



**APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES**  
(Please Print or Type)

<b>Applicant's Name (First, MI, Last)</b>	<b>Day Time Phone Number</b>	<b>Cell Phone Number</b>
<b>Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)</b>	<b>Fire # / 911 #</b>	<b>Lake Residence Phone Number</b>
<b>Permanent Mailing Address (Indicate if it is the same as above)</b>	<b>E-mail Address</b>	

**SIZE OF AREA PROPOSED TO BE TREATED:** My property extends \_\_\_\_\_ ft along shore. Proposed treatment area extends \_\_\_\_\_ ft along shore by \_\_\_\_\_ ft lakeward, out to a depth of \_\_\_\_\_ feet and/or a channel \_\_\_\_\_ feet long and \_\_\_\_\_ feet in width extending to open water.

By signing this form 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.

<b>Applicant's Signature</b>	<b>Date</b>
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