THORPE TOWNSHIP TOPOGRAPHICAL ALTERATION PERMIT APPLICATION

(320) 759-1560 Township Zoning Administrator

This form must be legibly completed in INK.

Applicant name(s):	Date:
Owner name(s) (if different from applicant):	
Mailing address:	
E911 property address:	
Phone: Alt. phone: Ema	ail:
Tax parcel number(s):;;	;··
Legal description:	
Sect: Twp: Rng: Lake/river name: Is this request after-the-fact? Yes No Explain your requested goals: Give details of the typ any other relevant information regarding your proposed	e, total area, purpose, and l alterations. Be thorough.
Date of proposed commencement: Dates on which mining is anticipated to occur in the cu	rrent season:

In order to have your request properly evaluated, please provide as much supplementary information as possible, such as: maps, plans, information about surrounding property, directions to property, etc.

Include all existing topography, structures, well(s), septic system(s) and proposed topographical alterations on your property and label them. Also include all dimensions (including depth) of the alterations as well as all setbacks to property lines, lakes or rivers, roads, and any other pertinent setbacks.

I hereby swear that the information provided is true, accurate, and complete.

Applicant Signature

PERMIT FEES*:

1. Topographical Alteration

After-the-fact permits will be two times the normal fee.

*Basic fee listed here. For special hearings/appeals/other fees, contact Township Zoning Administrator.

Date

\$100.00