



**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.

OFFICE USE ONLY	
Complete Application Rec'd	_____
Payment Rec'd	_____
Field Checked	_____
Zoning District	_____
Date Permitted	_____
Permit Number	_____
Comments	_____

APPLICANT DATA

NAME OF APPLICANT:	_____	EMAIL:	_____
MAILING ADDRESS:	_____		
SITE ADDRESS:	_____	PARCEL:	_____
PHONE NUMBER: WORK	_____	HOME	_____
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:	_____	
If yes, please attach a copy of the design.					
Please attach a complete sketch including contours of the area to be filled/altered.					
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 4TH STREET NW, LOWER LEVEL



Greater Bemidji Area Joint Planning Board

City of Bemidji Northern Township

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

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.**