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| **Date this Notice was sent:** | **[insert]** |
| **Date Complete Application received:** | **[insert]** |
| **Local Government Unit:** | **[insert]** |
| **County:** | **[insert]** |
| **Applicant and (if applicable) Applicant’s Representative:** | **[insert]** |
| **Project Name/Number:** | **[insert]** |
| **Type of Application (check all that apply):**  **Note:** If a complete boundary/type application (i.e. delineation report) is submitted with another type of application, then check both application types. | Boundary/Type  Sequencing (submitted separately from a replacement plan)  Replacement Plan  Bank Plan  Exemption  Identify which exemption by Rule or Statute Citation: **[insert]**  No-Loss  Identify which provision by Rule or Statute Citation: **[insert]** |
| **For Replacement Plan Applications Only:** | Proposed wetland impacts requiring replacement (acres): **[insert]**  Type of wetland replacement proposed (check all that apply):  Project-Specific. Number of Credits: **[insert]**  Banking. Number of Credits by Bank Account #: **[insert]** |
| **Application Materials (check one):** | Attached  Other (ftp or other accessible file sharing site): **[insert]** |
| **Comments on this Application must be received by (date):**  **Note:** For replacement plan, sequencing, bank plan, and boundary/type applications, the comment period must be at least 15 business days from the date the notice of application is sent. | **[insert]** |
| **Where to send comments:** | Name: **[insert]**  Address: **[insert]**  Email: **[insert]** |
| **Decision-Maker on this Application (check one):** | Staff  Board/Council  Other. Specify: **[insert]**  Specify anticipated decision date if known: **[insert]** |

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## Notice Distribution

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| **Notice Recipients (check all that apply):** | SWCD TEP Member (if different from LGU): **[insert]**  BWSR TEP Member: **[insert]**  DNR Representative: **[insert]**  Watershed District or WMO (if applicable): **[insert]**  [bank.administrator.bwsr@state.mn.us](mailto:bank.administrator.bwsr@state.mn.us) (Bank Plan Applications Only)  Applicant: **[insert]**  Applicant’s Representative (if applicable): **[insert]**  Members of the Public Requesting Notices (if applicable): **[insert]**  Others: **[insert]** |

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| **LGU Representative Name & Signature:** | **[insert]** |