



City of Bayport
 294 North Third Street
 Bayport, Minnesota 55003
 Phone 651-275-4404
 Fax 651-275-4411
<http://bayport.govoffice.com>

City of Bayport Vegetative Cutting Permit

Licensing Requirements

The City of Bayport requires a permit for vegetative cutting; there is no fee for this permit. Selective cutting, defined as the removal of single, scattered live trees or shrubs in excess of six inches in diameter at breast height, may occur on any lot, provided that any cutting on slopes of greater than 18 percent have a soil conservation district revegetation plan and a certificate of compliance prior to issuance of a building permit. **Clear cutting of vegetation is not permitted within any required yard of any lot or parcel within any zoning use district.**

Additionally, properties within the Bluffland and Shoreland Management area must:

- Obtain a permit for any vegetative cutting within 100 feet of the ordinary high water mark, within 40 feet landward of blufflines, and on slopes greater than 12 percent. The permit will be issued only if the cutting, including topping, involves trees less than six inches in diameter at breast height, does not affect the screening of structures from view of the river, maintains the essential character and density of existing growths and continuous canopy cover; involves removal of diseased trees, or is necessary for the maintenance of transportation or utility rights-of-way.

Property Information	
Address of proposed vegetative cutting:	Bayport, MN
Owner Name:	
Home Phone Number:	Work/Cell Phone Number:
Owner Address (if different than above):	
City/State/Zip:	

Applicant/Contractor Information*	Applicant: <input type="checkbox"/> Property owner <input type="checkbox"/> Contractor
<i>* If cutting is to be done by anyone other than the property owner, they must be licensed with the City.</i>	
Applicant Name:	
Mailing Address:	
City/State/Zip:	
Contact Name:	Phone Number:

Description of Vegetative Cutting Request	<i>Include specific size, type, amount, location of vegetation to be cut</i>

Date(s) of vegetative cutting: _____

I have read, understand, and agree to abide by the licensing requirements for vegetative cutting in the City of Bayport. I acknowledge that review and approval of this permit is required by the City and the DNR, prior to beginning any cutting, which may take up to 10 business days.

Applicant: _____

Date: _____

Property Owner: _____

Date: _____

**If you have any questions, please contact City Hall at 651-275-4404 or
DNR Representative Molly Shodeen at 651-772-7915.**

Approved by: _____

For the City of Bayport

Date: _____