



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)		Fire # / 911 #	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 _____ ft lakeward, out to a depth of _____ feet and/or a channel _____ feet long and _____ feet in width extending to open water.			
<small>By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisance 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.</small>			
Applicants Signature		Date	

Complete and Sign Here

THIS IS A DNR PERMIT TO TREAT THE ENTIRE LAKE FOR **ALGAE ONLY . WE NEED 51% OF LAKE RESIDENTS TO SIGN AND RETURN IN ORDER TO TREAT THE LAKE. WEED PERMITS NEED TO BE SUBMITTED BY EACH HOMEOWNER INDIVIDUALLY. PLEASE SEE DNR WEBSITES OR CONTACT LAKE MANAGEMENT FOR MORE INFO.**



CONTACT INFORMATION:

Please update your contact information with the Crystal Lake Improvement association.

NOTE: All information is considered private and will only be used for CLIA purposes.

No information will ever be sold.

Crystal Lake Street Address _____

Resident 1 Contact Info

Resident 2 Contact Info

First Name	_____	_____
Last Name	_____	_____
Phone	_____	_____
E mail	_____	_____

The CLIA is printing an updated CLIA Member Directory in the fall of 2022. It will include several ads and discount offers from local companies that many of our members use and recommend. This directory will only be shared with residents of Crystal Lake.

If you are willing to allow the CLIA to share your contact info above in our updated member directory, please check which box the CLIA has your permission to share.

☐ All Contact Info Above
 ☐ Name and Address Only

Comments _____

Crystal Lake Resident Signature _____ Date _____

Please note this signature gives the CLIA permission to print your contact info, as checked in the boxes above, in the updated CLIA Member Directory.