



## Permit Application- Floodplain

Return application to:  <b>Cedar River Watershed District (CRWD)</b>  1408 21 <sup>st</sup> Ave. NW, Suite #2  Austin, MN 55912  Phone: (507) 434-2603    FAX: (507) 434-2680	<b>To be completed by District:</b>  Application number: _____  Amount Received: _____ Date: _____  Received From: _____  Action Required by (Date): _____
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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**

The intent of the CRWD Rules is to maintain existing flows and improve water quality throughout the entire Cedar River Watershed

**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: \_\_\_\_\_

**Proposed Work and Rule Applicability (check all that apply):**

Adding a structure or building in the floodplain                       Snow Storage  
 Other alteration or filling of land below the 100 year floodplain elevation

**Project Description:**

Please describe the project. \_\_\_\_\_

Will your project result in a net loss of floodplain? If so, how many cubic yards will be removed or obstructed?

Will you be mitigating for floodplain loss? If so, please describe. \_\_\_\_\_

**Permit Requirements:**

I understand that the CRWD requires on site floodplain mitigation when possible. **Initial:** \_\_\_\_\_

I understand that immediate grass seeding must take place on any earth moving work for erosion control purposes, and any other erosion control measures must be used when necessary. **Initial:** \_\_\_\_\_

I understand that supporting documentation (plans, hydrological analyses, etc) may be needed, and this application will not be considered complete until all required documentation has been submitted to CRWD staff. **Initial:** \_\_\_\_\_

**Projected Timeline:** Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Contractor, Engineer, or Representative's Name:** \_\_\_\_\_

Business Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**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. Applicant signature acknowledges that the information provided on this form is accurate to the applicant's best knowledge.

\_\_\_\_\_  
Signature of Applicant (Property Owner)

\_\_\_\_\_  
Date