



1. Name Applicant

Mailing Address

Applicant Must be
(check all that apply):

Owner

Operator

Lessee

Telephone

Email

Post Office City

State

Zip

Taxpayer ID (if applicant
is NOT an individual):

2. Name of Property Owner (if different than Applicant)

Mailing Address

Telephone

Email

Post Office City

State

Zip

3. Contact / Agent Name

Mailing Address

Telephone

Email

Post Office City

State

Zip

4. Project / Facility Name

Project Location – street address, if applicable, or provide directions and distances to roads, bridges and bodies of water:

Property Tax Map Section /
Block / Lot Number

Proposed Start
Date

Estimated
Completion Date

Town / Village / City

Stream/Waterbody Name

County

Name of USGS Quadrangle Map

Location Coordinates: Enter NYTMs in kilometers OR Latitude/Longitude in degrees, minutes, seconds

NYTM – E

NYTM – N

Latitude

Longitude

5. Description of Project

List any previous DEC Permit / Application numbers for activities at this location:

6. Certification. I have read this permit and will construct this project in compliance with the terms and conditions of the permit and the Environmental Conservation Law and applicable regulations. I understand that any false or inaccurate statements made in the application for this permit are punishable as a Class A misdemeanor. As a condition of this permit I accept full legal responsibility for all damage direct or indirect of whatever nature and by whomever suffered arising out of the project described herein and agree to indemnify and save harmless the state from suits actions damages and costs of every name and description resulting from this project.

If applicant is not the owner both must sign the application. If you are submitting this application electronically you may print your name and check the box that certifies you are the responsible applicant or property owner in lieu of providing an original signature.

Signature of Applicant

By checking this box,
I certify that I am the
responsible Applicant

Printed Name

Date

Signature of Owner

By checking this box,
I certify that I am the
responsible Owner

Printed Name

Date

Signature of Agent / Contact

Printed Name

Date



For NYSDEC Use Only

Use of General Permit GP-1-22-001, Tidal Wetland Bulkhead With Dredging General Permit for the project described on Part 1 – Request for Authorization is AUTHORIZED.

Effective Date of
Authorization

Expiration Date of
Authorization

Additional Information and/or Conditions

Use of General Permit GP-1-22-001, Tidal Wetland Bulkhead With Dredging General Permit for the project described on Part 1 – Request for Authorization is NOT AUTHORIZED.

Additional Information

NYSDEC Authorization

Authorized
Signature

Date

Printed Name

DEC Permit ID

Title

cc

Address

NYS Department of Environmental Conservation
Region 1
SUNY @ Stony Brook
50 Circle Drive
Stony Brook, NY 11790-3409