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PERMIT NUMBER	APPROVED	·	DENIED	DATE		
	DATE RECEIVED	DATE INSPECT	ED			
GENERAL PERMIT APPLICATION						
APPLICANT NAME:			PHONE:			
ADDRESS:						
PROPERTY DESCRIPTION:						
PROPOSED ACTIVITY:						
		• [)escribe drainage n	attern and		

- Describe drainage pattern and location (ie. Twp. & Sect.) on the plat at left.
- Attach FSA photos or County atlas map for further detail.
- Describe effect of work upstream
 and downstream
- Size of culvert installing_____
- Size of culvert upstream _____
- Size of culvert downstream ______

This permit is subject to the following conditions:

- 1. That the permittee and his agents conform to all legal and other statutory requirements.
- 2. That the permittee and his/her agents are advised that there may be other federal, state and local permits that may be required before
- construction begins.
- 3. That the permit is in effect for one year from the issued date on this permit.

4. In lieu of applicant submitting a complete hydraulics report or having the watershed hire an Engineer to review the application with costs borne by applicant, (See RRWD rules 4.5c), applicant agrees to modify these permitted works upon determination by the Roseau River Watershed Board of Managers that another person or entity has been adversely impacted.

APPLICANT SIGNATURE: _____

DATE:	