



DEPARTMENT OF PLANNING, ZONING, AND SOLID WASTE
 635 Northridge Dr NW, Suite 250 • Pine City, MN • 55063
 (320) 216-4220 • (800) 450-7463 Ext: 4220 • Fax (320) 591-1640

*** FILL OUT COMPLETELY ***

APPLICATION FOR PROPOSED PROJECT EVALUATION

Applicant Name: _____

Property Owner Name (if different): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Daytime Phone No.:** _____

Legal Description of Property Where the Project is Located
 Lot: _____ Block: _____ Subdivision: _____ Gov't Lot _____
Property Address: _____
 Section: _____ Township: _____ Range: _____ Parcel # (from Tax Statement): _____

- Inspection is Requested for:** (please check)
1. _____ Proposed Project Evaluation (brief description) _____
 2. _____ High Water Elevation (*Shoreland Only*. This does **not** include determination of the 100 year floodplain elevation.)
 3. _____ Determine landward extent of shorelands.

Results of On-Site Inspection to be sent to (if other than applicant):
 Name: _____ Address: _____ Zip Code: _____

The fee for an on-site inspection is \$100, and it must accompany the application.
Receipt # _____ Check # _____

NOTE: This application is a request for information only. It does not eliminate the requirement to obtain permits, and the results of the requirement to obtain permits and the results of the on-site inspection are not a substitute for the information required with permit applications.

The undersigned acknowledges the above information and hereby permits Pine County Officials to enter upon the subject property during normal business hours for the purpose of such tests and inspections as may be appropriate for County Officials to process this application.

Signature of Applicant **Date**

Revised 8/4/15