Pioneer-Sarah Creek Watershed Management Commission Request for Plan Review

Administrative Office

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Date: _____ Please Print Clearly Fee Submitted: \$ Applicant: Address: ______ Zip Code: City: Phone: ()_____ Fax: ()_____ Email:____ Address:_____ City: Zip Code:_____ Phone: () Fax: () Email: **Application for Approval of:** Residential Development Erosion and Sediment Control Pond Excavation Commercial/Industrial Development Drainage Alteration Road Construction Wetland Alteration Floodplain Alteration Other Project Name: Project Location - City or Town: PID#: 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:** X **Print Name:** CITY REVIEW SIGNATURE

Submit this form to the City along with digital plans **or** 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. *J:\Pioneer-SarahCreek\Projects\ApplicationForm_2022.doc*