



# Permit Application- Ditch Maintenance

Return application to:  <b>Cedar River Watershed District (CRWD)</b>  1408 21 <sup>st</sup> Ave. NW, Suite #2  Austin, MN 55912  Phone: (507) 434-2603    FAX: (507) 434-2680	<b>To be completed by District:</b>  Application number: _____  Amount Received: _____ Date: _____  Received From: _____  Action Required by (Date): _____
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**A Fee of \$10 must be included with the permit application for administrative costs.**

This form notifies the Cedar River Watershed District (CRWD) and their engineering consultants of a proposed project, which may fall within their jurisdiction. Nothing within the CRWD rules removes the requirements of other permits or authorizations from other local, state or federal agencies. Fill out this form and return to the CRWD location listed above. You must include site plan, maps, etc.

**ALL REQUIRED AUTHORIZATIONS MUST BE OBTAINED BEFORE WORK BEGINS**

The intent of the CRWD Rules is to maintain existing flows and improve water quality throughout the entire Cedar River Watershed

**Property Owner Name** (First, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Location of proposed project:** \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Section: \_\_\_\_\_ 1/2 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ Lot: \_\_\_\_\_

**Proposed Work and Rule Applicability (check all that apply):**

Ditch bottom excavation with minimal sideslop repair	Ditch Improvement
Ditch bottom excavation with re-shape of sideslopes	Vegetation Removal

**Project Description:**

How deep will you be excavating the ditch bottom? \_\_\_\_\_

If re-shaping sideslopes, what will you be doing? \_\_\_\_\_

Please list any other project details \_\_\_\_\_

**Permit Requirements**

I understand that immediate grass seeding must take place on any sideslope work for erosion control purposes, and any other erosion control measures must be used when necessary. **Initial:** \_\_\_\_\_

I understand that the CRWD has specific requirements for an existing condition survey before the permit can be issued, and that a followup survey following CRWD requirements must be completed and submitted to the CRWD within 6 months of the commencement of earth-moving work in the project area. If the survey is not completed, a penalty will result. **Initial:** \_\_\_\_\_

I understand that a 1-rod (16.5) foot buffer from the top of the ditch bank (or larger if required by state or county rules) must be seeded immediately upon project completion, or after the occupying crop is harvested. This buffer must contain permanent vegetation. If vegetation is not established, a penalty will result. **Initial:** \_\_\_\_\_

I understand that excavating beyond the conditions identified in this application and permit will result in a significant penalty. **Initial:** \_\_\_\_\_

**Projected Timeline:** Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Contractor, Engineer, or Representative's Name:** \_\_\_\_\_

Business Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Names and addresses of downstream landowner (Attach separate sheet if necessary):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of Immediate Downstream Landowner(s)

\_\_\_\_\_  
Date

**NOTE:** This application must be signed by the property owner where the proposed activity is to occur. It should be noted, filling in the application and signing below will give CRWD permission for initial site inspection, in-progress inspections and any others that may be deemed necessary. Applicant signature acknowledges that the information provided on this form is accurate to the applicant's best knowledge.

\_\_\_\_\_  
Signature of Applicant (Property Owner)

\_\_\_\_\_  
Date