



**State of Delaware**  
**General Permit – Floating Kayak Docks, Floating PWC Docks,**  
**or Boat Lifts on Tidal Subaqueous Lands**  
**Authorization Form**

<b>Applicant Name:</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>		
<b>Consultant Name:</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>		
<b>Contractor Name:</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>		
<b>Site Address:</b>	<b>Tax Parcel Number:</b>	<b>Nearest Waterbody Name:</b>			
<b>Community/Development Name:</b>		<b>Waterbody width at site:</b>			
<b>Existing Lease/Permit #:</b>	<b>Name on existing permit:</b>	<b>Length of waterfront property line</b>			
<b>Do current dimensions match previously permitted dimensions?</b>		<b>Will the structure(s) be 10' from any/all property lines?</b>	<b>Does the proposed activity comply with SPGP-20?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Choose a proposed structure type:</b>					
<input type="checkbox"/> Boat Lift		<input type="checkbox"/> PWC Float	<input type="checkbox"/> PWC Lift	<input type="checkbox"/> Kayak Float	
<b>Structure Type:</b>	<b>Dimensions (L x W)</b>	<b># of pilings</b>	<b>Proposed material</b>	<b>Quantity</b>	
	<i>Kayak, max 6' width</i>	<i>Max 6</i>			
<b>Vessel Type</b>	<b>Vessel Length</b>	<b>Vessel width</b>	<b>Vessel draft</b>	<b>Quantity</b>	

**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:** \_\_\_\_\_  
Required for private subaqueous lands prior to submission.

**Agent/Consultant 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.