

Lake address:

Name:

Member #

Did you have your shoreline treated last year?
Do you have any changes to the area treated last year?

Yes ___ No ___
Yes ___ No ___

By signing the form below, I hereby approve control of invasive aquatic plants adjacent to my property as described in the invasive aquatic plant management permit. I understand that the control of aquatic plants is subject to rules of the Commissioner of Natural Resources.



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

Applicant's Name (First, MI, Last)		Day Time Phone Number	Cell Phone Number
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)		Fire # / 911 # N/A	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 _100_ ft lakeward, out to a depth of _10_ feet and/or a channel ____ feet long and ____ feet in width extending to open water.			

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

Applicants Signature	Date
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The layout below shows key dimensions and landmarks (docks, trees, etc) to help weed sprayers identify the portion of my beach that should be treated.

An orange DNR sign will be placed along the shore of treatment areas on the day prior to scheduled treatments. Please leave the signs in place for a minimum of 48 hours after the treatment is completed.

LAKE

LAND



**Lake Demontreville
& Olson Association**