



**SHORELAND/FLOODPLAIN ALTERATION**

**For land disturbing activities within designated shoreland and/or floodplain**

**Dakota County Environmental Resources**

14955 Galaxie Avenue

Apple Valley MN 55124

Ph: 952-891-7000 Fax: 952-891-7031

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

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

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

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

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

Name of Lake, River or Tributary \_\_\_\_\_

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 shoreland alteration permit fee of **\$411.00**, and **a detailed site plan showing current conditions and proposed alteration must accompany this application.** Floodplain modeling data must accompany a FEMA map revision, or floodplain analysis showing a no-rise condition for work in the floodplain. Doing work without a permit is a violation of County Ordinance 50. The penalty is double the permit fee and possible Citation.

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 utilized to prevent erosion, siltation, or contamination to the affected water body or bodies**

If the proposed project is within the Vermillion River Watershed, approval from the Watershed is a condition of the shoreland alteration permit issuance.

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

Dakota County must receive acknowledgement from the township that a permit is not necessary or 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: \_\_\_\_\_