Expiration Date:	
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## REQUEST FOR AUTHORIZATION FORM FOR THE STATE OF DELAWARE STATEWIDE ACTIVITY APPROVAL FOR CONSTRUCTION IN TIDAL ARTIFICIAL LAGOON SYSTEMS



	ddress	)	Contractor	Name and	u Auul Css		
Applicant Phone Contractor Phone							
e Address		a)	Community/Deve	elopment Na	ame:		
		b) Name of natural waterbody that lagoon connects to					
		<b>c</b> )	Lagoon width at p Definitions, p. 6)	project site:	:	ft. (See	
_		d)	Tax Parcel #				
ructure Type	Dim	ensions	(ft.)	New	Repair	# of Each	
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	T	$\mathbf{W}$					
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	L L	W					
	L	W					
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pplicant's Signature: ereby certify that the information on this formation in additional massion to the authorized Department reportractor's Signature: ereby certify that the information on this formation in additional may request information on this formation on this formation in additional may request information in addition	L L orm and on tion to that oresentative	W W the attached set forth her (s) to enter u	plans are true and accurate in if deemed necessary to a pon the premises for inspection of th	e to the best of mappropriately contion purposes durite:  te:  e to the best of mappropriately continuous cont	y knowledge. I un sider this applicat ring working hour y knowledge. I un	nderstand that the tion. I grant ss.  nderstand that the tion.	