



**Greater Bemidji Area  
Joint Planning Board**

**Application for Shoreland Alteration Permit**

Please complete this application carefully and completely. PLEASE PRINT. Failure to fill in all of the required information may result in a delay of processing your application.

A fee of \$ \_\_\_\_\_ made payable to the **City of Bemidji** must accompany this application. Additional escrow or verification fees may apply for approved projects.

A verification or escrow fee of \$ \_\_\_\_\_ made payable to the **City of Bemidji** must accompany this application

<b>OFFICE USE ONLY</b>	
Complete App Rec'd	_____
Payment Rec'd	_____
Field Checked	_____
Zoning District	_____
Date Permitted	_____
Permit Number	_____
Comments	_____

**APPLICANT DATA**

NAME OF APPLICANT: _____	PHONE: _____
MAILING ADDRESS: _____	
SITE ADDRESS: _____	PARCEL: _____
EMAIL ADDRESS: _____	
CONTRACTOR NAME: _____	PHONE: _____

**OFFICE USE ONLY**

Property Dimensions: Width \_\_\_\_\_ ft    Depth \_\_\_\_\_ ft    Total area \_\_\_\_\_ sq ft/acres

Is there one acre of contiguous land on the property?  Yes  No

Have there been any Variances/Use Permits granted on this property?  Yes  No  Don't Know  Attach copies

Erosion Control Permit required by the City of Bemidji?  Yes  No

**SHORELAND ALTERATION INFORMATION**

Depth of fill _____ ft	Area of fill is _____ sq ft	Type of fill is _____
Affected area setback from ordinary high water mark is _____ ft    Depth of grade cut is _____ ft		
Affected area size is _____ feet wide X _____ feet long.    Estimated project value: \$ _____		
Volume of fill is _____ cubic yards		
Land height above high water mark at affected area is _____ feet		
Type of affected area is: <input type="checkbox"/> Hill <input type="checkbox"/> Low area <input type="checkbox"/> Wetland <input type="checkbox"/> Ice ridge cut <input type="checkbox"/> Other		
Has this been designed by the SWCD or other designer? <input type="checkbox"/> Yes <input type="checkbox"/> No    Name of Designer: _____		
<b>If yes, please attach a copy of the design.</b>		
<b>Please attach a complete sketch including contours of the area to be filled/alterd.</b>		
If no attachment, please explain: _____		

**ALL APPLICANTS MUST SIGN BELOW**

I hereby certify that I am the owner or authorized agent of the owner of the above described property and that all uses will conform to the provisions of the Greater Bemidji Area Zoning and Subdivision Regulations. I further certify that I will comply with all conditions placed upon this permit should this application be approved. Intentional or unintentional falsification of this application or any attachments thereto will serve to make this application and any resultant permit invalid. I also authorize Greater Bemidji Area Joint Planning staff to inspect the property during review of this application and subsequent construction during reasonable times of the day.

Applicant: \_\_\_\_\_

Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_

Complete Application  Yes  No

**COMPLETED FORMS CAN BE SUBMITTED AT CITY HALL, 317 4<sup>TH</sup> STREET NW, LOWER LEVEL**



# Greater Bemidji Area Joint Planning Board

City of Bemidji Northern Township

317 4<sup>th</sup> Street NW Bemidji, MN 56601 Office (218) 759-3579 Fax (218) 759-3591

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## **SHORELAND ALTERATION PERMIT** **APPLICATION CHECKLIST**

1.    \_\_\_    **Complete application including:**
  - a.    Proof of ownership/standing
  - b.    Application filled out in complete detail including all signatures
  - c.    Application fee
  
2.    \_\_\_    **Design including: (If applicable)**
  - a.    Elevations
  - b.    Materials
  - c.    Schedule of activity
  - d.    Amount of material to be removed
  - e.    Amount of material to be placed
  - f.    Final landscape plan to include final elevations, slopes, plants, etc...
  - g.    Name of Contractor and Contractor's license number
  - h.    Access to shoreline
  
4.    \_\_\_\_\_ **Other documentation identified by staff at time of application.**