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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[ ]  ExemptionIdentify which exemption by Rule or Statute Citation: **[insert]**[ ]  No-LossIdentify 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 (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]** |