

WETLANDS AND SUBAQUEOUS LANDS SECTION PERMIT APPLICATION FORM

**For Subaqueous Lands, Wetlands, Marina and
401 Water Quality Certification Projects**

**State of Delaware
Department of Natural Resources and Environmental Control
Division of Water**

Wetlands and Subaqueous Lands Section



**APPLICATION FOR APPROVAL OF
SUBAQUEOUS LANDS, WETLANDS, MARINA
AND WATER QUALITY CERTIFICATION PROJECTS**

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY**Application Instructions:**

1. Complete each section of this basic application and appropriate appendices as thoroughly and accurately as possible. Incomplete or inaccurate applications will be returned.
2. All applications must be accompanied by a scaled plan view and cross-section view plans that show the location and design details for the proposed project. Full construction plans must be submitted for major projects.
3. All applications must have an original signature page and proof of ownership or permitted land use agreement.
4. Submit an original and two (2) additional copies of the application (total of 3) with the appropriate application fee and public notice fee* (prepared in separate checks) to:

**Department of Natural Resources and Environmental Control
Wetlands and Subaqueous Lands Section
89 Kings Highway
Dover, Delaware 19901**

*Application and public notice fees are non-refundable regardless of the Permit decision or application status.

5. No construction may begin at the project site before written approval has been received from this office.

Helpful Information:

1. Tax Parcel Information:

New Castle County	(302) 395-5400
Kent County	(302) 736-2010
Sussex County	(302) 855-7878
2. Recorder of Deeds:

New Castle County	(302) 571-7550
Kent County	(302) 744-2314
Sussex County	(302) 855-7785
3. A separate application and/or approval may be required through the Army Corps of Engineers. Applicants are strongly encouraged to contact the Corps for a determination of their permitting requirements. For more information, contact the Philadelphia District Regulator of the Day at (215) 656-6728 or visit their website at: <http://www.nap.usace.army.mil/Missions/Regulatory.aspx>.
4. For questions about this application or the Wetlands and Subaqueous Lands Section, contact us at (302) 739-9943 or visit our website at: <http://www.dnrec.delaware.gov/wr/Services/Pages/WetlandsAndSubaqueousLands.aspx>. Office hours are Monday through Friday 8:00 AM to 4:30 PM, except on State Holidays.

APPLICANT'S REVIEW BEFORE MAILING

DID YOU COMPLETE THE FOLLOWING?

- | | | |
|--------------------------|-----|--|
| <input type="checkbox"/> | Yes | BASIC APPLICATION |
| <input type="checkbox"/> | Yes | SIGNATURE PAGE (Page 3) |
| <input type="checkbox"/> | Yes | APPLICABLE APPENDICES |
| <input type="checkbox"/> | Yes | SCALED PLAN VIEW |
| <input type="checkbox"/> | Yes | SCALED CROSS-SECTION OR ELEVATION VIEW PLANS |
| <input type="checkbox"/> | Yes | VICINITY MAP |
| <input type="checkbox"/> | Yes | COPY OF THE PROPERTY DEED & SURVEY |
| <input type="checkbox"/> | Yes | THREE (3) COMPLETE COPIES OF THE APPLICATION PACKET |
| <input type="checkbox"/> | Yes | APPROPRIATE APPLICATION FEE & PUBLIC NOTICE FEE
(Separate checks made payable to the State of Delaware) |

Submit 3 complete copies of the application packet to:

**Department of Natural Resources and Environmental Control
Wetlands and Subaqueous Lands Section
89 Kings Highway
Dover, Delaware 19901**

Before signing and mailing your application packet, please read the following:

The Department requests that the contractor or party who will perform the construction of your proposed project, if other than the applicant, sign the application signature page along with the applicant in the spaces provided. When the application is signed by the contractor as well as the applicant, the Department will issue the Permit to both parties. For Leases, the contractor will receive a separate construction authorization that will make them subject to all of the terms and conditions of the Lease relating to the construction

Section 1: Applicant Identification

1. Applicant's Name: _____ Telephone #: _____
 Mailing Address: _____ Fax #: _____
 _____ E-mail: _____

2. Consultant's Name: _____ Company Name: _____
 Mailing Address: _____ Telephone #: _____
 _____ Fax #: _____
 _____ E-mail: _____
3. Contractor's Name: _____ Company Name: _____
 Mailing Address: _____ Telephone #: _____
 _____ Fax #: _____
 _____ E-mail: _____

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):

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

<input 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: _____ County: N.C. Kent Sussex
 Site owner name (if different from applicant): _____
 Address of site owner: _____
8. Driving Directions: _____

 (Attach a vicinity map identifying road names and the project location)
9. Tax Parcel ID Number: _____ Subdivision Name: _____

WSLS Use Only:		Permit #s: _____							
Type	SP <input type="checkbox"/>	SL <input type="checkbox"/>	SU <input type="checkbox"/>	WE <input type="checkbox"/>	WQ <input type="checkbox"/>	LA <input type="checkbox"/>	SA <input type="checkbox"/>	MP <input type="checkbox"/>	WA <input type="checkbox"/>
Corps Permit: SPGP 18 <input type="checkbox"/> 20 <input type="checkbox"/>		Nationwide Permit #: _____		Individual Permit # _____					
Received Date: _____		Project Scientist: _____							
Fee Received? Yes <input type="checkbox"/> No <input type="checkbox"/>		Amt: \$ _____		Receipt #: _____					
Public Notice #: _____		Public Notice Dates: ON _____ OFF _____							

Section 3: Project Location (Continued)

10. Name of waterbody at Project Location: _____ waterbody is a tributary to: _____

11. Is the waterbody: Tidal Non-tidal Waterbody width at mean low or ordinary high water _____

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):

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):

*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 #: _____

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: _____

Section 5: Signature Page

19. Agent Authorization:

If you choose to complete this section, all future correspondence to the Department may be signed by the duly authorized agent. In addition, the agent will become the primary point of contact for all correspondence from the Department.

I do not wish to authorize an agent to act on my behalf

I wish to authorize an agent as indicated below

I, _____, hereby designate and authorize _____
 (Name of Applicant) (Name of Agent)
 to act on my behalf in the processing of this application and to furnish any additional information requested by the Department.

Authorized Agent's Name: _____ Telephone #: _____
 Mailing Address: _____ Fax #: _____
 _____ E-mail: _____

20. Agent's Signature:

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 further understand that the Department may request information in addition to that set forth herein if deemed necessary to appropriately consider this application.

 Agent's Signature

 Date

21. Applicant's Signature:

I hereby certify that the information on this form and on the attached plans are true and accurate to the best of my knowledge and that I am required to inform the Department of any changes or updates to the information provided in this application. I further 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 authorized Department representatives to enter upon the premises for inspection purposes during working hours.

 Applicant's Signature

 Date

 Print Name

22. Contractor's Signature:

I hereby certify that the information on this form and on the attached plans are true and accurate to the best of my knowledge, and that I am required to inform the Department of any changes or updates to the information provided in this application. I further understand that the Department may request information in addition to that set forth herein if deemed necessary to appropriately consider this application.

 Contractor's Name

 Date

 Print Name