



COUNTY OF BECKER

Planning and Zoning

915 Lake Ave, Detroit Lakes, MN 56501
Phone: 218-846-7314 ~ Fax: 218-846-7266

Surface Water Use Ordinance Request

Form must be legible and completed in ink or typed.

Applicant Name(s): _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

E-mail address _____

Lake Name and DNR lake ID number: _____ Township Name: _____

Type of surface water use ordinance preferred:

- a. _____ Time zoning (may be used in conjunction with other zoning methods).
_____ days of the week or times requested.
- b. _____ Directions of travel, specify or show on an attached map.
- c. _____ Motor size or type restrictions.
_____ specify restrictions requested (e.g. no motor, electric, 10 hp, 25 hp, etc.)
- d. _____ Speed limit

Is the ordinance request for the entire lake? (Yes) (No). If no, attach a map of the lake that clearly shows the area(s) of the lake where the ordinance applies.

Describe why a surface water use ordinance is requested (attach additional sheets if needed):

The Department of Natural Resources Surface Use Worksheet must be attached.

Signature of Applicant

Date

Office Use Only:

Date received: _____ Rec'd by: _____ Receipt # : _____

Date heard by Planning Commission: _____

Planning Commission Recommendation: _____