CERTIFICATION OF NOTIFICATION

ATTENTION APPLICANT:

Please complete this form and return to Wetlands and Waterways Protection Program, Water and Science Administration, 1800 Washington Boulevard, Baltimore, MD 21230. Be sure to include the Division number, a copy of the tax map and your notification letter, and sign the form. Please include complete names and complete addresses, including zip codes. Your application is incomplete until this certification is received.

Tracking No:	Division No:		
Assigned Staff:			
Description of the project	:		
Please list all persons n necessary)	otified below: (continue or	n reverse side or attach	additional sheets it
NAME		ADDRESS	
If delivery was not man	de to certain persons, please side of this form.	ase list those persons a	nd the reasons for
•	e notified all persons who ow appropriate local officials h	* *	
Signature of Applicant		Date	_
Please Print Name	 Telepho	one Number	