



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)		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 _____ feet lakeward, and/or in a channel _____ feet long and _____ feet in width extending to open water.		

TYPE OF CONTROL Mechanical or Herbicide : PLANT OR NUISANCE - check all that apply-

- | | | |
|-------------------------------------------------------|---------------------------------------|-----------------------------------------|
| Submersed Plants (ex: Coontail) | Duckweed | Filamentous Algae |
| Floating-leaf Plants (ex: Water Lily) | Plankton Algae | Chara |
| Emergent Plants (ex: Bulrush) | Floating Bog (no fee) | Snails (swimmer's itch) |
| | | Leeches |

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

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)		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 _____ feet lakeward, and/or in a channel _____ feet long and _____ feet in width extending to open water.		

TYPE OF CONTROL Mechanical or Herbicide : PLANT OR NUISANCE - check all that apply-

- | | | |
|-------------------------------------------------------|---------------------------------------|-----------------------------------------|
| Submersed Plants (ex: Coontail) | Duckweed | Filamentous Algae |
| Floating-leaf Plants (ex: Water Lily) | Plankton Algae | Chara |
| Emergent Plants (ex: Bulrush) | Floating Bog (no fee) | Snails (swimmer's itch) |
| | | Leeches |

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