

## **APPLICATION FOR SHORELINE USE PERMITS – STANDARD**

### **PART A – GENERAL AND PROPERTY INFORMATION**

#### **1. Owner and Billing Address**

Name

Street Address

City and State

ZIP Code

Cell Phone

E-mail Address

Home Phone

Fax Number

Lake Phone

#### **2. Front-lot Property Location** (If full-time residence check here) ☐

Development or Area

Lot #

Street or Road Name

Lake Phone

#### **3. Prior Owner of Front-lot Property** (If known)

Name

Street Address

City and State

ZIP Code

Phone

#### **4. Property Information**

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)?  
\_\_\_\_\_

### **PART B – STANDARD SHORELINE USE REQUEST**

*Check all that are being requested, see Policy book for frontage required*

☐ **STANDARD LAND USES**

☐ **FLOAT**

☐ **DOCK**

☐ **MOORING BUOY**

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**