

<b>FOR AGENCY USE ONLY</b>		<b>ABBREVIATED JOINT FEDERAL / STATE APPLICATION FOR THE ALTERATION OF ANY TIDAL WETLAND AND/OR TIDAL WATERS IN MARYLAND</b>												MDE Permit #:						
														Tracking #:						
MDSPGP Category:		<input type="checkbox"/>	Major	<input type="checkbox"/>	Minor	<input type="checkbox"/>	240-day	<input type="checkbox"/>	90-Day	<input type="checkbox"/>	MHT	<input type="checkbox"/>	WHD	<input type="checkbox"/>	PN	MDE AI #:				
This abbreviated application should only be used for projects that are eligible for federal authorization under the Maryland State Programmatic General Permit (MDSPGP).														MDE Reviewer:			County:			

Pre-Application Meeting Held? <input type="checkbox"/> with MDE <input type="checkbox"/> with USACE		AI# (if given):	*MAILING INSTRUCTIONS LOCATED ON 2 <sup>ND</sup> PAGE OF THIS APPLICATION*
Reviewer's Name(s):			

Applying for:	<input type="checkbox"/> Authorization <input type="checkbox"/> Modification	<b>MDE APPLICATION REVIEW FEE REQUIRED:</b> PLEASE REFER TO THE MDE WEBSITE: <a href="http://mde.maryland.gov/programs/Water/WetlandsandWaterways/Documents/FeeSchedule.pdf">http://mde.maryland.gov/programs/Water/WetlandsandWaterways/Documents/FeeSchedule.pdf</a>
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**(Applicant will be copied on all correspondence, unless they opt out, BY INITIAL AND SIGNATURE, in Section 12)**

**1. APPLICANT INFORMATION:** (Please note that the applicant is not the contractor/agent applying on behalf of a riparian property owner)

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. RIPARIAN PROPERTY OWNER INFORMATION:** (If different from the Applicant)

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. AUTHORIZED AGENT / PRINCIPAL CONTACT INFORMATION:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4. CONTRACTOR INFORMATION** (If currently unknown, required to be provided to MDE's Tidal Wetland Division prior to construction of project)

Company Name: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**5. PROJECT DESCRIPTION:** (Attach additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

**6. PROJECT PURPOSE:** (Check all that apply)

<input type="checkbox"/> Improve Navigable Access	<input type="checkbox"/> Shore Erosion Control	<input type="checkbox"/> Fill
<input type="checkbox"/> Beach Nourishment	<input type="checkbox"/> Create/Improve Habitat	<input type="checkbox"/> Erosion/Sediment Control
<input type="checkbox"/> Create/Improve Infrastructure	<input type="checkbox"/> Utility Installation	<input type="checkbox"/> Residential/Commercial Development
<input type="checkbox"/> Other: (describe) _____		

**7. PROJECT LOCATION:** (If project site has no address, please include the lot # and/or nearest address with a clear description of the site)

County: \_\_\_\_\_ Name of Waterway: \_\_\_\_\_

Site Address or Location: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Directions from nearest intersection of two state roads: \_\_\_\_\_

**8. FEDERALLY AUTHORIZED CIVIL WORKS PROJECTS:** Is the project located in, on, or adjacent to a U.S. Army Corps of Engineers' federally authorized civil works project, structure, property, or easement (e.g., federal navigation channel, flood control levees, dams and reservoirs, lake property, etc.)?   ☐ Yes   ☐ No

If yes, has a review pursuant to 33 U.S.C. 408 (Section 408) been initiated?   ☐ Yes   ☐ No

**9. VERIFICATIONS:**

**a) Best Management Practices:** I verify that my project will meet all Endangered Species Act Best Management Practices applicable to work in tidal waters and wetlands as required by the MDSPGP (see Section VII.B.4.c.i-iii).  
☐ Yes   ☐ No   ☐ Unknown   *Refer to the application instructions and the MDSPGP for additional information regarding these Best Management Practices.*

**b) Property Restrictions:** Is the proposed work located in an area encumbered by an existing site protection instrument such as a conservation easement, deed restriction, or declaration of restrictive covenants required as a condition of a prior U.S. Army Corps of Engineers', Maryland Department of the Environment, or Environmental Protection Agency  
☐ Yes   ☐ No   ☐ Unknown

**10. TYPE OF PROJECT** (check all that apply and provide all applicable information):

**This abbreviated application should only be used for projects that are eligible for federal authorization under the Maryland State Programmatic General Permit (MDSPGP). Please refer to the MDSPGP for eligible activities.**

Work Proposed	Overall Length	Average Width	Volume of Fill Material	Total Area Impacted (Sq. Ft.)		Maximum Distance Channelward from Mean High Water Line (Ft.)	New Work	Maintenance /Repair	Work Started/ Completed
	(Ft.)	(Ft.)	(cu. yards.)	Permanent	Temporary				
<input type="checkbox"/> Bulkhead							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Revetment							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Breakwater							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Groins, Jetties, or Low Profile Sill							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Living Shoreline (vegetated area)							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Pier							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Finger Pier							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Platform							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Pile(s) (#: )   <input type="checkbox"/> Osprey Pole							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Boat Lift (including support piles)							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Boat Ramp							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Utility Line							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Construction Access/Mats							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Dredging (Maintenance or New Minor)							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> <input type="checkbox"/> Hydraulic / <input type="checkbox"/> Mechanical									
<input type="checkbox"/> Other:							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *

**\*For any work started or completed, please clearly and accurately depict those portions of the project on the plans**

**11. DESCRIPTION OF AVOIDANCE, MINIMIZATION, AND COMPENSATION:** Please be advised that unavoidable losses of tidal wetlands and/or aquatic resources may require compensatory mitigation. Please provide a separate sheet(s) that addresses the proposed project's avoidance, minimization, and compensation (if required) which includes any clearing, grading, or excavation required before, during, and after the proposed project.

**12. STATE CERTIFICATION AND FEDERAL PRIVACY ACT STATEMENT:**

Application is hereby made for a permit or permits to authorize the work described in this application. 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 all permit(s) or license(s) if issued and will not begin work without the appropriate authorization. I also certify that the proposed works are consistent with Maryland's Coastal Zone Management Plan.

Authorities: Rivers and Harbors Act, Section 10, 33 USC 403; Clean Water Act, Section 404, 33 USC 1344; Marine Protection, Research, and Sanctuaries Act, Section 103, 33 USC 1413; Regulatory Programs of the Corps of Engineers, 33 CFR 320-332. Principal Purpose: Information provided on this JPA will be used in evaluating the application for a permit. Routine Uses: This information may be shared with the Department of Justice and other federal, state, and local government agencies, and the public and may be made available as part of a public notice. Submission of requested information is voluntary, however, if information is not provided, the permit application cannot be evaluated nor can a permit be issued.

All information, including permit applications and related materials, submitted to MDE may be subject to public disclosure consistent with the Maryland Public Information Act, §4-101 *et seq.*, General Provisions Article of the Maryland Code.

☐ **I am the riparian property owner/applicant and do not want to be contacted by MDE.** All correspondence should occur with my authorized agent /principal contact designated in **Section 3**, located on the 1<sup>st</sup> page of this application. (By initializing the box, you are acknowledging that you will not receive any correspondence directly from MDE ). I understand a copy of MDE's final decision regarding this application will be sent to me. This opt-out option does not apply to the U.S. Army Corps' correspondence, which will continue to be with the applicant/permittee.

**RIPARIAN PROPERTY OWNER MUST SIGN:**

**Date:**

**IMPORTANT:**

**PLEASE MAIL SEVEN (7) COPIES OF THE APPLICATION, SITE PLAN, AND VICINITY MAP (WITH PROJECT LOCATION PINPOINTED) TO:**

MDE/WATER AND SCIENCE ADMINISTRATION  
REGULATORY SERVICES SECTION  
MONTGOMERY PARK BUSINESS CENTER – STE 430  
1800 WASHINGTON BOULEVARD  
BALTIMORE, MD 21230-1708  
(410) 537-3752

**SEND THE APPLICABLE APPLICATION FEE AND A COPY OF THE FIRST PAGE OF THE APPLICATION TO:**

MDE  
P.O. BOX 2057  
BALTIMORE, MD 21203-2057  
PCA: 13910 OBJ: 4142

FOR FURTHER INSTRUCTIONS, PLEASE REFER TO OUR WEBSITE  
<http://mde.maryland.gov/programs/Water/WetlandsandWaterways>