during, and after construction and/or installation for compliance with the permit and the Todd County Zoning Ordinance.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SITE EVALUATION

Before any shoreland alteration permits are issued, P&Z staff must conduct a site evaluation. If you cannot meet the P&Z staff onsite, **please flag off the area you intend to alter in order to assist P&Z staff in evaluating your site.** Please contact the P&Z office when the permitted project is completed.

\*\*\*\*\**For Todd County Use Only*\*\*\*\*\*

### Application Process

Date Received: _____	By: _____
Receipt Number: _____	
Permit Number: _____	

### Site Evaluation

Date: _____	Pictures: Y / N (attach)
Staff Member(s): _____	

### Notes and/or Special Requirements: