



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

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|--|------------------------------|------------------------------------|
| Applicant's Name (First, MI, Last) | Day Time Phone Number | Cell Phone Number |
| Lake Home Address (# and street, RFD, Box #, City, State, Zip Code) | | 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 _____ feet lakeward, and/or in a channel _____ feet long and _____ feet in width extending to open water.

TYPE OF CONTROL Mechanical or Herbicide : PLANT OR NUISANCE - check all that apply-

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|---------------------------------------|--------------------------|---------------------------------------|--------------------------|---|--------------------------|
| Submersed Plants (ex: Coontail) | <input type="checkbox"/> | Duckweed | <input type="checkbox"/> | Filamentous Algae | <input type="checkbox"/> |
| Floating-leaf Plants (ex: Water Lily) | <input type="checkbox"/> | Plankton Algae | <input type="checkbox"/> | Chara | <input type="checkbox"/> |
| Emergent Plants (ex: Bulrush) | <input type="checkbox"/> | Floating Bog (no fee) | <input type="checkbox"/> | Snails (swimmer's itch) | <input type="checkbox"/> |
| | | | | Leeches | <input type="checkbox"/> |

By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisances 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.**

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| Applicants Signature | Date |
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