



State of Delaware Statewide Activity Approval Authorization Form

Applicant Name:	Address	Phone	Email
Consultant Name:	Address	Phone	Email
Contractor Name:	Address	Phone	Email

Site Address:		Tax Parcel Number:	Nearest Waterbody Name:
Latitude :	Longitude:		
Community/Development Name:			Lagoon width at site:
Existing Permit #:	Name on existing permit:	Is structure grandfathered?	Year constructed:
		____ Yes ____ No	
Do current dimensions match previously permitted dimensions?		Will SPGP-18, SPGP-20, or a Nationwide Permit be utilized?	
____ Yes ____ No		____ SPGP-18 ____ SPGP-20 ____ NWP# ____	

Choose a proposed activity type:					
Repair, tidal or non-tidal		Bank Stabilization		Construction in Lagoons	
Fish habitat enhancement & attraction devices		Scientific Measurement Devices		Aids to Navigation	
Survey Activities					
Structure/Activity Type:	Dimensions (L x W)	New	Repair	Proposed material	Quantity

Signatures:

Applicant Signature: _____ **Date:** _____

I hereby certify that the information on this form and on the attached plans are true and accurate to the best of my knowledge. I understand that the Department may request information in addition to that set forth herein if deemed necessary to appropriately consider this application. I grant Permission to the authorized Department representative(s) to enter upon the premises for inspection purposes during work hours.

Contractor Signature: _____ **Date:** _____

I hereby certify that the information on this form and on the attached plans are true and accurate to the best of my knowledge. I understand that the Department may request information in addition to that set forth herein if deemed necessary to appropriately consider this application.

Owner of Underwater Land's Signature: _____ **Date:** _____

Prepared By: _____ **Date:** _____

Scientist's Signature: _____ **Date Issued:** _____