



## **Beltrami County Environmental Services Department**

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[esd@co.beltrami.mn.us](mailto:esd@co.beltrami.mn.us)

# **Application Package for Shoreland Alteration Permit**

### **REQUIRED INFORMATION:**

1. Copy of Deed/Purchase Agreement to property where permit is being issued. The name on the permit AND deed/purchase agreement must match. Copies available at Recorder's Office for \$1.00/page.
2. E-911 address and mailing address, if different.
3. Scale Sketch of proposed alteration.

**The County will maintain and enhance the environmental quality of  
the area.**

**We appreciate you becoming a partner with us in preserving and  
enhancing our environment.**

# Beltrami County Environmental Services Application for Shoreland Alteration Permit

Tax Parcel # \_\_\_\_\_ E911 Property Address: \_\_\_\_\_

\_\_\_\_\_  
Township Name

\_\_\_\_\_  
Lake Name/Number/Classification

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last, First Initial

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Fill: Sand ( ) Rock ( ) Black Dirt ( ) Mud ( ) Gravel ( )

Type of affected area: Hill ( ) Low Area ( ) Wetland ( ) Ice Ridge Cut ( ) Other ( )

\_\_\_\_\_ Ft. Deep X \_\_\_\_\_ Ft. Wide X \_\_\_\_\_ Ft. Long

Comments:

Agreement: I, the undersigned, hereby make application for work described and located as shown herein. I hereby certify that the information contained herein is correct and agree to do the work in accordance with the provisions of the Ordinances of Beltrami County, MN. I further agree that any plans and specifications submitted herewith shall become part of this application and agree to an onsite inspection visit by Beltrami County without further notice.

\_\_\_\_\_  
Date Signature of Owner

\_\_\_\_\_  
Date Printed Name of Applicant Signature of Applicant

**NOTE:** Any change in the approved permit, design, or other plans must be reviewed and authorized by ESD prior to alteration

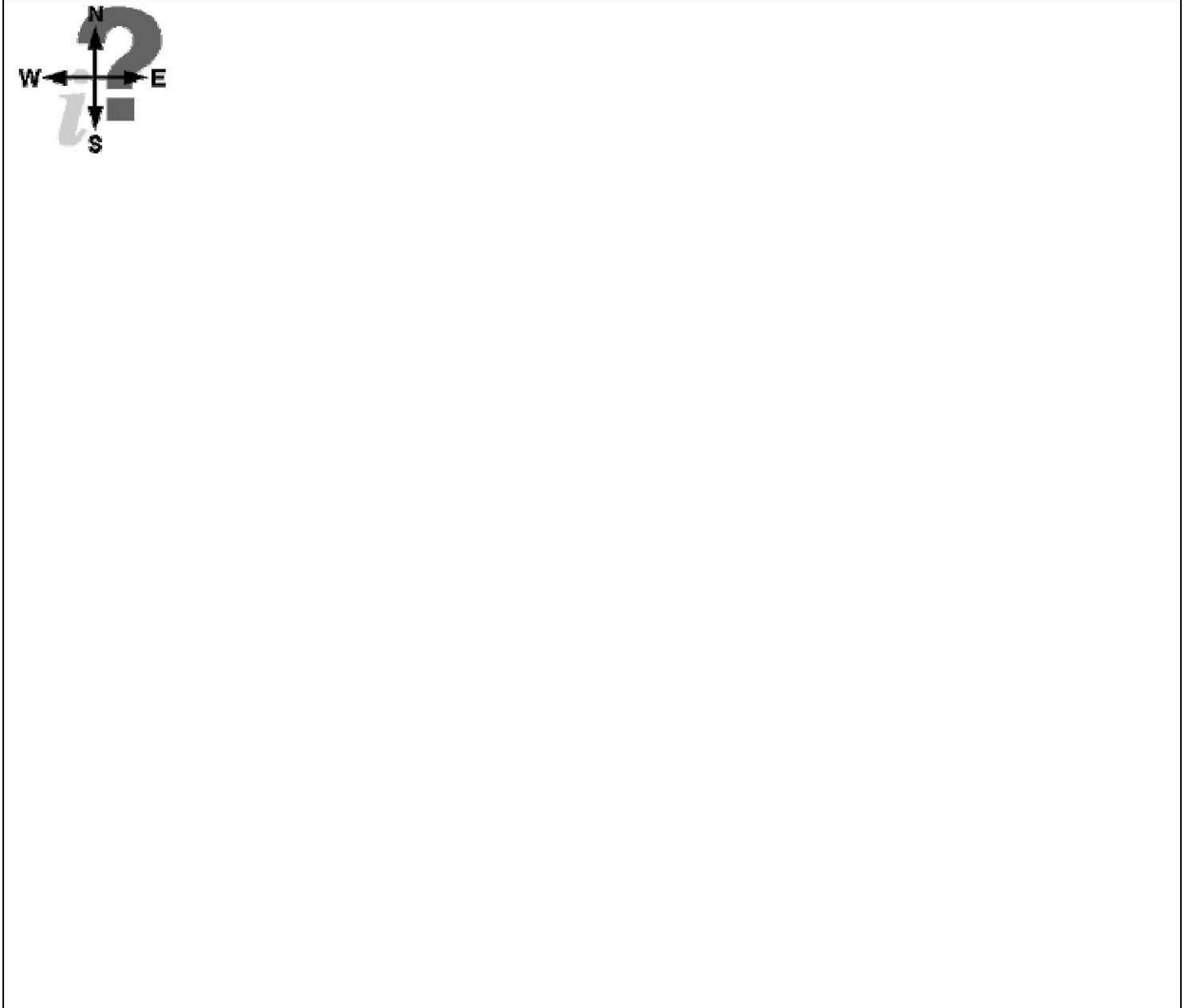
Permit: Permission is hereby granted to the above named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, his/her agent, employees and workers shall conform in all respects to the Ordinances of Beltrami County, MN. This permit may be revoked at any time upon violation of said Ordinances.

\_\_\_\_\_  
Date Environmental Services

Permit Fee: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ (Please make check payable to Beltrami County Treasurer)

SITE PLAN ALTERATION

PARCEL NUMBER : \_\_\_\_\_



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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date