



LEECH LAKE BAND OF OJIBWE
LLR LAND USE ORDINANCE NO. 2006-01
UPPER MISSISSIPPI RIVER CONSERVATION ORDINANCE NO. 81-06
Land Department, Division of Resources Management
115 6th Street NW, Suite E
Cass Lake, Minnesota 56633

APPLICATION FOR LAND USE PERMIT

Application Fee: \$ _____

Date _____

NAME _____

Telephone #'s _____

ADDRESS _____

Reservation Enrolled _____

LOT IS: Privately Owned Leased

USED: Year Around Seasonally

LEGAL DESCRIPTION: _____

DIMENSIONS OF LOT/FRONT FOOTAGE IF LAKESHORE: _____

EXISTING BUILDINGS/IMPROVEMENTS INCLUDE: _____

TYPE OF EXISTING OR PROPOSED SEWAGE DISPOSAL SYSTEM: _____

PROPOSED CONSTRUCTION and/or CHANGES/ADDITIONS to LAND and/or IMPROVEMENTS: _____

SIZE & TYPE OF TREE(S) TO BE REMOVED, IF NECESSARY: _____

FOR OFFICE USE ONLY

SITE INSPECTION CONDUCTED: _____

DATE: _____

COMMENTS: _____

PERMIT APPROVED: _____ SUBJECT TO THE FOLLOWING CONDITIONS, IF ANY:

HERITAGE SITES: _____

FOREST MANAGEMENT: _____

ENDANGERED SPECIES: _____

WATER/WETLANDS PROGRAM _____

- **Proof of ownership or lease, i.e., Copy of Deed, Lease, Current Tax Statement if it includes entire legal description**
- **Beginning Date _____ and Ending Date _____ of Project.**
- **If new construction, blueprints or drawing of building plans must be attached.**
- **Include a drawing showing the size and location of the structures or other buildings to be placed on the lot in relation to the lakeshore and/or lot boundaries.**
- **For well/sanitation facilities, include the design and contractor's name; if trust land, lessee must mark on the ground where the land will be disturbed (for archaeological survey purposes).**

Land Use Administrator:

Pauline Johnston

Telephone: 1-800-442-3942, ext. 7420 or 218/335-7420

Fax: 218/335-7452

Project Review Check Sheet

This sheet must be completed and approved prior to implementation of the project

Project Name: _____
Project Location: _____
Project Description: _____

Program Reviews:

Archeological Resources: ___ Approve ___ Approve with conditions ___ Disapprove

Signature _____ Date _____

Comments _____

Traditional Cultural Properties: ___ Approve ___ Approve with conditions ___ Disapprove

Signature _____ Date _____

Comments _____

Environmental: ___ Approve ___ Approve with conditions ___ Disapprove

Signature _____ Date _____

Comments _____

Wetlands: ___ Approve ___ Approve with conditions ___ Disapprove

Signature _____ Date _____

Comments _____

Plant Resources: ___ Approve ___ Approve with conditions ___ Disapprove

Signature _____ Date _____

Comments _____

Ecological Resources: ___ Approve ___ Approve with conditions ___ Disapprove

Signature _____ Date _____

Comments _____

Fish and Wildlife: ___ Approve ___ Approve with conditions ___ Disapprove

Signature _____ Date _____

Comments _____

Forestry: ___ Approve ___ Approve with conditions ___ Disapprove

Signature _____ Date _____

Comments _____

Review by DRM Director:

___ I recommend approval of this project.

___ I recommend approval of this project with conditions.

___ I do not recommend approval of this project for the reason(s) written below.

___ This project cannot be approved because it will put us in violation of laws, ordinances, or traditional values of the reservation.

Write comments below.

Signature _____ Date _____