



Land Alteration Permit Application

Staff Use Only
Permit # _____

Landowner Information

Name			
Mailing Address			
Owner Phone		Email	

Applicant Information

Name			
Mailing Address			
Applicant Phone		Email	

Project Information

Parcel Number(s)			
Detailed narrative of project requiring a Land Alteration Permit			
Start Date		End Date	

Required Submittals

Completed and Signed Application	
Site Plan	
Additional information as corresponds to request	
All necessary state and federal permits	
Fees paid in full	

Landowner Signature	
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Applicant Signature	
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County Use

Application Fee	\$50	Receipt Number	Received Date
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Request complies with Goodhue County Zoning and Subdivision requirements as attested by me

_____ the Goodhue County Planner/Zoning Administrator.

DATE: _____

Conditions: _____



GOODHUE COUNTY LAND ALTERATION PERMIT APPLICATION

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.

- 4. 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.
