

STREAMBANK STABILIZATION NON-FAST TRACK PERMIT APPLICATION FORM

MINNEHAHA CREEK WATERSHED DISTRICT (MCWD)
15320 MINNETONKA BLVD.
MINNETONKA, MN 55345

Ph: 952-471-0590
Fax: 952-471-0682

1. Property owner information:

Name of each property owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

2. Contracting company information:

Business Name: _____ Representative Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Ongoing performance bond with MCWD: Yes No Bond Number: _____

3. Project Details:

Project address: _____ City: _____ State: _____ Zip: _____

County: _____ Property ID number (PID): _____

Type of Project: Vegetative restoration Bioengineering Riprap Retaining wall

In kind replacement: Yes No Sheer stress on streambank: _____ (pounds/square feet)

Name of creek/stream/river: _____ Length of streambank affected: _____ (lineal feet)

Describe any existing structure along streambank: _____

Access to project site by: Ice Barge Upland corridor

Financial assurance bond acquired: Yes No (If **not** an ongoing performance bond please fill out next page)

By signing below, I hereby request a permit to authorize the activities described herein. I certify that I am familiar with MCWD Rules and that the proposed activity will be conducted in compliance with these Rules. I am familiar with the information contained in the application and, to the best of my knowledge and belief, all information is true, complete and accurate. I understand that proceeding with work before all required authorizations are obtained may be subject to federal, state and/or local administrative, civil and/or criminal penalties.

Signature of property owner or contracting representative

Date

