

## APPLICATION FOR SHORELINE USE PERMITS – STANDARD

PART A – GENERAL AND PROPERTY INFORMATION	
<b>1. Owner and Billing Address</b>	
Name	
Street Address	
City and State	
ZIP Code	Cell Phone
E-mail Address	Home Phone
Fax Number	Lake Phone
<b>2. Front-lot Property Location</b> (If full-time residence check here) <input type="checkbox"/>	<b>4. Property Information</b>
Development or Area	Attach copy of recorded deed evidencing your ownership of this front-lot property.  Control Number: _____  What is the lot width (at the project line)? _____ Feet  Property ID# (if known, on yellow tag on dock)? _____
Lot #	
Street or Road Name	
Lake Phone	
<b>3. Prior Owner of Front-lot Property</b> (If known)	
Name	
Street Address	
City and State	
ZIP Code	Phone
PART B – STANDARD SHORELINE USE REQUEST	
<i>Check all that are being requested, see Policy book for frontage required</i>	
<input type="checkbox"/> <b>STANDARD LAND USES</b>	<input type="checkbox"/> <b>FLOAT</b>
<input type="checkbox"/> <b>DOCK</b>	<input type="checkbox"/> <b>MOORING BUOY</b> Number of buoys requested _____

**PART C – APPLICANT DISCLOSURE**

The Applicant is required to disclose here any existing unpermitted or existing prohibited use of our property. Please list all unpermitted or existing prohibited uses or state “none.”

**PART D– AUTHORIZED SIGNATURE**

The undersigned hereby certifies that he/she is the legal owner of the front-lot property; that he/she has read, understands and accepts all of our Permit Terms and Conditions that are a part of this application, the Public Lake Use and Shoreline Use Permitting Policy; and that the information provided in this application is true, complete and accurate to the best of his/her knowledge.

The undersigned is the legal owner of the property for which the permits are being applied. If there are multiple property owners, the undersigned agrees and acknowledges that he/she is an agent of and/or is authorized to act on the behalf of all property owners.

_____	_____	_____	_____
Applicant’s Signature	Date	Applicant’s Signature	Date
_____		_____	
Print Name		Print Name	
_____	_____	_____	_____
Applicant’s Signature	Date	Applicant’s Signature	Date
_____		_____	
Print Name		Print Name	

MAIL COMPLETED FORM TO:

**BIF III Holtwood, LLC  
126 Lamberton Lane  
Hawley, PA 18428**