

Goodhue County Land Alteration Permit Application Land Use Management

Permit #

Landowner Info	rmation					
Name						
Mailing Address						
Owner Phone			Email			
Applicant Inform	nation					
Name						
Mailing Address						
Applicant Phone			Email			
Project Informa	tion					
Parcel Number(s)						
Detailed narrative of project requiring a Land Alteration Permit						
Start Date Required Submi Completed and Site Plan		cation	End Date			
Additional info	ormation as co	rresponds	s to request			
All necessary state and federal permits						
Fees paid in fu	<u> </u>					
Landowner Signature						
Applicant Signature						
			County Use			
Application Fee	\$50	Receipt Number			Received Date	
Request complies with	Goodhue Cou		g and Subdivis	ion requi		me
			the Goodhue	County P	lanner/Zoning Admini	strator.
DATE:						
Conditions:						



PROJECT SUMMARY

Please provide answers to the following questions in the spaces below. If additional space is needed, you may provide an attached document.

1. Anticipated landscaping, grading, excavation, filling, and vegetation removal activities.
2. Existing and proposed surface-water drainage provisions.
3. Potential for generation of noise, odor, or dust and proposed mitigation measures.
Traffic generation and congestion, loading and unloading areas, and site access.
5. Proposed sanitary sewage disposal systems, potable water systems, and utility services.
6. Existing and proposed exterior lighting.
7. Provide any other such information you feel is essential to the review of your proposal.