



DNR Permit Authorization Form Shoreline Treatment Plan

Submit Form By: March 1st
1st Application: May/June
2nd Application: July/August



APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH AND LEECHES

Applicant's Name (First, MI, Last)

Day Time Phone Number

Cell Phone Number

Lake Home Address (# and Street, RFD, Box #, City, State, Zip Code

Lake Residence Phone Number

Permanent Mailing Address (Indicate if it is the same as above)

E-mail Address

SIZE OF AREA PROPOSED TO BE TREATED:

My property extends _____ ft along shore. Proposed treatment area extends _____ ft along shore by _____ ft lakeward, out to a depth of _____ ft long and _____ ft in width extending to open water.

Please sketch the proposed treatment area in this application. Include a north arrow, house location, shoreline, the treatment dimensions, the location of the dock, and the distance between the dock and the nearest adjacent property boundary or identifiable landmark.

By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisance as agreed upon. I understand that the control of aquatic nuisances, including destruction of aquatic plants and algae, is subject to rules of the Commissioner of Natural Resources. I understand that an Aquatic Plant Management Specialist may wish to inspect the proposed treatment area before, during, and/or after work is completed and that by making this application I give permission to the specialist to enter my property to make such inspection at reasonable times. I understand that an annual report will be required on results achieved. Completion of this form and processing of the accompanying application fee does not constitute obtaining a permit.

Applicants Signature

Date