



# SANTEE SIOUX NATION / THPO

## LAND DISTURBANCE PERMIT



**FEE – \$150.00**

PERMIT NUMBER: \_\_\_\_\_

NAME OF APPLICANT (INDIVIDUAL OR ENTITY): \_\_\_\_\_

PLEASE CIRCLE ONE:                                      LAND OWNER                                      LESSEE                                      CONTRACTOR

OTHER: \_\_\_\_\_

Title

**PHYSICAL ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION:**

TELEPHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Nature of Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location of Work: \_\_\_\_\_  
\_\_\_\_\_

Legal Description (attach a copy of lease, deed, and map): \_\_\_\_\_  
\_\_\_\_\_

**The SSN retains all rights to intellectual property information obtained and is subject to review and/or change at our discretion. The Santee Sioux Nation requires our own Tribal Monitors to be present before and during all land disturbance activities at the cost of the requestor.**

I attest that all above information is correct and true.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

(APPROVAL) (DENIAL) granted on this \_\_\_\_\_ day, of \_\_\_\_\_, 20\_\_\_\_

PAID BY: Cash \_\_\_\_\_ CHECK (Payable to the SSN Cemetery Board) – Check number \_\_\_\_\_

THPO Personal \_\_\_\_\_ Date: \_\_\_\_\_