

**Section 1: Applicant Identification**1. Applicant's Name: **Hulbert Enterprises LLC**Mailing Address: **1110 N Schulz Rd**  
**Fenwick Island DE 19944**Telephone #: **410-952-6467**

Fax #: \_\_\_\_\_

E-mail: **HCBY.investments8@yahoo.com**

2. Consultant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Contractor's Name: **Ron Gossard/Bayshore Marine**Mailing Address: **9836 Shore Break Lane**  
**Unit 101**  
**Berlin MD 21811**Company Name: **Bayshore Marine**Telephone #: **301-748-7364**

Fax #: \_\_\_\_\_

E-mail: **Bayshoremarine@comcast.net****Section 2: Project Description**

4. Check those that apply:

☒ New Project/addition to existing project?☐ Repair/Replace existing structure? (If checked, must answer #16)

5. Project Purpose (attach additional sheets as necessary):

**Remove existing pier and "T" dock, Remove 2) Boatlifts and associated piles. Construct a new 5'x25' Perpendicular pier. Install 2) Boatlifts with associated piles. Max 25' channelward distance.**

6. Check each Appendix that is enclosed with this application:

<input checked="" type="checkbox"/>	A. Boat Docking Facilities	<input type="checkbox"/>	G. Bulkheads	<input type="checkbox"/>	N. Preliminary Marina Checklist
<input type="checkbox"/>	B. Boat Ramps	<input type="checkbox"/>	H. Fill	<input type="checkbox"/>	O. Marinas
<input type="checkbox"/>	C. Road Crossings	<input type="checkbox"/>	I. Rip-Rap Sills and Revetments	<input type="checkbox"/>	P. Stormwater Management
<input type="checkbox"/>	D. Channel Modifications/Dams	<input type="checkbox"/>	J. Vegetative Stabilization	<input type="checkbox"/>	Q. Ponds and Impoundments
<input type="checkbox"/>	E. Utility Crossings	<input type="checkbox"/>	K. Jetties, Groins, Breakwaters	<input type="checkbox"/>	R. Maintenance Dredging
<input type="checkbox"/>	F. Intake or Outfall Structures	<input type="checkbox"/>	M. Activities in State Wetlands	<input type="checkbox"/>	S. New Dredging

**Section 3: Project Location**7. Project Site Address: **1110 N Schulz Rd**  
**Fenwick Island 19944**County: ☐ N.C. ☐ Kent ☒ Sussex

Site owner name (if different from applicant): \_\_\_\_\_

Address of site owner: \_\_\_\_\_

8. Driving Directions: **North on Rt 1. Left on Dagsboro st. Rt on N Schulz. Property on left**

(Attach a vicinity map identifying road names and the project location)

9. Tax Parcel ID Number: **134-23.12-7.00**Subdivision Name: **Fenwick Island****WSLS Use Only:**

Permit #s: \_\_\_\_\_

Type ☐ SP ☐ SL ☐ SU ☐ WE ☐ WQ ☐ LA ☐ SA ☐ MP ☐ WA ☐Corps Permit: SPGP 18 ☐ 20 ☐ Nationwide Permit #: \_\_\_\_\_ Individual Permit # \_\_\_\_\_

Received Date: \_\_\_\_\_ Project Scientist: \_\_\_\_\_

Fee Received? Yes ☐ No ☐ Amt: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Public Notice #: \_\_\_\_\_ Public Notice Dates: ON \_\_\_\_\_ OFF \_\_\_\_\_

**Section 3: Project Location (Continued)**

10. Name of waterbody at Project Location: Little Assawoman Bay waterbody is a tributary to: Assawoman Bay
11. Is the waterbody: ☒ Tidal ☐ Non-tidal Waterbody width at mean low or ordinary high water 1,855'
12. Is the project: ☒ On public subaqueous lands? ☐ On private subaqueous lands?\*
- ☐ In State-regulated wetlands? ☐ In Federally-regulated wetlands?

\*If the project is on private subaqueous lands, provide the name of the subaqueous lands owner:

(Written permission from the private subaqueous lands owner must be included with this application)

13. Present Zoning: ☐ Agricultural ☒ Residential ☐ Commercial ☐ Industrial ☐ Other

**Section 4: Miscellaneous**

14. A. List the names and complete mailing addresses of the immediately adjoining property owners on all sides of the project (attach additional sheets as necessary):

James Wilson 4 Log Church Rd Wilmington D 19807

Angela Ferrogine 2014 Homewood Rd Annapolis MD 21409

- B. For wetlands and marina projects, list the names and complete mailing addresses of property owners within a 1,000 foot radius of the project (attach additional sheets as necessary):

15. Provide the names of DNREC and/or Army Corps of Engineers representatives whom you have discussed the project with:

A. Have you had a State Jurisdictional Determination performed on the property?

☐ Yes ☒ No

B. Has the project been reviewed in a monthly Joint Permit Processing Meeting?

☐ Yes ☒ No

\*If yes, what was the date of the meeting? \_\_\_\_\_

16. Are there existing structures or fill at the project site in subaqueous lands? ☒ Yes ☐ No

\*If yes, provide the permit and/or lease number(s):

SL-033/07 SU-427/08

\*If no, were structures and/or fill in place prior to 1969?

☒ Yes ☐ No

17. Have you applied for or obtained a Federal permit from the Army Corps of Engineers?

☒ No

☐ Pending

☐ Issued

☐ Denied

Date: \_\_\_\_\_

Type of Permit: \_\_\_\_\_

Federal Permit or ID #: SPGP 20

18. Have you applied for permits from other Sections within DNREC?

☒ No

☐ Pending

☐ Issued

☐ Denied

Date: \_\_\_\_\_ Permit or ID #: \_\_\_\_\_

Type of permit (circle all that apply): Septic Well NPDES Storm Water

Other: \_\_\_\_\_



Hulbert Enterprises LLC  
1110 N Schulz Rd  
Fenwick Island De 19944

Proposed: Construct 5' x 25'perpendicular dock with  
2) Boatlifts with associated piles

5' SETBACK  
TO PROPERTY LINE

5' WIDE DOCK

25' LONG DOCK from bulkhead cap to end

13' outside to outside

41' to property line

13' outside to outside  
BoatLift

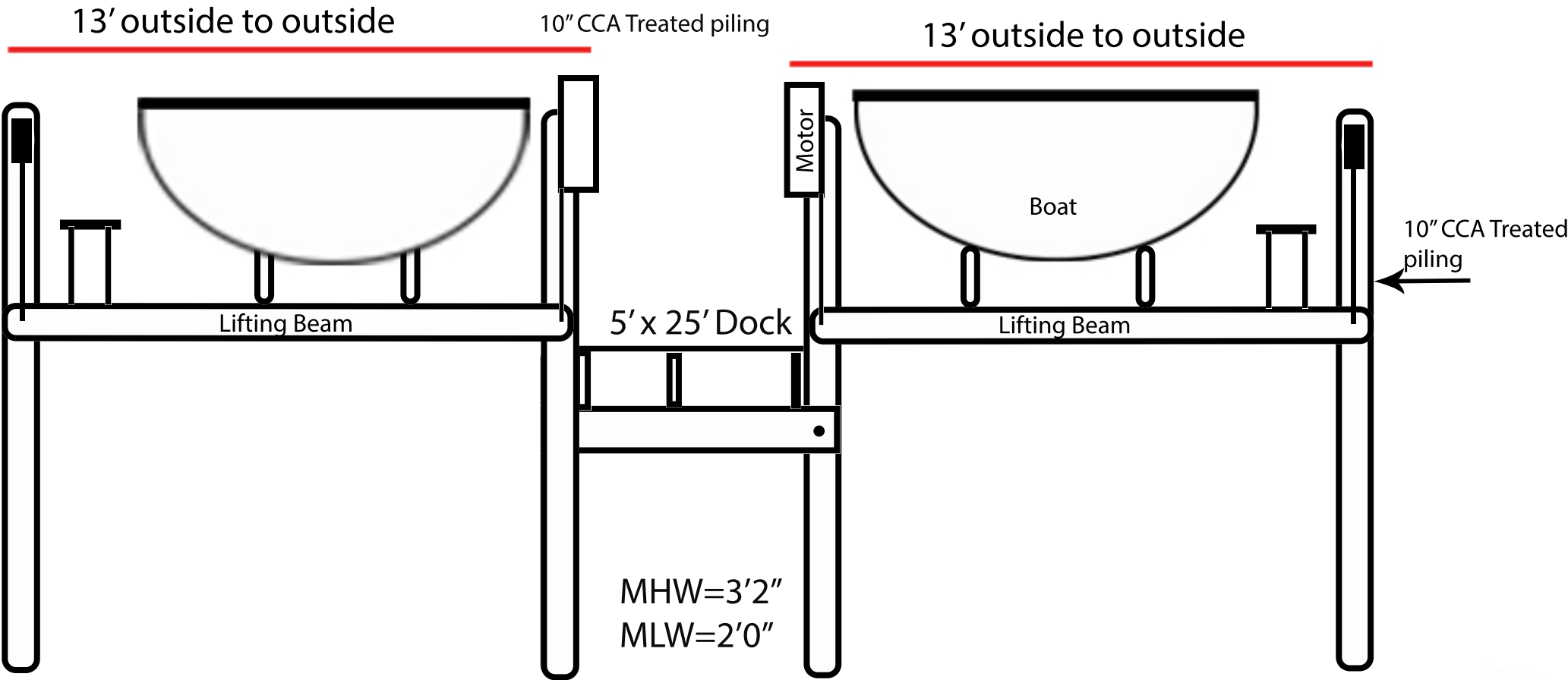
24'5" dock from this corner

MHW 3'2"  
MLW 2'0"

BULKHEAD

SCALE: 1 " = 4'

Hulbert Enterprises LLC  
1110 N Schulz Rd  
Fenwick Island De 19944

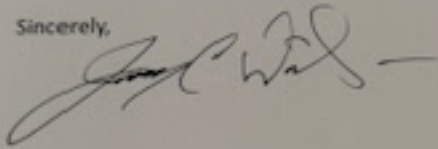


November 24, 2024

To Whom It May Concern,

This letter shall serve as notification that I, James Wilson, of 1106 North Schulz Road,  
Fenwick Island, Delaware 19944 has no objection to the installation of a pier/boat lift at 1110  
North Schulz Road, Fenwick Island, Delaware 19944 that will encroach no more than 5 (five)  
Feet in the 10' side set back.

Sincerely,

A handwritten signature in black ink, appearing to read "James Wilson", followed by a horizontal line.



**STATE OF MARYLAND**  
CERTIFICATE OF VESSEL NUMBER

EXPIRES December 31, 2025

HULL ID NO.	BOAT NO.	LENGTH
SGH000971178	MD 8190 AB	22' 0"
USE	MAKE	YEAR
Pleasure	SISU BOAT	1978

HOBART C BUPPERT II	Natural Resources Police:
3 ROYAL PALM POINTE, 1-EAST	1-877-620-8367
VERO BEACH, FL 32960	Marine Radio VHF CH. 16



# CERTIFICATE OF TITLE

## THE COMMONWEALTH OF MASSACHUSETTS Executive Office of Energy and Environmental Affairs Office of Law Enforcement

TITLE NUMBER <b>391510</b>		ISSUE DATE <b>08-02-2007</b>		MANUFACTURER <b>MCKEE</b>	
YEAR <b>2007</b>	TYPE <b>OPEN BOAT</b>		SERIAL NUMBER (HIN/VIN) <b>MKC19277G607</b>		
USE <b>PLEASURE</b>		COLOR <b>WHITE</b>	HULL NUMBER <b>FIBERGLASS</b>	LENGTH <b>19' 6"</b>	
STATUS (TITLE) <b>ACTIVE</b>		OWNERSHIP <b>SINGLE</b>			

### NAME & ADDRESS OF OWNER(S)

HOBART C. BUPPERT II  
15635 CHILCOAT ROAD  
SPARKS, MD 21152

FIRST LIEN HOLDER

RELEASE OF LIENS  
(FIRST LIEN) INTEREST IN THE DESCRIBED VEHICLE IS  
HEREBY RELEASED

NAME \_\_\_\_\_ DATE RELEASED \_\_\_\_\_  
AUTHORIZED SIGNATURE \_\_\_\_\_

SECOND LIEN HOLDER

(SECOND LIEN) INTEREST IN THE DESCRIBED VEHICLE IS  
HEREBY RELEASED

NAME \_\_\_\_\_ DATE RELEASED \_\_\_\_\_  
AUTHORIZED SIGNATURE \_\_\_\_\_



THE DIRECTOR OF THE OFFICE OF LAW ENFORCEMENT HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATION OF TITLE FOR THE MOTORBOAT/RECREATION VEHICLE DESCRIBED HAS BEEN DULY FILED, PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, AND BASED ON THE STATEMENTS OF THE APPLICANT AND THE RECORDS ON FILE WITH THIS AGENCY, THE APPLICANT NAMED IS THE OWNER(S) OF SAID MOTORBOAT/RECREATION VEHICLE AND IS SUBJECT TO ANY SECURITY INTEREST SHOWN HEREIN.

Office of Law Enforcement  
James J. Hanlon, Director

THIS DOCUMENT CONTAINS A REAL WATERMARK



# CORPORATE CHARTER APPROVAL SHEET

\*\*EXPEDITED SERVICE\*\*

\*\* KEEP WITH DOCUMENT \*\*

DOCUMENT CODE 49 BUSINESS CODE \_\_\_\_\_

# W11377009

Close \_\_\_\_\_ Stock \_\_\_\_\_ Nonstock \_\_\_\_\_

P.A. \_\_\_\_\_ Religious \_\_\_\_\_

Merging (Transferor) \_\_\_\_\_

Surviving (Transferee) \_\_\_\_\_

Affix Barcode Label Here



1000362001776238

Affix Barcode Label Here

ID # W11377009 ACK # 1000362001776238

PAGES: 0002

HULBERT ENTERPRISES, LLC

05/23/2011 AT 12:56 P WO # 0003810140

New Name \_\_\_\_\_

## FEES REMITTED

Base Fee: 100  
Org. & Cap. Fee: 70  
Expedite Fee: \_\_\_\_\_  
Penalty: \_\_\_\_\_  
State Recordation Tax: \_\_\_\_\_  
State Transfer Tax: \_\_\_\_\_  
Certified Copies \_\_\_\_\_  
Copy Fee: \_\_\_\_\_  
Certificates \_\_\_\_\_  
Certificate of Status Fee: 150  
Personal Property Filings: 20  
Mail Processing Fee: \_\_\_\_\_  
Other: \_\_\_\_\_

TOTAL FEES: 1690

Credit Card \_\_\_\_\_ Check ☒ Cash \_\_\_\_\_

1 Documents on 3 Checks

Approved By: 15

Keyed By: \_\_\_\_\_

COMMENT(S):

☒ Change of Name  
☒ Change of Principal Office  
☒ Change of Resident Agent  
☒ Change of Resident Agent Address  
Resignation of Resident Agent  
Designation of Resident Agent  
and Resident Agent's Address  
Change of Business Code

Adoption of Assumed Name \_\_\_\_\_

Other Change(s) \_\_\_\_\_

Code \_\_\_\_\_

Attention: \_\_\_\_\_

Mail: Name and Address

X GABRIEL MASSUDA, CPA  
7939 HONEYGO BLVD  
SUITE 111  
BALTIMORE MD 21236

Stamp Work Order and Customer Number HERE

CUST ID: 0002593560  
WORK ORDER: 0003810140  
DATE: 05-23-2011 12:56 PM  
AMT. PAID: \$1,690.00

## ARTICLES OR CERTIFICATE OF REINSTATEMENT

The name of the entity at the time of its cancellation:

HULBERT ENTERPRISES, LLC

The name the entity will use upon reinstatement:

HULBERT ENTERPRISES, LLC

The address of the entity's principal office in Maryland (a P.O. Box can not be used):

15635 CHILCOAT LANE

SPARKS, MD 21152


The name and address of the entity's resident agent in Maryland (a P.O. Box can not be used):

RICHARD E. LEVIN, DLA PIPER, LLP

6225 SMITH AVE.

BALTIMORE, MD 21209-3600

I swear under penalties of perjury  
that this is an authorized act of  
the above named entity.



I hereby consent to my designation  
in this document as resident agent  
for this entity.



(SIGNATURE OF RESIDENT AGENT)

(AUTHORIZED PERSON(S) OR GENERAL PARTNER)