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

Last Revised on: March 28, 2017
PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

Application Instructions:

1. Complete each section of this basic application and appropriate appendices as thoroughly and accurately as possible. Incomplete or inaccurate applications will be returned.

2. All applications must be accompanied by a scaled plan view and cross-section view plans that show the location and design details for the proposed project. Full construction plans must 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 copies of the application (total of 3) with the appropriate application fee and public notice fee* (prepared in separate checks) to:

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

*Application and public notice 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.

Helpful 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/or approval may be required through the Army Corps of Engineers. Applicants are strongly encouraged to contact the Corps for a determination of their permitting requirements. For more information, contact the Philadelphia District Regulator of the Day at (215) 656-6728 or visit their website at: http://www.nap.usace.army.mil/Missions/Regulatory.aspx.

4. For questions about this application or the Wetlands and Subaqueous Lands Section, contact us at (302) 739-9943 or visit our website at:
   http://www.dnrec.delaware.gov/wr/Services/Pages/WetlandsAndSubaqueousLands.aspx.
   Office hours are Monday through Friday 8:00 AM to 4:30 PM, except on State Holidays.
**APPLICANT’S REVIEW BEFORE MAILING**

**DID YOU COMPLETE THE FOLLOWING?**

- [ ] Yes BASIC APPLICATION
- [ ] Yes SIGNATURE PAGE (Page 3)
- [ ] Yes APPLICABLE APPENDICES
- [ ] Yes SCALED PLAN VIEW
- [ ] Yes SCALED CROSS-SECTION OR ELEVATION VIEW PLANS
- [ ] Yes VICINITY MAP
- [ ] Yes COPY OF THE PROPERTY DEED & SURVEY
- [ ] Yes THREE (3) COMPLETE COPIES OF THE APPLICATION PACKET
- [ ] Yes APPROPRIATE APPLICATION FEE & PUBLIC NOTICE FEE

(Separate checks made payable to the State of Delaware)

Submit 3 complete copies of the application packet to:

*Department of Natural Resources and Environmental Control*

*Wetlands and Subaqueous Lands Section*

*89 Kings Highway*

*Dover, Delaware 19901*

**Before signing and mailing your application packet, 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 the construction.
Section 1: Applicant Identification

1. Applicant’s Name: ___________________ Telephone #: ___________________
   Mailing Address: ___________________ Fax #: ___________________
   ________________________________________________________________

2. Consultant’s Name: ___________________ Company Name: ___________________
   Mailing Address: ___________________ Telephone #: ___________________
   ________________________________________________________________

3. Contractor’s Name: ___________________ Company Name: ___________________
   Mailing Address: ___________________ Telephone #: ___________________
   ________________________________________________________________

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:

   | A. Boat Docking Facilities | G. Bulkheads | N. Preliminary Marina Checklist |
   | B. Boat Ramps | H. Fill | O. Marinas |
   | C. Road Crossings | I. Rip-Rap Sills and Revetments | P. Stormwater Management |
   | D. Channel Modifications/Dams | J. Vegetative Stabilization | Q. Ponds and Impoundments |
   | E. Utility Crossings | K. Jetties, Groins, Breakwaters | R. Maintenance Dredging |
   | F. Intake or Outfall Structures | M. Activities in State Wetlands | 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 vicinity map identifying road names and the project location)

9. Tax Parcel ID Number: ________________ Subdivision Name: ________________

   | WSLS Use Only: | Permit #: ________________ ________________ ________________ ________________ |
   | Permit #s: ________________ ________________ ________________ ________________ |
   | Type | SP | SL | SU | WE | WQ | LA | SA | MP | WA |
   | Corps Permit: SPGP 18 ☐ 20 ☐ Nationwide Permit #: ________________ Individual Permit #: ________________ |
   | Received Date: | Project Scientist: | |
   | Fee Received? Yes ☐ No ☐ Amt: $ ________________ | Receipt #: ________________ |
   | Public Notice #: | Public Notice Dates: ON ☐ OFF ☐ |

Last Revised on: March 28, 2017
Section 3: Project Location (Continued)

10. Name of waterbody at Project Location: ____________________ waterbody is a tributary to: ____________________

11. Is the waterbody: ☐ Tidal ☐ Non-tidal Waterbody width at mean low or ordinary high water _________

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, provide the name of the subaqueous lands owner:
__________________________________________________________________________________

(Written permission from 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 names and complete mailing addresses 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 names and complete mailing addresses of property owners within a 1,000 foot radius of the project (attach additional sheets as necessary):
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

15. Provide the names of DNREC and/or Army Corps of Engineers representatives whom 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. Are there existing structures or fill at the project site in subaqueous lands? ☐ Yes ☐ No
   *If yes, provide the permit and/or lease number(s):
________________________________________________________________________

*If no, were structures and/or fill in place prior to 1969? ☐ Yes ☐ No

17. Have you applied for or obtained a Federal permit from the Army Corps of Engineers? ☐ No ☐ Pending ☐ Issued ☐ Denied
   Date: ____________________
   Type of Permit: ____________________ Federal Permit or ID #: ____________________

18. Have you applied for permits from other Sections within DNREC? ☐ No ☐ Pending ☐ Issued ☐ Denied
   Date: _________ Permit or ID #: __________
   Type of permit (circle all that apply): Septic Well NPDES Storm Water

Other: ________________________________________________________________
Section 5: Signature Page

19. Agent Authorization:

If you choose to complete this 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 additional information requested by the Department.

Authorized Agent’s Name: _____________________________ Telephone #: _____________________________
Mailing Address: _____________________________ Fax #: _____________________________
________________________________________________________ E-mail: _____________________________

20. Agent’s Signature:

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 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 are 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 are 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’s Name Date

Print Name