

**PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN WITH ATTACHED APPLICATION FORMS AND DRAWING**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ (HOME) \_\_\_\_\_ (OFFICE OR CELL)

TYPE FACILITY OR ACTIVITY: (CHECK ONE)      FACILITY SIZE:

\_\_\_\_\_ DOCK/PIER (floating or stationary)      \_\_\_\_\_ LENGTH BY \_\_\_\_\_ WIDTH

\_\_\_\_\_ BOATHOUSE (floating or stationary)      \_\_\_\_\_ LENGTH BY \_\_\_\_\_ WIDTH

\_\_\_\_\_ BOAT RAMP      \_\_\_\_\_ LENGTH BY \_\_\_\_\_ WIDTH

\_\_\_\_\_ RETAINING WALL/BULKHEAD      \_\_\_\_\_ LENGTH BY \_\_\_\_\_ WIDTH

\_\_\_\_\_ DREDGING      \_\_\_\_\_ TOTAL CUBIC YARDS

TYPE FLOTATIONAL MATERIAL:

PRODUCT NAME \_\_\_\_\_ MANUFACTURED BY \_\_\_\_\_

SIZE \_\_\_\_\_ NUMBER NEEDED FOR FACILITY \_\_\_\_\_

(Flotation must be warranted by manufacturer for a period of at least eight years against shrinking, becoming waterlogged, cracking, peeling, fragmenting or losing beads. Applicant is responsible for providing product information, including warranty, before permit will be issued).

FACILITY LOCATION: (CHECK ONE)

\_\_\_\_\_ TOMBIGBEE RIVER – MILE NO. \_\_\_\_\_      COFFEEVILLE LAKE \_\_\_\_\_

\_\_\_\_\_ BLACK WARRIOR RIVER – MILE NO. \_\_\_\_\_      DEMOPOLIS LAKE \_\_\_\_\_

\_\_\_\_\_ MULBERRY FORK – MILE NO. \_\_\_\_\_      WARRIOR LAKE \_\_\_\_\_

\_\_\_\_\_ LOCUST FORK – MILE NO. \_\_\_\_\_      OLIVER LAKE \_\_\_\_\_

HOLT LAKE \_\_\_\_\_

BANKHEAD LAKE \_\_\_\_\_

WHAT COUNTY IS THE FACILITY LOCATED IN? \_\_\_\_\_

HIGHWAY DIRECTIONS TO FACILITY LOCATION. PLEASE BE COMPLETE WITH COUNTY AND STATE ROAD NUMBER, MILEAGE, HOUSE NUMBERS OR COLOR, ETC.

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ADJACENT LANDOWNER NAMES \_\_\_\_\_

CHECK ONE OF THE FOLLOWING:

\_\_\_\_\_ AFTER THE FACT CONSTRUCTION. DATE FACILITY BUILT \_\_\_\_\_

\_\_\_\_\_ PROPOSED CONSTRUCTION. STARTING DATE \_\_\_\_\_

\_\_\_\_\_ CONSTRUCTION COMMENCED \_\_\_\_\_

DO YOU CURRENTLY HAVE ANY FACILITIES PERMITTED BY THIS OFFICE OR OTHER U.S. ARMY CORPS OF ENGINEERS OFFICES? \_\_\_\_ YES \_\_\_\_ NO

IF YES, WHAT IS THE PERMIT NUMBER? \_\_\_\_\_

FACILITY TYPE? \_\_\_\_\_

LOCATION \_\_\_\_\_

**CONSTRUCTION SHOULD NOT BEGIN UNTIL YOU HAVE A SIGNED LETTER FROM THIS OFFICE INDICATING THAT YOUR ACTIVITY IS WITHIN PERMIT REQUIREMENTS. PROCEEDING WITHOUT THE PROPER PERMIT MAY RESULT IN REMOVAL OF ANY UNAUTHORIZED CONSTRUCTION.**

**THANK YOU FOR TAKING THE TIME TO FILL OUT THE ABOVE INFORMATION.**