



APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES
(Please Print or Type)

Applicant's Name (First, MI, Last)	Day Time Phone Number	Cell Phone Number
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)	Fire # / 911 #	Lake Residence Phone Number
Permanent Mailing Address (Indicate if it is the same as above)	E-mail Address	
SIZE OF AREA PROPOSED TO BE TREATED: My property extends _____ ft along shore. Proposed treatment area extends _____ ft along shore by _____ ft lakeward, out to a depth of _____ feet and/or a channel _____ feet long and _____ feet in width extending to open water.		

By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisance as described above. I understand that the control of aquatic nuisances, including destruction of aquatic plants and algae, is subject to rules of the Commissioner of Natural Resources. I understand that an Aquatic Plant Management Specialist may wish to inspect the proposed treatment area before, during, and/or after work is completed and that by making this application I give permission to the specialist to enter my property to make such inspection at reasonable times. I understand that an annual report will be required on results achieved.
Completion of this form and processing of the accompanying application fee does not constitute obtaining a permit.

Applicants Signature	Date
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