

APPLICATION FOR A NATURAL RESOURCES PROTECTION ACT PERMIT

¹ Name of Applicant:		⁵ Name of Agent:	
² Applicant's Mailing Address:		⁶ Agent's Mailing Address:	
³ Applicant's Daytime Phone:		⁷ Agent's Daytime Phone:	
⁴ Applicant's Email Address:		⁸ Agent's Email Address:	
⁹ Location of Activity (nearest Road, Street, Rt.#):		¹⁰ Town:	¹¹ County:
¹² Type of Resource: (Check all that apply)	<input type="checkbox"/> River, stream or brook <input type="checkbox"/> Great Pond <input type="checkbox"/> Coastal Wetland <input type="checkbox"/> Freshwater Wetland <input type="checkbox"/> Wetland Special Significance <input type="checkbox"/> Significant Wildlife Habitat <input type="checkbox"/> Fragile Mountain	¹³ Name of Resource:	
		¹⁴ Amount of Impact (sq. ft.): Fill: Dredging/Veg Removal/Other:	
¹⁵ Type of Wetland: (Check all that apply)	<input type="checkbox"/> Forested <input type="checkbox"/> Scrub Shrub <input type="checkbox"/> Emergent <input type="checkbox"/> Wet Meadow <input type="checkbox"/> Peatland <input type="checkbox"/> Open Water <input type="checkbox"/> Other _____	FOR FRESHWATER WETLANDS	
		<i>Tier 1</i> <input type="checkbox"/> 0 – 4,999 sq. ft. <input type="checkbox"/> 5,000 – 9,999 sq. ft. <input type="checkbox"/> 10,000 – 14,999 sq. ft.	<i>Tier 2</i> <input type="checkbox"/> 15,000 – 43,560 sq. ft.
¹⁶ Proposed Start Date <u>and</u> Brief Activity Description:			
¹⁷ Size of Lot or Parcel & UTM Locations: <input type="checkbox"/> _____ square feet, or _____ acres UTM Northing: _____ UTM Easting: _____			
¹⁸ Title, Right or Interest: <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Purchase Option <input type="checkbox"/> Written Agreement			
¹⁹ Deed Reference Numbers: Book: _____ Page: _____		²⁰ Map and Lot Numbers: Map: _____ Lot: _____	
²¹ DEP Staff Previously Contacted:		²² Part of a larger project: After-the-Fact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
²³ Resubmission of Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, previous application #:	Previous project manager:	
²⁴ Written Notice of Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of DEP enforcement staff involved:	²⁵ Previous Wetland Alteration: <input type="checkbox"/> Yes <input type="checkbox"/> No	
²⁶ Detailed Directions to the Project Site:			
TIER 1		TIER 2/3 AND INDIVIDUAL PERMITS	
<input type="checkbox"/> Title, right or interest documentation <input type="checkbox"/> Topographic Map <input type="checkbox"/> Narrative Project Description <input type="checkbox"/> Plan or Drawing (8 1/2" x 11") <input type="checkbox"/> Photos of Area <input type="checkbox"/> Statement of Avoidance & Minimization <input type="checkbox"/> Statement/Copy of cover letter to MHPC	<input type="checkbox"/> Title, right or interest documentation <input type="checkbox"/> Topographic Map <input type="checkbox"/> Copy of Public Notice/Public Information Meeting Documentation <input type="checkbox"/> Wetlands Delineation Report (Attachment 1) that contains the Information listed under Site Conditions <input type="checkbox"/> Alternatives Analysis (Attachment 2) including description of how wetland impacts were Avoided/Minimized	<input type="checkbox"/> Erosion Control/Construction Plan <input type="checkbox"/> Functional Assessment (Attachment 3), if required <input type="checkbox"/> Compensation Plan (Attachment 4), if required <input type="checkbox"/> Appendix A and others, if required <input type="checkbox"/> Statement/Copy of cover letter to MHPC <input type="checkbox"/> Description of Previously Mined Peatland, if required	
FEES, CERTIFICATIONS AND SIGNATURES LOCATED ON PAGE 2			

28 FEES

FEE: I will pay the Natural Resources Protection Act Permit fee (<https://www.maine.gov/dep/feeschedule.pdf>) by:

- Credit Card** – Pay online through the **Payment Portal**. (Attach payment confirmation when filing this application form.)
- Check** – Fill in all the information below and mail a copy of this form (without attachments) and a check made payable to “Treasurer, State of Maine,” to: Maine DEP, 17 State House Station, Augusta, ME 04333-0017.

Name: _____ Phone: _____ Ext. _____ Check #: _____ Email Filing Date: _____

IMPORTANT

**IF THE SIGNATURE BELOW IS NOT THE APPLICANT'S SIGNATURE,
ATTACH LETTER OF AGENT AUTHORIZATION SIGNED BY THE APPLICANT.**

By signing below the applicant (or authorized agent),
certifies that he or she has read and understood the following:

DEP SIGNATORY REQUIREMENT

PRIVACY ACT STATEMENT

Authority: 33 USC 401, Section 10; 1413, Section 404. Principal Purpose: These laws require permits authorizing activities in or affecting navigable waters of the United States, the discharge of dredged or fill material into waters of the United States, and the transportation of dredged material for the purpose of dumping it into ocean waters. Disclosure: Disclosure of requested information is voluntary. If information is not provided, however, the permit application cannot be processed nor a permit be issued.


CORPS SIGNATORY REQUIREMENT

USC Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or disguises a material fact or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both. I authorize the Corps to enter the property that is subject to this application, at reasonable hours, including buildings, structures or conveyances on the property, to determine the accuracy of any information provided herein.

DEP SIGNATORY REQUIREMENT

"I certify under penalty of law that I have personally examined the information submitted in this document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the property that is the subject of this application, at reasonable hours, including buildings, structures or conveyances on the property, to determine the accuracy of any information provided herein. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Further, I hereby authorize the DEP to send me an electronically signed decision on the license I am applying for with this application by emailing the decision to the address located on the front page of this application (see #4 for the applicant and #8 for the agent)."


SIGNATURE OF AGENT/APPLICANT

Date: 11/15/23

Signature of Agent: Kate M. Min

Date: 11/15/2023

NOTE: Any changes in activity plans must be submitted to the DEP and the Corps in writing and must be approved by both agencies prior to implementation. Failure to do so may result in enforcement action and/or the removal of the unapproved changes to the activity.