

**LAND ALTERATION PERMIT APPLICATION in a
SHORELAND MANAGEMENT DISTRICT**

Parcel #: _____
(You can find this on your tax statement)

DATE RECEIVED BY
WABASHA COUNTY _____

Fee: \$75.00

Name _____

Mailing Address _____

Property Address _____

Phone: Work _____ **Home** _____ **Cell phone** _____

Legal Description of property: Township _____ **Section** _____ **Range** _____
Subdivision _____ **Lot** _____ **Block** _____

Type of Activity:
Riverbank _____ **Retaining Wall** _____ **New** _____ **Addition** _____ **Remodel** _____ **Repair** _____

Alterations: Grading/Filling _____ **Topographic** _____ **Vegetation** _____

Attach a detailed sketch showing materials that will be used, a front, top and side view of riverbank or retaining wall showing height, depth, etc., cubic yards of soil needed, if applicable, vegetation to be used for erosion control - all information that will assist this office and the DNR evaluate your project.

You must also attach: A free-hand sketch showing land dimensions, building locations and septic & well locations. If there is an existing sanitary system on this parcel please be advised that the system must be certified as meeting the requirements of Wabasha County Health Regulations. Call the Wabasha County Environmental Health Dept. (651-565-5200). Wells must meet required distance from septic systems. Designate North. Township approval may be needed in some areas. Variances & Conditional Use Permits may also be needed. The Dept. of Natural Resources may become involved on an active basis. The Soil & Water Conservation Office may be able to suggest suitable vegetation and assist with erosion control dependent upon project and time available. A penalty can, and will be assessed, if activity is started prior to obtaining a permit.

If this application is incomplete, it will cause a delay in the processing of this application.

Signature _____ **Date** _____

TO BE COMPLETED BY WABASHA COUNTY ZONING OFFICE:

Approvals needed: City/Township No _____ Yes _____ **Date Received** _____
Septic System No _____ Yes _____ **Date Received** _____

Receipt # _____ **Permit #** _____ **Authorizing Signature** _____