Leelanau Conservation District

8527 E. Government Center Dr., Ste 205 Suttons Bay, MI 49682 231.256.9783 | klongeleelanau.gov

Date Received	
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Application Fee _

Check No. _____ 🗆 Visa 🗆 MC

For office use. Make checks out to **LCD**. Credit card payment will be requested after application is processed.

VEGETATIVE REMOVAL ASSURANCE PLAN (VRAP) APPLICATION

APPLICANT 🗆 Landowner 🗆 🛙 Name	Designated Agen [.]	t (requires landown	er authorization)		
Address			Phone		
City	State	Zip Code	Email		
LANDOWNER Name					
Address			Phone		
City	State	Zip Code	Email		
CONTRACTOR or EXCAVATOR					
Address			Phone		
City	State	Zip Code	Email		
LOCATION					
Street Address Tax ID Number					
Township	City/Village		Subdivision	Lot No.	
PROJECT DESCRIPTION Describe earth change activities, includin	ig impacts to veg	jetation:			
Size of earth change (acres or sqft)	Start date	End date	Distance to neares If under 500'	t lake, stream, or wetland: If over 500' □	

Landowner's Signature

Date

Designated Agent's Signature (requires landowner authorization)