



Permit Application- Floodplain

Return application to: Cedar River Watershed District (CRWD) 1408 21 st Ave. NW, Suite #2 Austin, MN 55912 Phone: (507) 434-2603 FAX: (507) 434-2680	To be completed by District: 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): <div style="display: flex; justify-content: space-between;"> Adding a structure or building in the floodplain Snow Storage </div> Other alteration or filling of land below the 100 year floodplain elevation

Project Description:

Please describe the project. _____

Will your project result in a net loss of floodplain? If so, how many cubic yards will be removed or obstructed?

Will you be mitigating for floodplain loss? If so, please describe. _____

Permit Requirements:

I understand that the CRWD requires on site floodplain mitigation when possible. **Initial:** _____

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

I understand that supporting documentation (plans, hydrological analyses, etc) may be needed, and this application will not be considered complete until all required documentation has been submitted to CRWD staff. **Initial:** _____

I understand that deviating from the activities described in this permit without CRWD staff approval will result in a 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