



APPLICATION FOR WETLAND CONSERVATION ACT PERMIT

File Number (Office Use Only): _____

Instructions

1. Prior to submitting application please contact Planning & Water Management Department staff (see page 2) to determine the type of permit needed.
2. Complete and submit application. Electronic submittals preferred. See page 2 for information on how to submit applications.

For additional information on the review process and a copy of the Water Management Rules, please see <http://www.co.carver.mn.us/departments/LWS/rules.asp>

PROJECT INFORMATION

Project Name: _____

City/Township: _____ **PID:** _____

Location (Section, Township, Range): _____
(Section/Twp/Range)

Project Purpose and Description:

Permit Type: Exemption No Loss

PROJECT CONTACTS

PROPERTY OWNER

Name: _____

Mailing Address: _____

Office Phone: _____ **Email:** _____

AUTHORIZED AGENT (if using authorized agent, both the property owner and the agent must sign page 2)

Name: _____

Mailing Address: _____

Office Phone: _____ **Email:** _____

REQUIRED SUBMITTALS

The following information must be submitted with this application. These items are described in detail in Chapters 152 and 153 of the Carver County Code of Ordinances. Electronic submittals are preferred.

Submitted

Site Plan (showing the location of the proposed work, structures, areas where fill will be deposited, etc.)

AUTHORIZATION & SIGNATURES

I hereby authorize the County of Carver, and its agents, employees, and contractors to enter upon the property subject to this application for the purpose of evaluating the application and to perform any inspections or work authorized by the permit or any applicable law.

INITIALS OF OWNER

OR AUTHORIZED AGENT: _____

I acknowledge that all fees must be paid prior to approval of the project and that I shall reimburse the County for all engineering review and final inspections costs and for staff time as described in the County's Fee-for-Service Schedule.

INITIALS OF OWNER

OR AUTHORIZED AGENT: _____

I hereby acknowledge that I am not authorized to begin the project until I receive approval from Carver County Water Management.

INITIALS OF OWNER

OR AUTHORIZED AGENT: _____

I am applying for authorization to conduct the work described in this application. I am familiar with the information contained in this application. To the best of my knowledge and belief, all information is true, complete, and accurate. I hereby certify that I understand that this project must be conducted in accordance with the approved plans and any attached or subsequent agreements and the Water Management Rules. I further certify that I am aware that failure to abide by the provisions of application approval and/or the Water Management Rules is cause for action by the County including action against financial guarantees.

I possess the authority to undertake the work described, or I am acting as the duly authorized agent of the applicant.

SIGNATURE OF PROPERTY

OWNER: _____

DATE: _____

SIGNATURE OF AUTHORIZED

AGENT (if applicable): _____

DATE: _____

This block **must** be signed by the person who desires to undertake the proposed activity and has the necessary property rights to do so. If the block is signed by both the Property Owner and an Authorized Agent, the Property Owner is acknowledging that the Agent has the authority to represent the Property Owner in matters relating to this application.

HOW TO SUBMIT

ELECTRONIC SUBMITTALS PREFERRED

Email completed applications and required submittals to:

Kristen Larson

e: klarson@co.carver.mn.us

p: (952) 361.1824

Submit hard copies to:

Carver County Planning and Water Management

600 E. 4th St.

Chaska, MN 55318

Fax (952) 361.1828

FOR OFFICE USE ONLY

PERMIT TYPE

No Loss | \$100

Exemption (Exemption Type: _____) | \$100

Combined Admin + WCA Permit (No Loss | Exemption Type: _____) | \$250

FEE INFORMATION

Amount: _____

Received

REVIEW PROCESS

Date of Complete Application: _____

Application Received by: _____

Application Entered in CRM