



Permit Application

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| Return application to: Cedar River Watershed District (CRWD) 1408 21 st Ave. NW, Suite #2 Austin, MN 55912 Phone: (507) 434-2603 FAX: (507) 434-2680 | To be completed by District: Application number: _____ Amount Received: _____ Date: _____ Received From: _____ Action Required by (Date): _____ |
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A Fee of \$10 must be included with the permit application for administrative costs.

This form notifies the Cedar River Watershed District (CRWD) and their engineering consultants of a proposed project, which may fall within their jurisdiction. Nothing within the CRWD rules removes the requirements of other permits or authorizations from other local, state or federal agencies. Fill out this form and return to the CRWD location listed above. You must include site plan, maps, etc.

ALL REQUIRED AUTHORIZATIONS MUST BE OBTAINED BEFORE WORK BEGINS.

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| Property Owner Name (First, Last): _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Email Address: _____ Phone: _____ |
| Location of proposed project: _____ County: _____ Township: _____ Section: _____ 1/2 _____ 1/4 _____ 1/4 _____ Lot: _____ |
| Estimated Area of Land Disturbance: _____ SQ FT ² |

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| Proposed Work and Rule Applicability (check all that apply): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Rule 5-Drainage (Ditch & Culvert)</p> <p>Rule 7-Waterbody Alterations</p> </div> <div style="width: 45%;"> <p>Rule 6-Floodplain</p> </div> </div> |
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| Proposed Work Type: | Culvert |
| Single Family Home | Landscaping |
| Drainage Improvement | Ditch Maintenance |
| Commercial Construction | Shoreline Work |
| Road Construction | Excavation/Filling/Stockpiling |
| Construction within 300' of stream, storm sewer, drainage tile intake or wetland | |

NPDES General Stormwater Permit Number (if applicable): _____

Alternatives (Describe any other sites or methods that could be used to avoid or minimize impacts to floodplains or water bodies to achieve the project purposed. Attach additional sheet if needed.)

Projected Timeline: Start Date: _____ Completion Date: _____

Contractor, Engineer, or Representative's Name: _____

Business Name: _____ Email Address: _____

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

Phone: _____ Cell: _____

Names and addresses of adjoining property owners (Attach separate sheet if necessary):

Name: _____ Phone: _____

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

Signature of Immediate Downstream Landowner(s) Date

Name: _____ Phone: _____

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

Signature of Immediate Downstream Landowner(s) Date

NOTE: This application must be signed by the property owner where the proposed activity is to occur. It should be noted, filling in the application and signing below will give CRWD permission for initial site inspection, in-progress inspections and any others that may be deemed necessary.

Signature of Applicant (Property Owner) Date