



Temporary Grading and Filling Permit

www.co.redwood.mn.us

Location of the Extraction:

Permit #: _____ Date: _____

Address: _____ City: _____ State: MN Zip: _____
House # Street Name

Parcel #: _____ Township: _____ Section: _____ Twp #: _____ Range: _____

Legal Description:

Information about the Extraction:

Zoning District: _____

Soil Type 1: _____

Soil Type 2: _____

General description of the extraction: NOTICE: Change of land use may affect your property taxes.

Number of acres to be extracted: _____

Type of Road: _____ Right-of-Way width measured from centerline _____

Setbacks: (Please enter in feet)

Setback from the Center of the Road: _____

Side Yard Setback: _____ Direction: _____

Side Yard Setback: _____ Direction: _____

Rear Yard Setback: _____ Direction: _____

Starting Date: _____ Date of Completion: _____ (maximum 1 year)

Drainage Plan:

Landscape and screening plans:

Water plan (estimated water use):

Statement addressing noise, vibration, glare, heat, smoke, particle matter, odors, exterior lighting, toxic or noxious matter, dust, etc:

Reclamation plan: (Attach Map)

Estimated Cost of Reclamation: _____

Applicant Information:

First Name: _____ Last Name: _____

Business Name: _____

Address: _____ City: _____ State: MN Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Operator Information: (Complete only if different from Applicant)

First Name: _____ Last Name: _____

Business Name: _____

Address: _____ City: _____ State: MN Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Land Owner Information: (Complete only if different from Applicant)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: MN Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

I affirm that the forgoing information is true and accurate. I understand that if any portion of this information is false or materially misleading, any conditional use permit issued in reliance upon this information is voidable at the election of Redwood County.

Land Owner Signature: _____ Date: _____

Please attach the following information:

A detailed site map. This must include: soil types, topography, location of watercourses, outline of maximum area to be excavated, setbacks from property lines, vertical profile of area to be excavated including overburden, proposed and existing locations of any structures, stockpiles or operation areas, location and names of roads, railroads, known tile lines, proposed fences, utility rights-of-way, planned entrances and exits for operation area, road routes for heavy equipment and any signs being posted.

Office Use Only: * The section below is to be filled out by the Environmental Office Staff

Permit Fee: \$40.00 Receipt #: _____ Date Approved: _____

Comments:

Zoning Officer: _____ Date: _____

Zoning Administrator: _____ Date: _____