APPLICATION FOR AQUATIC VEGETATION CONTROL PERMIT

State Form 26727 (R4 / 2-04)
Approved State Board of Accounts 2004

☐ Whole Lake ☐ Multiple Treatment Areas
Check type of permit

INSTRUCTIONS: Please print or type information

FOR OFFICE USE ONLY
License No.
Date Issued
Lake County

Return to:
DEPARTMENT OF NATURAL RESOURCES
Division of Fish and Wildlife
Commercial License Clerk
402 West Washington Street, Room W273
Indianapolis, IN 46204

FEE: $5.00

Applicant's Name	Lake Assoc. Name	
Rural Route or Street		Phone Number
City and State		ZIP Code
Certified Applicator (if applicable)	Company or Inc. Name	Certification Number
Rural Route or Street		Phone Number
City and State		ZIP Code

Lake (One application per lake)	Nearest Town	County
Does water flow into a water supply		☐ Yes ☐ No

Please complete one section for *EACH* treatment area. Attach lake map showing treatment area and denote location of any water supply intake.

Treatment Area #	LAT/LONG or UTM's	
Total acres to be controlled	Proposed shoreline treatment length (ft)	Perpendicular distance from shoreline (ft)
Maximum Depth of Treatment (ft)	Expected date(s) of treatment(s)	

Treatment method: ☐ Chemical ☐ Physical ☐ Biological Control ☐ Mechanical

Based on treatment method, describe chemical used, method of physical or mechanical control and disposal area, or the species and stocking rate for biological control. _____

Plant survey method: ☐ Rake ☐ Visual ☐ Other (specify) _____

Aquatic Plant Name	Check if Target Species	Relative Abundance % of Community

Treatment Area #	LAT/LONG or UTM's	
Total acres to be controlled	Proposed shoreline treatment length (ft)	Perpendicular distance from shoreline (ft)
Maximum Depth of Treatment (ft)	Expected date(s) of treatment(s)	

Treatment method: ☐ Chemical ☐ Physical ☐ Biological Control ☐ Mechanical

Based on treatment method, describe chemical used, method of physical or mechanical control and disposal area, or the species and stocking rate for biological control. _____

Plant survey method: ☐ Rake ☐ Visual ☐ Other (specify) _____

Aquatic Plant Name	Check if Target Species	Relative Abundance % of Community

INSTRUCTIONS: Applicant must sign the application and is the only signature required. If applicant is also a certified chemical applicator, sign the "certified applicator" signature box

Applicant Signature	Date
Certified Applicator's Signature	Date

FOR OFFICE ONLY

☐ Approved ☐ Disapproved	Fisheries Staff Specialist
☐ Approved ☐ Disapproved	Environmental Staff Specialist

Mail check or money order in the amount of $5.00 to:

DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FISH AND WILDLIFE
COMMERCIAL LICENSE CLERK
402 WEST WASHINGTON STREET ROOM W273
INDIANAPOLIS, IN 46204