



State of Delaware Statewide Activity Approval Application Form

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

Site Address line 1:	Site address line 2:	Nearest Waterbody Name:
Latitude :	Longitude:	Tax Parcel Number:
Community/Development Name:	Lagoon width at site:	Is structure grandfathered?
		Yes No
Existing Permit #:	Name on existing permit:	Year structure was constructed:

Do existing dimensions match permitted dimensions?	Yes No
Select an intended permit type:	SPGP-18 SPGP-20 NWP

Select a proposed	Repair, tidal or non-tidal	Construction in Lagoons	Bank Stabilization
Aids to Navigation	Fish habitat enhancement & attraction devices	Scientific Measurement Devices	Survey Activities

Structure/Activity Type:	Dimensions (L x W)	New	Repair	Proposed material	Quantity

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.

Prepared By: _____ **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.

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