

13632 Van Buren Street NE | Ham Lake, MN 55304 Phone (763) 755-0975

For	Office Use Only
Permit App. #:	
Date Received:	
Amount/Payer:_	
Check Number:	

Technical Assistance Application

Electronic Submission of Application and Materials is preferred (permitsubmittals@cooncreekwd.org)

		Project Info	ormation			
Project Name:						
Project Location:						
City or Township:		Zip:	County:			
Quarter:	Section:				Range:	W
Project Request of	or Purpose:				g <u></u>	
		Contact Info				
			permit status updates)	1	a a sur l'antinu la ala	\
Nesses	lowner(must be landowner		olaer of recora, and	a must sigi	п аррисатіоп реіо	w):
			Dhanai			
Address:			Phone: _			
City:	State:		Email:			
Official Dommoco	manative (de met eemmlete	:6b	a a l.			
-	ntative (do not complete	ir same as abo	ove):			
Name:			_			
Address:			Company: _			
			Phone:			
City:	7in					
State:	Zip	·	Email: _			
			4.0			
	Required Application	on Materials	1 Copy of Each	Listed Be	elow	
	Map showing Property Bo			ess), Struc	tures, and	
		Proposed Proje				
	All work d	one on a time	e and materials i	basis.		
	**Note: Permits from oth	ner local, state,	or federal agencie	es may be	required.	
Applicant Sign	ature					
			D-1-	· · · · · · · · · · · · · · · · · · ·		
			Date			

This permit application shall be deemed authorization for CCWD staff to enter and inspect the property listed on this application.