



WHERE THE FOREST MEETS THE PRAIRIE

Todd County

MINNESOTA • EST. 1855 •

PLANNING & ZONING

215 1st Avenue South, Suite 103

Long Prairie, MN 56347

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

Email: ToddPlan.Zone@Co.Todd.MN.US

Shoreland Alteration Permit

Township	Lake / Waterbody	Parcel ID Number

APPLICANT INFORMATION

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

PROPERTY OWNER 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.

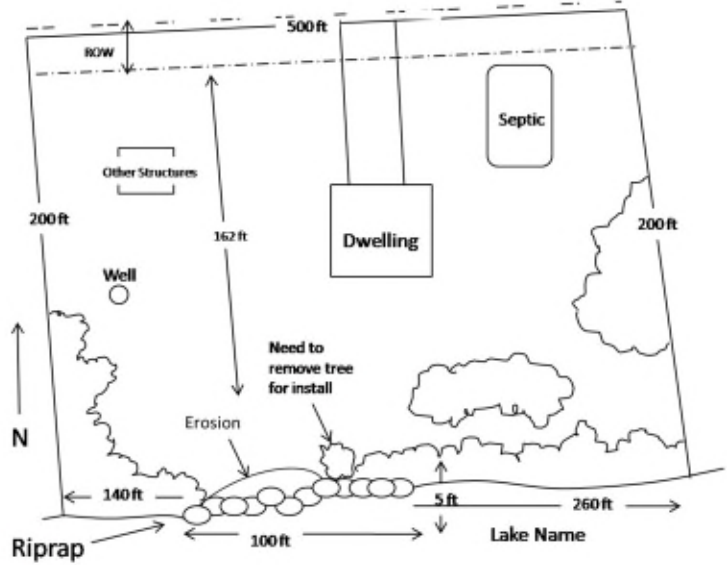
Is any part of this project extending below the OHWL? Y / N

Describe in detail the proposed project and its purpose: _____

Describe the erosion control measures you intend to use: _____

*******FEE SCHEDULE:** Shoreland Alteration Permit Fee: \$250.00 Shoreland Access Permit Fee: \$150.00
(Note: if you will be doing *both* Alteration and Access, permit cost is only \$250.00)

Example sketch-



Site sketch

A large empty rectangular box for drawing the 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.

If the applicant is not the property owner, both signatures are required below.

Applicant Name Printed	Signature	Date
Property Owner Name Printed	Signature (If different than applicant)	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: