



Shoreland Project Permit Application

Soil Disturbance

Dock

Tree Removal

Other

Fee: \$50.00

Project Address:

Map/Lot:

Applicant/Owner Information

Applicant Name:	Owner Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

Contractor Information

Name:	DEP Certification #*:
Address:	Email:
City, State, Zip:	Phone:

Site Plan: Please include all lot lines. Tree cutting applications must label each tree requesting to be cut, their type, and diameter. Docks should include dimensions and total square footage.

I hereby certify that I am the owner of record of the named property, or that the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his/her agent. I agree to conform to the applicable laws and ordinances of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official/Inspector shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Owner/Applicant Signature: _____ Date: _____

* All contractors disturbing more than one cubic yard of dirt must provide a DEP Certification Number.