Permit Number:	Date Received:	Parcel Number:		Fee \$50.00
	City of Vergas Ap	plication for Grade		
Property Description:	:			
Lake#	Lake Name	Parcel Nu	ımber	.

	-			
	lock, A			
	feet, Len			
Property Owner:				
Address of Project pro	perty:			
Mailing Address:				
Phone:				
Contractors Name:		,		
License Number:	Ph	one:		
Address				
If the project dist the Minnesota Po	project area(s) must be sturbs more than 1 acre of lultion Control Agency.	and, you are required	to obtain a General S	Storm Water Permit fron
On a separate paper, attache Please describe the project:	ed to this application, please	draw a scale drawing of	the project.	
Detailed Information: Area to be cut/excave	atedlength _	width	depth	
Area to be filled/leve	eledlength _	width	depth	
Culvert(s) yes	no If yes, you n	nust indicate size and loca	ation on drawing.	
Type of soils and/or fill mater	cial			
Total cubic yards of earthmov	ving requested			
Signature of property owner		Date		