**APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES**

*(Please Print or Type)*

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

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

TYPE OF CONTROL Mechanical ☐ or Herbicide ☐: PLANT OR NUISANCE - check all that apply-

Submersed Plants (ex: Coontail) ☐
Floating-leaf Plants (ex: Water Lily) ☐
Emergent Plants (ex: Bulrush) ☐

Duckweed ☐
Plankton Algae ☐
Floating Bog (no fee) ☐

Filamentous Algae ☐
Chara ☐
Snails (swimmer's itch) ☐
Leeches ☐

By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisances 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.**

| **Applicants Signature** | **Date** |
|---|---|
| | |

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