



For Office Use Only	
Permit Application #	_____
Date Received	_____

Project Start Date \_\_\_\_\_

Approximate End Date \_\_\_\_\_

Applicant \_\_\_\_\_  
 (Print or Type) (Land Owner)

\_\_\_\_\_ (Print or Type) (Agent)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Signature)

Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Cell Ph. # \_\_\_\_\_  
 Email Address \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The applicant shall provide all necessary scaled drawings that show all drainage areas, tile locations, studies, maps, aerial photographs, calculations, existing or new easements, etc., with the permit application.

**THE LANDOWNER UNDERSTANDS THAT THE CONSTRUCTION OF THE PROPOSED WORK MAY BE VIEWED AND/OR EVALUATED PRIOR TO BOARD ACTION AND MUST BE RECEIVED 15 DAYS PRIOR TO REGULAR BOARD MEETING DATE TO BE CONSIDERED.**

The landowner is aware of the requirements of the Rules of the District. This Permit does not relieve the applicant of any requirements for other Permits which may be necessary from Township, County, State, or Federal Government Agencies.

Project Location:

County: Kandiyohi                  Renville                  McLeod                  Sibley                  Carver  
 Sec: \_\_\_\_\_, Twp \_\_\_\_\_ N, Range \_\_\_\_\_ W, Twp. Name \_\_\_\_\_

Proposed Work:

Clean Existing Ditch                          Construct New Ditch  
 Construct Retention Area                  Abandon and Fill Existing Ditch or Waterway  
 Abandon Existing Tile Line and Replace with New Tile  
 Existing Tile Size \_\_\_\_\_                  Type of Existing Tile \_\_\_\_\_  
 New Tile:  
 Tile Size \_\_\_\_\_                  Type of Tile \_\_\_\_\_  
 Grade of Tile \_\_\_\_\_                  Length of Tile \_\_\_\_\_  
 Total Drainage Area \_\_\_\_\_

Can the Drainage Area be reduced into subwatersheds?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please show the tile size for the  
subwatershed or drainage if areas are being reduced.

New Tile:

Tile Size \_\_\_\_\_ Type of Tile \_\_\_\_\_  
Grade of Tile \_\_\_\_\_ Length of Tile \_\_\_\_\_  
Total Drainage Area \_\_\_\_\_ Can the Drainage Area be reduced into  
subwatersheds?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please show  
the tile size for the subwatersheds, as the  
drainage areas are being reduced.

Other:

---

---

---

---

---

---

Project Description (Please be very specific)

---

---

---

---

---

---

**ACTION BY THE BOARD OF MANAGERS OF THE  
BUFFALO CREEK WATERSHED DISTRICT**

This Permit Application is approved \_\_\_\_\_ denied \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

This permit is valid for a period of one year from the date of issuance. The Board makes the following conditions as a part of this Permit:

---

---

---

---

---

---

**Buffalo Creek Watershed District**

\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary



## PERMIT AUTHORIZED AGENT

---

### Authorized Agent Form

I, \_\_\_\_\_ (Owner) hereby authorize \_\_\_\_\_ (Agent) to act as Owner's authorized agent for the purpose of securing a permit from the Buffalo Creek Watershed District for \_\_\_\_\_ (Project) to be completed on Owner's property located \_\_\_\_\_ (parcel description)  
Physical Site Address: \_\_\_\_\_

Owner and Agent acknowledge that this form in no way alters the rules or regulations of the Buffalo Creek Watershed District, and both Owner and Agent are responsible for compliance with the rules or regulations of the District. The person or company named as the Agent above has been approved to act as Owner's authorized agent for the duration of the permit unless Owner notifies the District with an updated Authorized Agent Form. Owner expressly authorizes the District to disclose any and all information related to the Project to the Agent.

Please contact the Buffalo Creek Watershed District per the information above with any questions or concerns you may have prior to filling out this form. Please note that if your project requires an authorized agent, your permit application will not be considered complete until this form has been completed and received by the District.

Agent Contact Information:

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dated \_\_\_\_\_