

**SHORELAND ALTERATION PERMIT APPLICATION**

City of Spicer Zoning  
 217 Hillcrest Avenue  
 P.O. Box 656  
 Spicer, MN 56288  
 320-796-5562  
 320-796-2044 (fax)

<b>Office Use</b>	<b>Date Application Received:</b>		<b>Date Paid:</b>
<b>FEE: \$100.00</b>	<b>Zone:</b>	<b>Bldg Code:</b>	<b>Permit #:</b>
Name of Applicant:		Mailing Address	
State:	Zip:	Daytime Phone:	Cell Phone:
Property Address (911):			
Tax Parcel #:	Township:	Lake:	Section:
Legal Description:			
Request:			
Contractor Name:			

Any Wetland Alterations:    Yes    No                      Located in Floodplain:    Yes    No

<u>Project Type</u>	<u>Type of Erosion Control Proposed</u>	<u>Project Scope</u>
<input type="checkbox"/> Vegetation removal	<input type="checkbox"/> Sod	<u>Closest distance to ordinary high water mark</u>
<input type="checkbox"/> Fill Only	<input type="checkbox"/> Mulch Only	<u>Area of disturbed ground (length x width)</u>
<input type="checkbox"/> Grading Only	<input type="checkbox"/> Straw bale checks	<u>Volume of fill in cubic yards (length x width x depth)</u>
<input type="checkbox"/> Rip Rap	<input type="checkbox"/> Fiber Blanket	<u>Average Slope of Work Area</u>
<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Seed Only	<u>Feet of rise for each ten (10) feet of Horizontal distance</u>
<input type="checkbox"/> Sand Beach Area	<input type="checkbox"/> Geotextile	
<input type="checkbox"/> Stairway in impact zone	<input type="checkbox"/> Seed & Mulch	
<input type="checkbox"/> Deck in impact zone	<input type="checkbox"/> Other (specify)	

**This application is not complete until plans are submitted which adequately describe the proposed project**

I hereby certify that I have examined this application and acknowledge the information submitted to be true. I further agree there shall be no changes in plans or specifications to the work authorized herein unless such change is first approved in writing by the zoning administrator. The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance. The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government, which may have jurisdiction over portions of the authorized project.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

A Shoreland alteration permit is hereby approved to begin construction and is issued for one (1) year from date of permit for the above location under existing regulations and is approved for zoning compliance.

Conditions: \_\_\_\_\_

\_\_\_\_\_  
 Zoning Administrator \_\_\_\_\_  
 Date

**SITE PLAN**

NAME: \_\_\_\_\_

TAX PARCEL #: \_\_\_\_\_

Information to be included in the site plan

- Location & size of proposed project
- Closest distance to ordinary high water mark
- Average slope of work area
- Area of disturbed ground
- Volume of fill in cubic yards

*SITE PLAN*  
NORTH

