

# Pioneer-Sarah Creek Watershed Management Commission Request for Plan Review

## Administrative Office

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Plymouth, MN 55447  
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Date: \_\_\_\_\_

Please **Print** Clearly

Fee Submitted: \$ \_\_\_\_\_

**Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Agent:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

## Application for Approval of:

Residential Development  
Commercial/Industrial Development  
Wetland Alteration  
Wetland Delineation  
Other

Wetland Determination  
Exemption Certificate  
Replacement Plan  
Banking Determination  
Other

Pond Excavation  
Floodplain Alteration  
Drainage Alteration  
Road Construction  
Other

**Project Name:** \_\_\_\_\_

Project Location - City or Town: \_\_\_\_\_ PID#: \_\_\_\_\_

Total Acres: \_\_\_\_\_ Acres Disturbed: \_\_\_\_\_

Acres Impervious Before Development: \_\_\_\_\_

Acres Impervious After Development (incl. gravel roads and parking areas): \_\_\_\_\_

For Residential Developments: Number of Lots: \_\_\_\_\_ Lot Density: \_\_\_\_\_

Anticipated Project Start Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

## Applicant's Signature:

Print Name: \_\_\_\_\_ **x** \_\_\_\_\_

Submit this form to the City along with three copies of the required plans and the appropriate fee (check made payable to "Pioneer-Sarah Creek Watershed Management Commission"). The City will forward two copies and the fee payment to the Commission. A letter will be transmitted to the applicant following approval by the Commission. For submittal requirements, see Commission Plan Review Requirements packet.