

CARLTON COUNTY  
ZONING AND ENVIRONMENTAL SERVICES  
301 Walnut Avenue, Room 103  
P.O. Box 220  
Carlton, MN 55718-0220  
218-384-9176  
[www.co.carlton.mn.us](http://www.co.carlton.mn.us)

\_\_\_\_\_  
Permit number  
\_\_\_\_\_  
Township

**SHORELAND ALTERATIONS  
INTERIM USE PERMIT APPLICATION**

Please complete each entry and check off each item. An incomplete application will be returned.

YES NO

**Have you attached payment (see attached fee schedule)?** Make check payable to  
*Carlton County Treasurer.*

YES NO

**Have you completed the attached application with original signatures?** Application must have  
original signatures. Copies will not be accepted. Please complete in pen.

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
DAYTIME PHONE NUMBER

\_\_\_\_\_  
OTHER PHONE NUMBER

EMAIL (optional): \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE PHONE NUMBER: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE ADDRESS: \_\_\_\_\_

911 ADDRESS OF PROPERTY AND ACCESS ROAD: \_\_\_\_\_

(If you do not have a 911 address, please complete an "E-911 New Property Address Assignment Application")

LEGAL DESCRIPTION: \_\_\_\_\_

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_

LAKE, RIVER OR STREAM NAME: \_\_\_\_\_

YES NO

**Do you have a current Certificate of Compliance for your septic system?** The Zoning and  
Environmental Services Office can complete compliance inspections on systems where adequate  
information was included on the original permit. If it was not included, a licensed private inspector must  
be contracted to complete the inspection.

SEWAGE DISPOSAL:  Proposed  Existing  Not applicable, please explain: \_\_\_\_\_

Type: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CASE NUMBER \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_ FEE \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_ SHORELAND CLASS \_\_\_\_\_ SHORELAND ID NUMBER \_\_\_\_\_

DATE, TIME AND PLACE OF HEARING \_\_\_\_\_

APPROVED  DENIED BY \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS ATTACHED  YES  NO

C/T \_\_\_\_\_ PLAT \_\_\_\_\_ PARCEL \_\_\_\_\_

**SHORELAND ALTERATIONS  
INTERIM USE PERMIT APPLICATION**

Carlton County strongly recommends that you discuss your proposal with adjacent property owners before a formal application is made. Conflicts resolved in advance will make the application process more efficient.

**GRADING CONTRACTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**FILL CONTRACTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PROJECT INFORMATION**

**Project Type:**

- Vegetation alteration
- Fill only
- Excavation only
- Excavation and fill
- Rip rap (permit may be required by the Department of Natural Resources)
- Other \_\_\_\_\_

**Project Purpose:**

- Clear land
- Lake access
- Improve lawn
- Control erosion
- Other \_\_\_\_\_

**Project Scope:**

Area of disturbed ground \_\_\_\_\_ length \_\_\_\_\_ width \_\_\_\_\_ square feet  
Volume of fill and/or excavation \_\_\_\_\_ cubic yards  
Closest distance to ordinary high water level \_\_\_\_\_ feet  
Project start date \_\_\_\_\_

**Site Characteristics:**

Existing Soil Type:  Sand  Gravel  Loam  Clay  
Fill Type:  Sand  Gravel  Loam  Clay  Topsoil

**Average Slope of Work Site:**

\_\_\_\_\_ feet of rise over \_\_\_\_\_ feet of horizontal distance  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Erosion Control:**  Seed  Mulch  Erosion control blanket  Silt fence

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SHORELAND ALTERATIONS  
INTERIM USE PERMIT APPLICATION**

**PLANS SHALL BE PREPARED AND SUBMITTED BY AN ENGINEER, SOIL SCIENTIST, LANDSCAPE DESIGNER OR OTHER QUALIFIED PROFESSIONAL AND INCLUDE THE FOLLOWING INFORMATION:**

- Dimensions of lot
- North directional arrow
- Location of all existing structures and label → ex = existing (i.e.: ex house)
- Existing and final topography utilizing 2 foot contours
- A site restoration plan showing trees to be removed and replaced, and final ground cover
- A drainage and erosion control plan showing the type and location of erosion control measures to be used
- Label roads abutting your property
- Wetland boundaries and type, if applicable (work in wetlands may require additional permitting)
- Location of fill and excavated material, include dimensions
- A development plan showing how the re-contoured lot may be developed in a manner consistent with Carlton County Zoning Ordinance #27

**Location of proposed project from (measured in feet):**

- Center of road and/or right-of-way (including all easements, cartways and private drives)
- Side property lines     Rear property lines     Other existing structures
- Existing and proposed wells
- Existing and proposed septic system, including drainfield and septic tank
- Ordinary high water level (work below the ordinary high water level may require additional permitting)
- Top of bluff, if applicable

**YES    NO**

       **Is your proposed project staked?** The applicant is responsible for disclosing where the property lines are located. If your project is not staked, your application is not complete and will be returned or denied.

**You or your authorized agent are required to attend the Planning Commission meeting to answer questions about the application. You will be notified of the date and time of the meeting.**

**All work must begin within one (1) year of issuance.**  
**Data furnished on this application form is public information.**

I hereby certify that I am the owner or authorized agent of the owner of the above property and that all uses will conform to existing state laws and local ordinances. 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 attachment thereto will serve to make this application and any resultant permit invalid.

\_\_\_\_\_  
Please print **NAME OF PERSON** responsible for completion of this application

\_\_\_\_\_  
**APPLICATION DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT OR REPRESENTATIVE**

