CRWD PERMIT APPLICATION

Capitol Region Watershed District
595 Aldine Street • Saint Paul, MN 55104
T: 651-644-8888 • F: 651-644-8894 • capitolregionwd.org

To Be Completed by CRWD:
Permit Number _____
Amt Rec'd_____ Date _____
Received From _____

_____ _____ _____
Name of Proposed Project **Address/Intersection** **City**

_____ _____ _____
Disturbed Area (ac) **Reconstructed Impervious Area (ac)** **Proposed Work**

Rule Applicability (check all that apply):
☐Rule C – Stormwater Management ($1500) ☐Rule D – Flood Control ($1500) ☐Rule E – Wetland Management ($1500)
☐Rule F – Erosion and Sediment Control ($500) ☐Rule G – Illicit Discharge and Connection ($500)

The undersigned hereby acknowledges by signing this Permit Application, the undersigned, its agents, assigns, and/or representatives (hereinafter "Permittee") **shall abide by** all the standard conditions and special terms and conditions of the Capitol Region Watershed District Permit as set forth in the District Rules and approved project specific plan documents.

Any work which **violates the terms of the permit** may result in the Watershed District issuing a **Stop Work Order** which shall immediately cause the work on the project relating to the permit to cease and desist. All work on the project shall cease until the permit conditions are met and approved by the Capitol Region Watershed District staff.

Any attorneys' **fees, costs or other expenses** incurred on behalf of the Watershed District in enforcing the terms of the permit shall be the sole **expense of the undersigned**. Costs shall be payable from the Permittee's escrow account. If said fees exceed the surety amount, the Permittee shall have ten (10) days from the date of the receipt of the invoice from the Capitol Region Watershed District to pay for the costs incurred in enforcing the permit, by which to pay the Capitol Region Watershed District for said costs.

The undersigned applicant hereby **agrees to be bound by the terms** of the final permit, standard conditions, and special conditions as may be required by the Watershed District Board for approval of the permit. The undersigned further acknowledges that it has the authority to bind the permit holder, the owner of the property, and/or any entity performing work on the property pursuant to the terms of the Capitol Region Watershed District permit, and hereby shall be responsible for complying with the terms of the Capitol Region Watershed District permit.

_____
Name of Applicant Organization Name
(Site Owner or Project Developer)

_____
Address

_____
City, State, Zip

_____
Phone

_____
Email

_____
Applicant's Contact Name Organization Name
(Consulting Engineer or Project Rep)

_____
Address

_____
City, State, Zip

_____
Phone

_____
Email

By: _____
Applicant Signature