

**REQUEST FOR AUTHORIZATION FORM
FOR THE STATE OF DELAWARE
STATEWIDE ACTIVITY APPROVAL FOR
CONSTRUCTION IN TIDAL ARTIFICIAL
LAGOON SYSTEMS**



Applicant Name and Address	Contractor Name and Address

Applicant Phone () _____ **Contractor Phone ()** _____

Site Address

- a) **Community/Development Name:** _____
- b) **Name of natural waterbody that lagoon connects to:**

- c) **Lagoon width at project site:** _____ **ft.** (See Definitions, p. 6)
- d) **Tax Parcel #** _____

Amount: _____

Structure Type	Dimensions (ft.)	New	Repair	# of Each
	L W			

Receipt #: _____

Applicant's 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 working hours.

Contractor's 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:** _____

Manager's Signature: _____ **Date:** _____

Received date: _____