

WATERSHED DEVELOPMENT PERMIT

Permit No: _____ Permit Date: _____ Application Date: _____

Staff Use Only

Project Name: _____
Project Address: _____
Name of Owner: _____
Name of Applicant: _____
Mailing Address: _____
City/State/Zip: _____
Telephone Number: _____

General description of work under this permit. _____

Total Project Acreage: _____ ac.	Impervious Acreage: _____ ac.	% Impervious _____ %
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I certify that the information shown above is true and accurate.

Applicant

Staff Use Only

Project Watershed Protection Requirements

- Project Exempt: Explain _____
- Project Located in Lake Benson Conservation District
LBCD (Critical Area) Standards Apply
- Project Located Outside Regional Retention Service District
On-Site Ponds Required.
- Project Located Inside Regional Retention Service District (RRSD)
Fee-in-Lieu Required.
- Minor Variance Requested (WRB) Approved: _____ Date _____ Disapproved: _____ Date _____
- Major Variance Requested (EMC) Approved: _____ Date _____ Disapproved: _____ Date _____
Recommended by WRB YES NO
Circle One

COMMENTS _____

Use additional sheet if necessary.

Approved by Watershed Administrator: _____
Date: _____ Sign