

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 appendix as thoroughly and accurately as possible. Incomplete or inaccurate applications will be returned. For projects involving docks, piers or wetland walkways, please refer to the Guidance Document for Boat Docking Facilities and Wetland Walkways.
2. All applications must be accompanied by scaled site plans and cross-section plans that show the location and design details of the proposed project. Full construction plans should 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 completed copies of the application (total of 3) with the appropriate application fee* to:

**DNREC
Wetlands and Subaqueous Lands Section
89 Kings Highway
Dover, Delaware 19901**

*Application 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.

Additional 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 approval may be required through the Army Corps of Engineers. Applicants are strongly urged to contact the Corps for a determination of their permitting requirements. The contact number for the Regulator of the Day is (215) 656-6728.
<http://www.nap.usace.army.mil/Missions/Regulatory.aspx>
4. **For questions about this application or program contact the Wetlands and Subaqueous Lands Section at (302)739-9943.** Office hours are Monday through Friday, 8:00 AM to 4:30 PM except State Holidays.
<http://www.dnrec.delaware.gov/wr/Services/Pages/WetlandsAndSubaqueousLands.aspx>

APPLICANT'S REVIEW BEFORE MAILING

DID YOU COMPLETE THE FOLLOWING?

- | | | |
|--------------------------|-----|---|
| <input type="checkbox"/> | Yes | BASIC APPLICATION |
| <input type="checkbox"/> | Yes | APPENDICES |
| <input type="checkbox"/> | Yes | VICINITY MAP |
| <input type="checkbox"/> | Yes | PLAN VIEW |
| <input type="checkbox"/> | Yes | ELEVATION OR SECTION VIEW |
| <input type="checkbox"/> | Yes | SIGNATURE PAGE (Page 3) with Agent Authorization if appropriate |
| <input type="checkbox"/> | Yes | COPY OF PROPERTY DEED & SURVEY |
| <input type="checkbox"/> | Yes | THREE (3) COMPLETE COPIES |
| <input type="checkbox"/> | Yes | LIST OF ADJACENT PROPERTY OWNERS
(As per item #14A & B of this basic application form) |
| <input type="checkbox"/> | Yes | APPROPRIATE APPLICATION FEE
(Checks should be made payable to the State of Delaware) |

Mail 3 complete copies of the application, with drawings to:

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

BEFORE SIGNING AND MAILING YOUR APPLICATION, 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 construction. This will allow more fair and consistent enforcement of the conditions of the Permit or Lease by ensuring the proper liability of the Contractor.

If you have not yet chosen a contractor by the time of application, you may wish to do so prior to submitting the application for processing. If you choose to submit your application without the signature of your contractor, you will be held solely responsible for all of the terms and conditions relating to construction and which require that the permitted structure or activity be installed or conducted in accordance with the approved plans and permit conditions.

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	<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. Projects in 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 location road map with the site indicated on the map).

9. Tax Parcel 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

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, indicate the name of the subaqueous lands owner:

(Written permission of 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 name and complete mailing address 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 name and complete mailing address of each property owner within a 1000 foot radius of the project. (Attach additional sheets as necessary)

15. Indicate the names of all representatives from DNREC and the Army Corps of Engineers who 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. If there is any existing fill or structures in subaqueous lands at the project site, were the structures constructed or fill placed prior to 1969? Yes No If no, provide a copy of any prior and/or current authorization(s) for projects at this site. If a copy is not available, provide the permit or lease number(s) if known.

17. Have you applied for or obtained a federal permit for the project from the Army Corps of Engineers?

None Pending Issued Denied Date: _____
Type of permit: _____ Federal Permit or ID #: _____

18. Have you applied for permits from other Sections within DNREC?

None Pending Issued Denied Date: _____ Permit or ID #: _____
Type of permit (circle all that apply): Septic Well NPDES Storm Water

Section 5: Signature Page

19. Agent Authorization:

If you elect to complete this agent authorization 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 information that is requested by the Department.

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

20. Agent Signature

I hereby certify that the information on this form and on the attached plans is 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 is 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 is 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 Name

 Date