

**Haven Township
 PLANNING & ZONING ADMINISTRATION
 5736 - 16th Avenue SE
 St. Cloud, MN 56304
 (320) 224-2041**

Application for Stormwater and Erosion Control Permit		
_____ Stormwater and Erosion Control	\$1,000 Application Fee plus Town Costs	Receipt No. _____ Date Paid _____
<i>Fees are Non-Refundable</i>	\$_____ Total Paid	Date of Complete Application: <i>(for office use only)</i> _____ / _____ / _____

To be completed by Applicant

Part One General Information

1. Contractor name : _____
 Telephone: _____
 Address: _____
 Email: _____

2. Property owner name: _____
 Telephone: _____
 Address: _____
 Email: _____

3. Property address or legal description:

Part Two Project Information

4. Describe project: _____

5. Specify total area (in acres) to be affected by this project. Include areas for future expansion, stockpiling, processing, haul roads, settling basins, buildings, and parking facilities:

6. Permanent stormwater management:
- Wet sedimentation basin
 - Infiltration / filtration
 - Regional ponding
 - Other _____

7. Is an EAW or EIS needed for this project? Yes No (If yes provide)

8. Is this property located within 300ft of a river? Yes No (If yes provide)

9. Is this property located within 1000ft of a lake? Yes No (If yes provide)

10. Does this property have a wetland on it? Yes No

Part Three Information to be Submitted with Application

11. Copy of the Storm Water Pollution Prevention Plan (SWPPP)

12. Copy of NPDES Permit

13. Proposed

timeline: _____

14. Plan for noise and dust control

15. Project maps including:

- a. Existing and proposed conditions,
- b. Any wetlands
- c. Surface drainage water drainage patterns,
- d. Stormwater and Erosion BMPs

AGREEMENT: I hereby certify that the information herein is correct and agree to do the proposed work in accordance with the description on this application and according to the provisions of the ordinances of Haven Township, Sherburne County, Minnesota. I further agree that any plans and specifications submitted herewith shall become a part of this permit application.

Applicant's Signature: _____	Date: _____
Print Name of Applicant: _____	
Property Owner(s) Signature: _____	Date: _____
Print Name of Owner(s): _____	
By signing this Application, the landowner(s) agree to permit the Town to enter the property for the purposes of inspecting the applied and/or permitted use.	

Applications will not be considered complete until the following has been received.

Application requests will not be processed until all comments have been received by the Zoning Office. Return Applications to: Haven Township Jeff Schlingmann 5736 - 16th Avenue SE St. Cloud, MN 56304
Application is: APPROVED _____ DENIED _____ APPROVED WITH CONDITIONS _____

What happens next? The Town will review your application and mail you a letter if your application is complete, or a letter stating the reasons why your application is not complete, and what additional information is needed.
--