

INSTRUCTIONS
(FOR COMPLETING AN APPLICATION FOR AQUATIC PLANT MANAGEMENT PERMIT)

NOTE: Please **read** the **entire** application **carefully** and provide **all** information requested. If you would prefer to complete the form electronically, a downloadable version of the application can be found online at [http:// www.dnr.state.mn.us/apm/index.html](http://www.dnr.state.mn.us/apm/index.html). **PRINT LEGIBLY** or **TYPE** when completing the application form.

- I. **Applicant Information:** Give your complete Name and Mailing Address (including Zip Code). Include a phone number where you can be reached during business hours. Also give the complete address and fire number of your lake home if it is different from your permanent mailing address. Please include your email address if you have one. Please complete the [multiparty addendum](#) for applications involving more than one applicant.
- II. **Lake Information:** Provide the **lake name** and **county** where your property is located. List the length of your shoreline frontage for this address. **IMPORTANT:** If the lake you live on is a public water supply the DNR must receive approval from the Minnesota Dept. of Health before issuing a permit for chemical treatment. Obtaining this approval may delay the issuance of your permit.
- III. **Permit History:** If you have received an aquatic plant management permit at this address in the past check the yes box and give the permit number if known.

If you want the permit issued the same as past permits indicate by checking the “yes” box (before checking the “yes” box you are strongly encouraged to review the terms of your most recent permit). If you are requesting something other than what was permitted previously check the “No” box.

- IV. **Treatment Information:**
 1. Check the box or boxes that describe the type of control you intend to use.
 2. Please check the box or boxes after the type of vegetation or nuisance you wish to control.
 3. Describe the size of the proposed treatment area. In describing the area to be treated, it is important that you are as accurate as possible because the permit fee, in some cases, is based on the size of the area proposed to be treated.
 4. If you will be doing the treatment yourself please list the name of the product or mechanical device you are proposing to use. If a commercial mechanical control company or commercial aquatic pesticide applicator will be doing the control for you provide the name and address of the company so that we can provide them a copy of your permit.

- V. **Justification:** Explain why aquatic plant control is necessary.

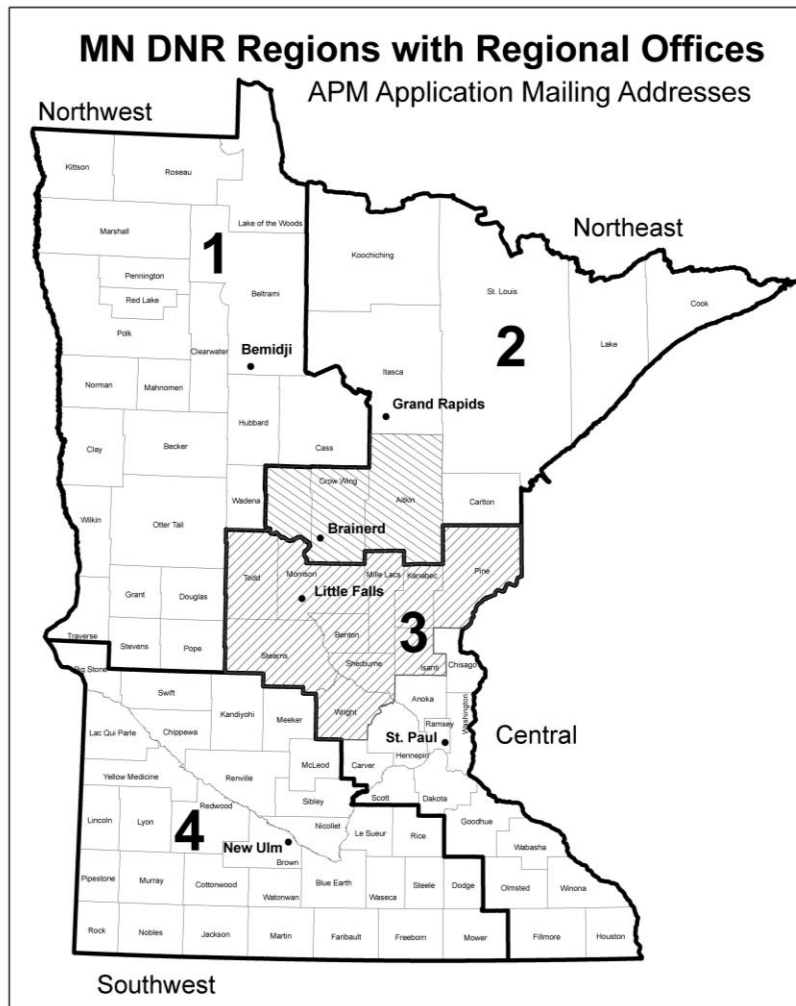
- VI. **Fee Information:** *If two or more treatment types are selected ONLY THE LARGEST FEE WILL APPLY.* Do not send cash. Make checks payable to: Minnesota Department of Natural Resources.

1. The fee for an individual property owner to control submerged, floating-leaf, or emergent aquatic vegetation adjacent to their property is \$35.00; up to a maximum of \$2,500.00 for multiparty applications. On water bodies 20 acres or less in size this fee is \$17.50 per property, up to a maximum of \$1,250.00 for multiparty applications.
2. The fee for duckweed control is \$20.00 per property up to a maximum of \$200.00.
3. Swimmer’s itch (snails), filamentous algae, chara, or leeches, \$4.00 per 100 feet of shoreline, or any portion thereof.
4. Plankton algae treatment is \$20.00 plus \$0.40 per acre up to \$200.00 maximum fee.
5. The fee for offshore (>150 feet from shore) mechanical control of submerged aquatic vegetation is \$35.00 for the first acre, plus \$2.00 for each additional acre up to a maximum fee of \$2,500.00. The fee for offshore mechanical control of rooted vegetation on lakes 20 acres or less in size is \$17.50 for the first acre plus \$1.00 per acres for each additional acre.

- VII. **ENCLOSURES:** Make sure that you enclose and forward **all** items required for the permit application, failure to include the necessary information or fees will delay the processing of your application. **Ensure that you have the required signatures (as noted on the bottom of the application).**

Mail your application and fee to the appropriate Fisheries Office at the address on the reverse side of these instructions. Locate the county where the **Lake** is found on the map and match the regional number with the corresponding regional office address located beneath the map.





NORTHWEST – REGION 1 – Bemidji (plus Lake Osakis)

Department of Natural Resources
Regional Fisheries Manager
2115 Birchmont Beach Road NE
Bemidji, MN 56601
(218) 308-2623

NORTHEAST – REGION 2 – Grand Rapids

Department of Natural Resources
Regional Fisheries Manager
1201 East Highway 2
Grand Rapids, MN 55744
(218) 327-4414

BRAINERD

Includes: Aitkin (excluding South Big Pine), Crow Wing, Southern Cass County, and Mille Lacs Lake
Department of Natural Resources
Aquatic Plant Management
1601 Minnesota Drive
Brainerd, MN 56401
(218) 828-2735

CENTRAL – REGION 3 – St. Paul

Includes: Anoka, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Washington, Goodhue, Wabasha, Olmsted, Winona, Fillmore, and Houston
Department of Natural Resources
Fisheries APM Staff
1200 Warner Road
St. Paul, MN 55106
(651) 259-5807

LITTLE FALLS

Includes: Benton, Isanti, Kanabec, Pine (plus South Big Pine), Mille Lacs (excluding Mille Lacs Lake), Morrison, Sherburne, Stearns (excluding Lakes Koronis and Rice), Todd (excluding Lake Osakis), and Wright Counties (excluding Lake Francis)
Department of Natural Resources
Aquatic Plant Management
16543 Haven Road
Little Falls, MN 56345
(320) 616-2450 – Ext. 235

SOUTHWEST – REGION 4 – New Ulm:

Includes Lakes Koronis and Rice in Stearns County and Lake Francis in Wright County
Department of Natural Resources
Regional Fisheries Manager
261 Highway 15 South
New Ulm, MN 56073-8915
(507) 359-6046

APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES
 (The deadline to apply for a permit for chemical control of submerged or floating-leaf plants is August 1)
 (This application does not constitute a permit. PLEASE PRINT OR TYPE)

I. APPLICANT INFORMATION		
(First, MI, Last)	Association (if applicable)	Day Time Telephone or Cell Number
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)	Fire # or 911 #	Lake Residence Telephone Number
Permanent Mailing Address (Indicate if it is the same as above)		Email Address
II. LAKE INFORMATION		
Lake Name (and bay if applicable)	County	Length of Shoreline I own Ft.
III. PERMIT HISTORY: Have you received an aquatic plant management permit at this address before? Yes No		
Permit number (if known)		
If Yes: do you want the permit issued the same as in past years.		
If "No" an inspection may be needed. Yes No		
IV. TREATMENT INFORMATION		
1. Type of Treatment Proposed. (check all that apply)		
Pesticide	Mechanical (Tools/Harvester)	Automated Device (WeedRoller, Lakemaid, etc.):
Other	Explain:	
2. Type of Aquatic Plant / Organism to be Controlled (check all that apply)		
Submerged Plants (ex: Coontail)	Duckweed	Filamentous Algae and/or Chara
Floating-leaf Plants (ex: Water Lily)	Lakewide Algae	Snails (swimmer's itch) and/or Leeches
Emergent Plants (ex: Bulrush)	Floating Bog (no fee)	
3. Dimensions of Proposed Control Area. I propose to control plants adjacent to shore in an area that extends:		
feet along shore (width) and into the lake a distance of		feet (length).
Plus a channel to open water Yes No		
I propose offshore control of aquatic plants or lakewide algae within		acres
4. Who will be doing the treatment? The Applicant A Commercial Applicator/Mechanical Control Company		
If the applicant is treating, what chemical(s) or mechanical device (give brand name) do you intend to use?		
If a commercial applicator or mechanical control company will be doing the control, please give the name and address of the company		
V. JUSTIFICATION: (explain reason for control)		
VI. FEE INFORMATION: If two or more treatment types are requested, only the largest fee applies.		
		Fee Total
Rooted Aquatic Plant Control (Submerged, Emergent or Floating Leaf Plants): \$35.00 per property (\$2,500.00 maximum) If the lake you live on is 20 acres or less in size your fee is \$17.50 per property (\$1,250.00 maximum)		<input type="text"/>
Duckweed: \$20.00 per property (\$200.00 maximum)		<input type="text"/>
Snails, Filamentous Algae, Chara, or Leech control: \$4.00 per 100 feet of shoreline , or any portion thereof. (\$200.00 maximum) Example: Fee for 150 feet = \$8.00		<input type="text"/>
Lakewide Algae Control: \$20.00 plus \$0.40 per acre , \$200.00 maximum fee (acres to be treated x \$0.40) + \$20.00 = Fee		<input type="text"/>
Offshore Harvest of Submerged Plants (Offshore >150 feet from shore)		
Mechanical Control of Submerged Plants: \$35.00 for the first acre plus \$2.00 each additional acre Maximum of \$2,500.00 (Total # acres to be harvested – 1) x 2 + \$35.00 = Fee		<input type="text"/>
If the lake you live on is 20 acres or less your fee is \$17.50 for the first acre plus \$1.00 for each additional acre.		

Please complete the reverse.



Sketch of treatment area. Include: North arrow, treatment area location (including width and length dimensions), dock – distance from nearest property boundary or nearest identifiable land mark.

Please provide clear driving directions and show the location of your property on the lake with any significant intersections or landmarks:

VII ENCLOSURES	Sketch/Map	Signature	Check or Money Order for Fee	Other
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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.

Make checks payable to: Minnesota Department of Natural Resources

By signing this application I attest that I own, lease or control the land at the address listed above. The information submitted and the statements made concerning this application are true and correct to the best of my knowledge.

Applicants Signature	Date
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