

Shaver's Lake Preservation Association

# 27008600

MN DNR APM PERMIT APPLICATION

+-101513-16

**APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES**  
 (The deadline to apply for a permit for chemical control of submerged or floating-leaf plants is August 1)  
 (This application does not constitute a permit. PLEASE PRINT OR TYPE)

<b>I. APPLICANT INFORMATION</b>		
(First, MI, Last)	Association (if applicable)	Day Time Telephone or Cell Number
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)	Fire # or 911 #	Lake Residence Telephone Number
Permanent Mailing Address (Indicate if it is the same as above)		Email Address
<b>II. LAKE INFORMATION</b>		
Lake Name (and bay if applicable)	County	Length of Shoreline I own Ft.
<b>III. PERMIT HISTORY:</b> Have you received an aquatic plant management permit at this address before? Yes <input type="checkbox"/> No <input type="checkbox"/> Permit number (if known)		
If Yes: do you want the permit issued the same as in past years. Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" an inspection may be needed.		

By signing this application I attest that I own, lease or control the land at the address listed above. The information submitted and the statements made concerning this application are true and correct to the best of my knowledge.

Applicants Signature	Date
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