



## Delaware Water Pollution Control Revolving Fund Water Quality Improvement Loan Program Application

**Please Type or Print:**

**Name of Petitioner(s)**

(All Fee Simple Owners of Record)

---

---

---

**Mailing Address**

---

---

---

**Telephone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Location (County)** \_\_\_\_\_ **Total Acreage** \_\_\_\_\_

**Deed or Property Description** (If necessary attach additional information)

---

---

---

---

---

**Adjoining Roads**

---

---

---

**County Tax Parcel Number(s)**

---

**Land Use / Zoning Designation**

(Call County Planning for zoning designation)

---

---

---



## Delaware Water Pollution Control Revolving Fund Water Quality Improvement Loan Program Application

<b>Type of Land Use:</b>	Forestlands	<input type="text"/>	Acres	Open Space	<input type="text"/>	Acres
	Cropland	<input type="text"/>	Acres	Pasture Land	<input type="text"/>	Acres
	# Of Farm Structures	<input type="text"/>		Tidal Wetlands	<input type="text"/>	Acres
	Residence	<input type="text"/>	Acres	Non-tidal Wetlands	<input type="text"/>	Acres
	Other (specify)	<input type="text"/>	Acres			
<b># Of Dwelling Units:</b>	<input type="text"/>					
<b>Residential Acres:</b>	<input type="text"/>					

**Dwelling Occupant's Name(s) & Relationship**

---

---

---

**Please describe any water quality benefits from the protection or improvement of the property**

---

---

---

---

**Historic Cultural Resources (if any)** \_\_\_\_\_

**Rare or Threatened Species (if any)** \_\_\_\_\_

**Forest Management or Habitat Management Plan (if any)** \_\_\_\_\_

**Easements/Rights-of-Way (if any)** \_\_\_\_\_

**Please describe any water quality improvements /restoration plans for the property. (If necessary attach additional information)**

---

---

---

---

---



**Delaware Water Pollution Control Revolving Fund  
Water Quality Improvement Loan Program Application**

Is any portion of the property currently subject to subdivision? Yes  No

**Mortgage or Lien Holders:**

---

---

---

**Disclaimer**

*Applicant understands that completion of this form does not in any way secure funding for the proposed water quality improvement project. Applications will be ranked by the Department of Natural Resources and Environmental Control's Division of Watershed Stewardship and only the highest ranking individual projects will be considered, based on the amount of available funding.*

*The information provided on this application is true and accurate as of the date submitted by the under signed applicants.*

**Signature of Applicant(s)**

---

**Date** \_\_\_\_\_

---

**Date** \_\_\_\_\_

**Please Attach A Map of the Property**



## **Water Pollution Control Revolving Fund Water Quality Improvement Loan Program Application**

### **INSTRUCTIONS**

- 1. This is a fillable PDF form. Please download and then complete it, before printing and mailing it to the contact information provided below.**
2. Names of Petitioners: The application(s) must be signed by all fee simple owners of the parcel(s) being considered for a CWSRF easement or property sale.
3. Mailing Address: The address that you want used for correspondence pertaining to this application.
4. Adjoining Roads: Because some people have a post office box number for a mailing address, it is necessary to provide road names and numbers to help in locating the property. Please list all roads that adjoin your property.
5. County Tax Parcel Number(s): If you are unsure of your parcel number, please check your most recent tax bill.
6. Zoning designation: If you are not sure about your zoning designation, contact your County Planning Office. Kent: 744-2471, New Castle: 395-5400, Sussex: 855-7878.
7. Type of Land Use: Estimate the number of acres in each land use category listed on the application. If you have a farmland assessment application, it may serve as a good reference for this information.
8. # of Dwelling and Seasonal Dwelling Units: This is the number of houses on the parcel(s) which can be occupied. Please specify the names of the occupants and their relationship to the owners listed on the application. If any of the Dwelling Units are for seasonal use only, please specify.

**PLEASE RETAIN A COPY OF THIS APPLICATION FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL FORMS TO THE DEPARTMENT AT THE ADDRESS BELOW.**

Delaware Department of Natural Resources  
And Environmental Control  
Office of the Secretary  
Financial Assistance Branch  
5 E. Reed Street, Suite 200  
Dover, DE 19901