



City of Nevis
218-652-3866
P.O. Box 108
Nevis, MN 56467
neviscty@gmail.com

Application for Shoreland Alteration Permit

REQUIRED INFORMATION:

1. Copy of Survey to property the permit is being issued. The name on the permit and survey must match.
2. Address and mailing address, if different
3. Scale Sketch of proposed alteration
4. Proof of OHW Mark (Ordinary High Water Mark) from the DNR.

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

Nevis City Shoreland Alteration Permit

Permit fee \$100.00

Tax Parcel # _____ Property Address: _____

Lake Name/Number/Classification

Owner: _____ Phone: _____
Last, First Initial

Mailing Address: _____ Cell: _____

Email: _____

Contractor: _____ License # _____ 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 the City of Nevis, 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 the City of Nevis 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 the Nevis City Planning And Zoning prior to alteration

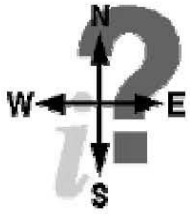
Permit: Permission is hereby granted to the above-named applicant to perform the work described in the above statement. This permit is granted upon the express condition that the person to whom it is granted, his/her agent, employees and workers shall conform in all respects to the Ordinances of the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

Date Zoning Department

Permit Fee: \$ _____ (Please make check payable to City of Nevis)

SITE PLAN ALTERATION

PARCEL NUMBER : _____



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

Applicant Signature

Date