

**JOINT FEDERAL / STATE APPLICATION FOR THE ALTERATION OF ANY
TIDAL WETLAND IN MARYLAND**

- All applications must be accompanied by plan drawings which show the location and character of the proposed work. For specific information on what is required on the plans, refer to the instruction package. 8-1/2" x 11" black & white drawings are required for every application. Full construction plans are required for projects submitted to the Waterway Permits Division.
- Any application which is not completed in full or is accompanied by poor quality drawings may be returned and will result in a time delay to the applicant.
- If you need help understanding how to fill out the application form, please refer to the instruction booklet.

APPLICATION NUMBER:

(To be assigned by the agencies)

1. APPLICANT INFORMATION:

Name: _____ Telephone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

2. AGENT / ENGINEER INFORMATION:

Name: _____ Telephone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

3. PRINCIPAL CONTACT, if not the applicant:

Name: _____ Telephone: (____) _____

4. PROJECT DESCRIPTION: _____

5. PROJECT PURPOSE:

- | | | |
|---|---|--|
| <input type="checkbox"/> Shore Erosion Control | <input type="checkbox"/> Erosion/Sediment Control | <input type="checkbox"/> Storm Drain/Stormwater Management |
| <input type="checkbox"/> Utility Installation | <input type="checkbox"/> Improve Navigable Access | <input type="checkbox"/> Marina |
| <input type="checkbox"/> Create Waterfowl Habitat | <input type="checkbox"/> Improve Fish Habitat | <input type="checkbox"/> Fill |
| <input type="checkbox"/> Temporary Construction | <input type="checkbox"/> Stream Channelization | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Beach Nourishment | <input type="checkbox"/> Maintenance/Repair | <input type="checkbox"/> Dam |
| <input type="checkbox"/> Residential/Commercial Development | <input type="checkbox"/> Small Pond | <input type="checkbox"/> Road |
| <input type="checkbox"/> Other: (describe) _____ | | <input type="checkbox"/> Culvert |

CERTIFICATION:

I hereby designate and authorize the agent named above to act on my behalf in the processing of this application and to furnish any information that is requested. I certify that the information on this form and on the attached plans and specifications is true and accurate to the best of my knowledge and belief. I understand that any of the agencies involved in authorizing the proposed works may request information in addition to that set forth herein as may be deemed appropriate in considering this proposal. I grant permission to the agencies responsible for authorization of this work, or their duly authorized representative, to enter the project site for inspection purposes during working hours. I will abide by the conditions of the permit or license if issued and will not begin work without the appropriate authorization. I also certify that the proposed works are not inconsistent with Maryland's Coastal Zone Management Plan.

APPLICANT MUST SIGN: _____ **Date** _____

PLEASE COMPLETE THE REVERSE SIDE

6. PROJECT LOCATION: This project is in Tidal Non-Tidal Waters. (Please Ccheck One)

County: _____ Name of Waterway: _____

Site Address or Location: _____

Directions from nearest intersection of two state roads: _____

County Book Map (A.D.C.) Coordinates: Map: _____ Letter: _____ Number: _____

7. TYPE OF PROJECT:

| Work Proposed | Overall Length (in feet) | Average Width (in feet) | Maximum Distance Channelward From Mean High Water For projects in tidal waters (in feet) |
|--|-----------------------------|----------------------------|---|
| <input type="checkbox"/> Bulkhead | _____ | _____ | _____ |
| <input type="checkbox"/> Revetment | _____ | _____ | _____ |
| <input type="checkbox"/> Vegetative Stabilization | _____ | _____ | _____ |
| <input type="checkbox"/> Gabions | _____ | _____ | _____ |
| <input type="checkbox"/> Groins or Jetties | _____ | _____ | _____ |
| <input type="checkbox"/> Boat Ramp | _____ | _____ | _____ |
| <input type="checkbox"/> Pier | _____ | _____ | _____ |
| <input type="checkbox"/> Breakwater | _____ | _____ | _____ |
| <input type="checkbox"/> Road Crossing | _____ | _____ | _____ |
| <input type="checkbox"/> Utility Line | _____ | _____ | _____ |
| <input type="checkbox"/> Outfall Construction | _____ | _____ | _____ |
| <input type="checkbox"/> Dredging | | | |
| <input type="checkbox"/> New <input type="checkbox"/> Maintenance | | | |
| <input type="checkbox"/> Hydraulic <input type="checkbox"/> Mechanical | _____ | _____ | _____ |
| <input type="checkbox"/> Other: For other projects, please supply project dimensions including the area of disturbance (acreage), volume of fill (cubic yards), type of fill, and area (acreage) of wetlands to be impacted. | _____ | | |

8. PROPOSED STARTING DATE: _____

9. CONTRACTOR'S NAME (If Known): _____

10. LAND USE:

Current Use Is: Agriculture Wooded Marsh/Swamp Meadow Developed
Present Zoning Is: Residential Commercial Agriculture Other: _____

11. OTHER PERMITS REQUIRED: Building Permit Soil Conservation District Other: _____

12. NOTIFICATION OF ADJACENT PROPERTY OWNERS:

The applicant/agent will be informed by the permitting agencies when notification of adjacent property owners is required.

IMPORTANT:

PLEASE MAIL FIVE COPIES OF THE APPLICATION, SITE PLAN, AND VICINITY MAP (WITH PROJECT LOCATION PINPOINTED) TO:
MDE, WATER MANAGEMENT ADMINISTRATION
REGULATORY SERVICES COORDINATION OFFICE
MONTGOMERY PARK BUSINESS CENTER – ST 430
1800 WASHINGTON BOULEVARD
BALTIMORE, MD 21230-1708
(410) 537-3762 OR 1-800-876-0200

SEND AN APPLICATION FEE OF \$750 ALONG WITH A COPY OF THE FIRST PAGE OF THE APPLICATION TO:
MDE
P.O. BOX 2057, BALTIMORE, MD 21203-2057.
PLEASE REFER TO OUR WEBSITE
<http://www.mde.state.md.us/wetlands> FOR FURTHER INSTRUCTIONS.

