



STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL  
DIVISION OF WATERSHED STEWARDSHIP

89 Kings Highway  
DOVER, DELAWARE 19901

OFFICE OF THE  
DIRECTOR

PHONE: (302) 739-9921  
FAX: (302) 739-6724

**PERMIT APPLICATION FOR  
MECHANICAL RESTORATION OF THE DUNE**

This application form is provided for the mechanical scraping of the beach for the purpose of rebuilding the primary dune as outlined in Part 4 of the Regulations Governing Beach Protection and the Use of Beaches. Disturbance of the beach and dune is not permitted without prior approval from the Shoreline and Waterway Management Section. Once a Permit is issued, you must comply with the following conditions:

1. The beach scraping shall be confined only to that area approved by the Division.
2. Notice shall be given to the Division at least three (3) working days before work is intended to begin.
3. The Division must determine if there is adequate sand on the beach for use in dune restoration activities prior to each beach scraping event.
4. A Division representative must be on-site at the start of the beach scraping to make sure that it is conducted in accordance with Division standards.

Please answer all questions thoroughly and provide the applicable drawings. Incomplete applications will be returned.

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Numbers: A/C ( ) \_\_\_\_\_ Residence A/C ( ) \_\_\_\_\_ Office

*Delaware's good nature depends on you!*

Name of Authorized Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Numbers: A/C ( ) \_\_\_\_\_ Residence A/C ( ) \_\_\_\_\_ Office

Location of proposed work:

Lot(s) Number: \_\_\_\_\_ Block Number: \_\_\_\_\_

Street: \_\_\_\_\_

Subdivision/Community: \_\_\_\_\_

Tax Map#: \_\_\_\_\_

Who will be conducting the work?

Name: \_\_\_\_\_

Telephone Numbers: A/C ( ) \_\_\_\_\_

Please submit the following information:

1. Copy of deed, lease, sales contract or other document showing legal interest of the property upon which work is to take place.
2. An application fee of \$150.00, payable to the State of Delaware.
3. List of names and mailing addresses of all property owners immediately adjacent to the project site. (use back of page if necessary)

**SIGNATURE PAGE**

All signatures must be in original ink

As legal property owner, I (we) accept the legally binding nature of this Permit application and acknowledge the conditions found on page 1 of this application and the ultimate responsibility of the owner in executing the conditions of the approval. I (we) also understand that any sand moving activities that do not comply with the listed conditions will be considered a violation of the Permit and the Regulations and are therefore subject to Permit revocation and penalties found in the Beach Preservation Act and the Regulations.

\_\_\_\_\_  
Signature of Property Owner(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner(s)

\_\_\_\_\_  
Date

**Statement of Agent Authorization**

I hereby designate and authorize \_\_\_\_\_  
\_\_\_\_\_ to act in my  
behalf as my agent in the processing of this Permit application and to furnish, as requested,  
supplemental information in support of this application.

As legal property owner, I (we) accept the legally binding nature of this Permit application and acknowledge the ultimate responsibility of the owner in executing the conditions of the approval. I also understand that this authorization does not transfer ultimate responsibility for this approval to the agent.

Copies of the Regulations are available upon request from the Shoreline & Waterway Management Section.

\_\_\_\_\_  
**Signature of Property Owner(s)**

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

\_\_\_\_\_  
**Signature of Property Owner(s)**

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

Application is hereby made for a Permit to conduct beach scraping activities in the State of Delaware. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge; such information is correct and complete. I further certify that I am authorized to undertake the proposed activities or I am acting as the duly authorized agent for the applicant.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date