



INSTRUCTIONS
(FOR COMPLETING AN APPLICATION FOR AQUATIC PLANT MANAGEMENT PERMIT)

NOTE: Please read the entire application carefully and provide all information requested. To expedite your application, you may apply online at: <https://webapps11.dnr.state.mn.us/mpars/public/authentication/login>.

PRINT LEGIBLY or **TYPE** when completing the application form.

- I. **Applicant Information:** Give your complete Name, Mailing Address (including Zip Code), and a phone number where you can be reached during business hours. Also give the complete address of your lake home if it is different from your permanent mailing address. Include your email address if you have one.
- II. **Lake Information:** Provide the **lake name** and **county** where your property is located. List the length of your shoreline frontage for this address. **IMPORTANT:** If the lake you live on is a public water supply the DNR must receive approval from the Minnesota Dept. of Health before issuing a permit for pesticide treatment. Obtaining this approval may delay the issuance of your permit.
- III. **Permit History:** If you have received an aquatic plant management permit at this address in the past, check the "Yes" box and give the permit number if known. If you want the permit issued the same as past permits, indicate by checking the "Yes" box (before checking the "Yes" box you are strongly encouraged to review the terms of your most recent permit). If you are requesting something other than what was permitted previously, check the "No" box.
- IV. **Treatment Information:**
 1. Check the box or boxes that describe the type of control you intend to use.
 2. Please check the box or boxes after the type of vegetation or nuisance you wish to control.
 3. Describe the size of the proposed treatment area. In some cases, the permit fee is based on the size of the area proposed to be treated so describe the treatment area as accurately as possible.
 4. If you will be doing the treatment yourself, please list the product or device you are proposing to use. If a commercial company will be doing the control for you, provide the name and address of the company so that we can provide them a copy of your permit.
- V. **Justification:** Explain why aquatic plant control is necessary.
- VI. **Enclosures:** Make sure that you enclose and forward all items required for the permit application; failure to include the necessary information will delay the processing of your application.
Ensure that you have the required signatures (as noted on the bottom of the application).

Mail your application to the appropriate Fisheries Office at the address on the reverse side of these instructions. Locate the county where the Lake is found on the map and match the regional number with the corresponding regional office address located beneath the map.

Fee Information: This information is included for your convenience. **Do not send payment at this time.** You will receive an invoice from the DNR once staff have received and confirmed your application.

Control Type	Lake size, if applicable	Fee	Maximum fee per permit
Rooted Aquatic Vegetation (Submersed, Emergent, Floating-leaf)	>20 Acres	\$35.00/Property	\$2500
	≤20 Acres	\$17.50/Property	\$1250
Duckweed		\$20.00/Property	\$200
Snails, Leeches, Chara, Filamentous Algae Control		\$4.00 /every 100 feet of shoreline	\$200
Lakewide Algae Control		\$20.00 + \$0.40/Acre	\$200
Offshore Harvest of Submersed Plants (more than 150feet from shore)	>20 Acres	\$35.00 for 1 st Acre + \$2.00 each additional Acre	\$2500
	≤20 Acres	\$17.50 for 1 st Acre + \$1.00 each additional Acre	\$1250

If two or more treatment types are selected ONLY THE LARGEST FEE WILL APPLY.

Aquatic Plant Management Permitting Staff Contact Info



NORTHWEST - REGION 1

BEMIDJI OFFICE

2115 Birchmont Beach Road NE

Bemidji, MN 56601

(218) 308-2623

Includes: Becker, Beltrami, Cass (Northern), Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Marshall, Mahnomen, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Lake Osakis (Todd), Traverse, Wadena, Wilkin

NORTHEAST – REGION 2

BRAINERD OFFICE

1601 Minnesota Drive

Brainerd, MN 56401

(218) 203-4342

Includes: Aitkin (excluding South Big Pine), Carlton, Cass County (Southern Part) Cook, Crow Wing, Itasca, Koochiching, Lake, St. Louis

CENTRAL – REGION 3

SAINT PAUL OFFICE

1200 Warner Road

St. Paul, MN 55106

(651) 259-5816

Includes: Anoka, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Washington, Goodhue, Wabasha, Olmsted, Winona, Fillmore, and Houston

LITTLE FALLS OFFICE

16543 Haven Road

Little Falls, MN 56345

(320) 232-1079

Includes: Benton, Isanti, Kanabec, Pine (plus South Big Pine), Mille Lacs (including Mille Lacs Lake), Morrison, Sherburne, Stearns (excluding Lakes Koronis and Rice), Todd (excluding Lake Osakis), and Wright Counties (excluding Lake Francis)

SOUTHWEST – REGION 4

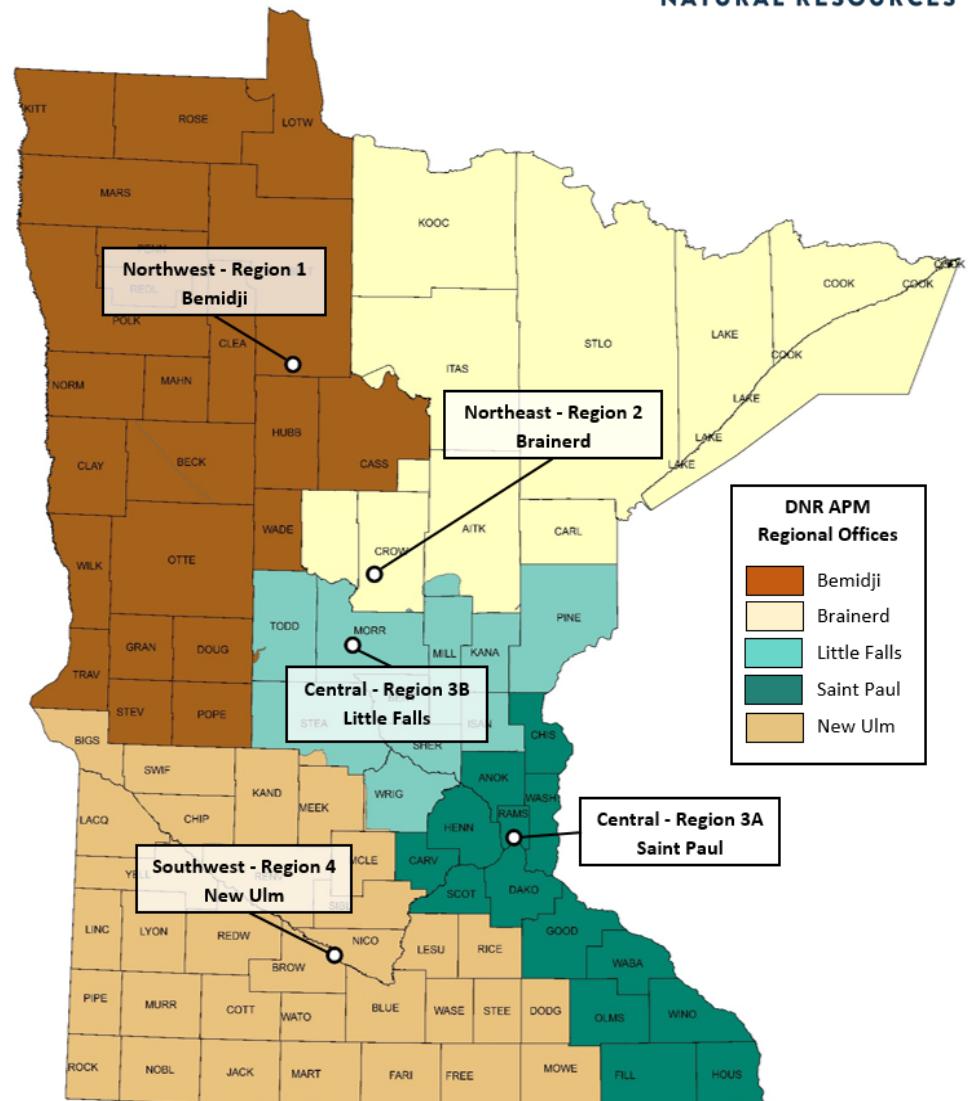
NEW ULM OFFICE

21371 State Highway 15

New Ulm, MN 56073

(507) 233-1218

Includes: Lakes Koronis and Rice in Stearns County and Lake Francis in Wright County, Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Dodge, Faribault, Freeborn, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Mower, Nicollet, Nobles, Pipestone, Rice, Redwood, Renville, Rock, Sibley, Steele, Swift, Waseca, Watonwan, Yellow Medicine





DEPARTMENT OF NATURAL RESOURCES

Application for a Permit to Control: Aquatic Plants, Algae, Swimmer's Itch, and Leeches

(The deadline to apply for a permit for chemical control of submerged or floating-leaf plants is August 1)
(This application does not constitute a permit. PLEASE PRINT OR TYPE)

I. APPLICANT INFORMATION		
(First, MI, Last)	Association (if applicable)	Day Time Telephone or Cell Number
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)		Lake Residence Telephone Number
Permanent Mailing Address (Indicate if it is the same as above)		Email Address
II. LAKE INFORMATION		
Lake Name (and bay if applicable)	County	Length of Shoreline I own Feet
III. PERMIT HISTORY: Have you received an aquatic plant management permit at this address before? Yes No Permit number (if known): _____		
If Yes: do you want the permit issued the same as in past years. Yes No If "No" an inspection may be needed.		
IV. TREATMENT INFORMATION		
1. Type of Treatment Proposed. (check all that apply)		
Pesticide	Automated Device, list Device brand: _____	
Mechanical; list method: _____	Other; explain: _____	
2. Type of Aquatic Plant / Organism to be Controlled (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		
3. Dimensions of Proposed Control Area. I propose to control plants adjacent to shore in an area that extends:		
_____ feet along shore (width) and into the lake a distance of _____ feet (length), and/or		
in a channel to open water _____ feet in width.		
I propose offshore control of aquatic plants or lakewide algae within _____ acres		
4. Who will be doing the treatment The Applicant A Commercial Applicator/Mechanical Control Company		
If the applicant is treating, what chemical(s) or mechanical device (give brand name) do you intend to use?		
If a commercial control company will be doing the control, please give the name and address of the company:		
V. JUSTIFICATION: (Select the most appropriate option)		
Control Invasive Species	Protect or Improve habitat	
Enhance Recreational Use	Provide Riparian Access	
Manage Water Levels		

Sketch of treatment area. Include: North arrow, treatment area location (including width and length dimensions), dock – distance from nearest property boundary or nearest identifiable land mark.

Please provide clear driving directions and show the location of your property on the lake with any significant intersections or landmarks:

VII ENCLOSURES	Sketch/Map	Signature	Other
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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 application form does not constitute obtaining a permit.

By signing this application I attest that I own, lease or control the land at the address listed above. The information submitted and the statements made concerning this application are true and correct to the best of my knowledge.

Applicant's Signature	Date
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Do not include payment with this application.

You will receive an invoice from DNR staff once your application has been processed.