|  |  |
| --- | --- |
| **Date this Notice was sent:** | **[insert]** |
| **Local Government Unit:** | **[insert]** |
| **County:** | **[insert]** |
| **Applicant and (if applicable) Applicant’s Representative:** | **[insert]** |
| **Project Name/Number:** | **[insert]** |
| **Type of Decision (check all that apply):**  **Note:** Boundary/type, sequencing, replacement plan, and bank plan decisions require an associated notice of application prior to the decision being made. | 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]** |
| **Decision:**  **Note:** All replacement plan approvals are conditional upon confirmation from BWSR of withdrawal of specified credits and/or financial assurance received for project-specific replacement. | Denied  Approved.  Valid for  5 yrs (default);  Other. Specify: **[insert]**  Approved with Conditions  List Conditions: **[insert]**  Valid for  5 yrs (default);  Other. Specify: **[insert]** |
| **LGU Representative Name & Signature:** | **[insert]** |

## Decision Timeline

## An LGU must approve or deny a request within 60 days of receiving a complete application per MINN. STAT. § 15.99.

|  |  |
| --- | --- |
| **Date Complete Application Received:** | **[insert]** |
| **Date of Decision:** | **[insert]** |
| **If applicable, date of *written extension* to 60-day decision timeline & number of days extended:**  **Reason for Extension (check one):** | **[insert]**  Other process or decision required to occur before WCA decision.  Describe: **[insert]**  Additional information and/or revision to application submitted.  Applicant request.  Other. Describe: **[insert]** |
| **Date & number of days extended for any *additional written extensions* agreed to by the applicant:** | **[insert]** |

## Decision Summary

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| --- | --- |
| **Technical Evaluation Panel Recommendation (check one):** | No recommendation  Approval or approval with conditions (attach recommendation)  Denial (attach recommendation) |
| **LGU Findings (check all that apply):** | Findings attached  Findings: **[insert]**  Other attachments. Specify: **[insert]** |
| **For Replacement Plan Decisions *Only*:** | Total wetland impacts requiring replacement (acres): **[insert]**  Type of wetland replacement (check all that apply):  Project-Specific. Number of Credits: **[insert]**  Banking. Number of Credits by Bank Account #: **[insert]** |

## Notice Distribution

|  |  |
| --- | --- |
| **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 Decisions Only)  Applicant: **[insert]**  Applicant’s Representative (if applicable): **[insert]**  Members of the Public Requesting Notices (if applicable): **[insert]**  Others: **[insert]** |

## Appeal Process

|  |  |
| --- | --- |
| **Appeal Process (check one):** | Local Appeal Process (if established). Specify How to Appeal: **[insert]**  Board of Water & Soil Resources (see instructions below) |
| **If there is no established Local Appeal Process indicated above, an appeal of this decision may be made to BWSR per the instructions to the right.**  **Note:** Decisions are not final until the 30-day appeal window ends. | Mail or email written request to appeal sent to BWSR within 30 days of date this notice was sent. Include copy of this notice, name and contact information of appellant(s) and their representative(s) (if applicable), a statement clarifying intent to appeal, and supporting information as to why the decision is in error.  Mail check payable to MN Board of Water & Soil Resources for $500.  Send to:  Appeals & Regulatory Compliance Coordinator  Minnesota Board of Water & Soil Resources  520 Lafayette Road North  St. Paul, MN 55155  [travis.germundson@state.mn.us](mailto:travis.germundson@state.mn.us). |