

**STATE OF DELAWARE
REPAIR SAA
AUTHORIZATION FORM**



Applicant Name and Address	Contractor Name and Address

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

Site Address

- a) Existing Subaq. Lands Lease/Permit # _____
- b) Name on Lease/Permit _____
- c) Existing structure dimensions same as permitted?
Y ____ N ____ Unknown ____
- d) Is structure grandfathered? Y N If yes, estimate year originally constructed: _____
- e) How close will structure be to property boundaries extended? Right side _____ Left _____
- f) Tax Parcel # _____
- g) Name of Waterbody _____
- h) Complies with GP-20? Yes ____ No ____

Structure Type (Dock, Pier, etc.)	Dimensions (feet)	Proposed Material	# of Each
	L W		

Additional Information:

Application Signatures:

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:** _____

Prepared By _____ **Date:** _____

For official use only

Special Conditions

1. _____

2. _____

3. _____

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

Expiration Date: _____
Amount: _____
Receipt #: _____
Received date: _____