



## PUBLIC DRAINAGE SYSTEMS PERMIT

For connecting, placing utilities, or dewatering to a Public Drainage System owned and/or operated by the County Drainage Authority

Dakota County Environmental Resources  
14955 Galaxie Avenue, Apple Valley MN 55124  
Ph: 952-891-7000 Fax: 952-891-7031

**A permit must be approved before beginning any excavating, grading, dewatering, removal of vegetation/trees or filling.**

Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel ID(s): \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Applicable Ditch: (Select One)  CD1  CD2

Is the proposed project in or near a floodplain?  Yes  No Will the project require a FEMA map revision?  Yes  No

Contractor: \_\_\_\_\_  
Name Address License # (if applicable)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

A public drainage systems permit fee of **\$423.00**, and **a detailed site plan showing current conditions and proposed alteration must accompany this application along with all other applicable submittal requirements outlined in Dakota County Ordinance 50**. Doing work without a permit is a violation of County Ordinance 50. Work without a permit is subject to penalties including but not limited to fines amounting in double the permit fee and possible Citations.

This permit requires that all land disturbing activities be completed in compliance with the applicable requirements of the GENERAL PERMIT TO DISCHARGE STORM WATER ASSOCIATED WITH CONSTRUCTION ACTIVITY UNDER THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM/STATE DISPOSAL SYSTEM PERMIT PROGRAM Permit No: MN R100001.

Shoreland Best Management Practices (BMP's) should be used to help protect a site. Describe measures that will be used to prevent erosion, siltation, or contamination to the affected water body or bodies.

\_\_\_\_\_

If wetlands are present, a review and approval must be received from the Dakota County Soil and Water Conservation District.

Dakota County must receive acknowledgement from the township that either a permit is not necessary or a permit has been approved by the township before issuing the County permit. A 24-hour notice is required for any inspection.

*I hereby certify that the information provided is correct and agree to have the proposed work done in strict accordance with the description given and according to the provisions of the Dakota County Ordinance 50. I further agree that any plans and specifications submitted are part of this permit application I also understand that Dakota County takes no responsibility for the proper design of the project. I accept all responsibility for the design of the project and for all damages resulting from the failure of the project due to improper design and understand that false or misleading information may be grounds for invalidating this permit. I understand that this permit is valid for a period of one year from the date of issuance.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Permit #: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_

**SITE PLAN (or attach landscape plan):**