

Name: _____ Town of _____ Parcel # _____ E, _____ N, R _____, T _____, Sec. _____, 1/4 _____, 1/4 _____

Total Fee: _____ (Plan Review fee+ Acreage fee) NMM Permit # _____

Receipt #: _____ Date Received: _____

LINCOLN COUNTY Nonmetallic Mining Reclamation Permit Application for New & Reopened Mines

Applicant/Operator:	Property Owners: (if different from Applicant/Operator)
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

LEGAL PROPERTY DESCRIPTION: (ATTACH COPY OF MAP IF DESIRED)

GL _____ 1/4 _____ 1/4, Section _____ T _____ N R _____ E Town of: _____

PARCEL NUMBER(S): _____ Pit Name: _____

ATTACHMENTS

RECLAMATION PLAN – [OFFICE ONLY - Date received in Zoning _____]
Attach proposed Reclamation Plan

FINANCIAL ASSURANCE – [OFFICE ONLY - Date received in Zoning _____]
Attach financial assurance or bond

FEES:

Reclamation Plan Review : _____ Associated Fee: \$300.00

Estimated acreage of proposed un-reclaimed land for _____ (Year) _____ (Acreage) Associated Fee: _____

OPERATOR CERTIFICATION:

I hereby certify, as a duly authorized representative or agent, that the operator listed above will comply with the statewide nonmetallic mining reclamation standards established in NR 135 Wis. Adm. Code. The contractor will also provide a completed reclamation plan and financial assurance. I hereby certify that the information contained herein is true and accurate. I also certify that I am entitled to apply for a permit, or that I am the duly authorized representative or agent of an applicant who is entitled to apply for a permit. I hereby grant Lincoln Co. permission to enter the property on which the above-specified mine is located and to conduct any and all inspections necessary to administer the reclamation permit. I also certify that I am entitled to grant such permission or that I am the authorized representative or agent of an applicant who is entitled to grant such permission.

Signature of Applicant/Operator or Duly Authorized Representative:	Date Signed:
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LANDOWNER CERTIFICATION: (attach 2nd sheet if necessary for signatures)

I/We hereby certify, as the landowner(s) of the referenced property, that we agree with the application & proposed reclamation plan being submitted by the Applicant/Operator or Duly Authorized Representative and that we will allow implementation of this plan.

Signature of Landowner:	Date Signed:
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FOR OFFICE USE ONLY

NMM Permit # _____

TRACKING

DATE OF COMPLETE SUBMITTAL: _____ (30 DAYS AFTER THIS DATE: _____)

DATE OF NMM PUBLIC HEARING: _____
(CANNOT OCCUR SOONER THAN 30 DAYS AFTER COMPLETE SUBMITTAL)

DATE OF CONDITIONAL USE PERMIT HEARING: _____ CUP NUMBER: _____
(MARK N/A IF NOT APPLICABLE)

SOONEST POSSIBLE ISSUANCE DATE: _____ LAST POSSIBLE ISSUANCE DATE: _____
(CANNOT BE ISSUED SOONER THAN 30 DAYS OR AFTER 90 FROM COMPLETE SUBMITTAL DATE)

APPROVAL/DENIAL

THIS APPLICATION IS APPROVED / DENIED (CIRCLE ONE)

PRINT NAME: _____ SIGNATURE: _____

DATE: _____