



## 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 line 1:</b>	<b>Address line 2</b>	<b>Tax Parcel Number:</b>
<b>Community/Development Name:</b>	<b>Nearest Waterbody Name:</b>	<b>Waterbody width at site:</b>
<b>Existing Lease/Permit No.:</b>	<b>Name on existing permit:</b>	<b>Length of waterfrontage:</b>
<b>Do current dimensions match</b>	<b>Will the structure(s) be 10' from all property lines?</b>	<b>Does the proposed activity</b>
___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

<b>Choose a structure type:</b>				
___ Boat Lift	___ PWC Float	___ PWC Lift	___ 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>

**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.