## STATE OF MARYLAND **DEPARTMENT OF NATURAL RESOURCES CHESAPEAKE & COASTAL SERVICE** SHORELINE CONSERVATION SERVICE

580 Taylor Avenue, E-2 Annapolis, MD 21401 Phone: 410-260-8786 Fax: 410-260-8779 Toll-Free 1-877-620-8367, Extension 8786

## APPLICATION FOR STATE ASSISTANCE

Please Print or Use Typewriter	•		
1. Where was this application	obtained?		(For Department Use Only)
Field Inspector? B	By Mail?	From County?	Date Received:
Tawes Bldg.?	Other?		
2. Have you ever applied for S	State Assistanc	ee? Yes No	
3. Has your property ever bee			
Yes No If	yes, date(s) _		
4. How long have you owned	this property?	Yrs. Mos.	
5. Name of previous owner(s)	?		AN
OWNER(S) OF PROPERTY.			
OWNER(S) OF PROPERTY:	(First)	(Middle)	(Last)
	(1 1130)	(1.110010)	(2450)
	(First)	(Middle)	(Last)
MAILING ADDRESS:			
	(Street or Rout	e and Box Number)	
	(City)	(Stata)	(7:)
	(City)	(State)	• •
TELEPHONE NUMBERS:	Home:		Office:
	C 11		Б
	Cell:		Fax
	Email:		
	Eman.		
LOCATION OF PROPERTY	Street:	Co	ommunity:
Edenings, or thoreast.	<u></u>		
	County	Bod	y of Water:
<b>ZONING</b> : Residential, Ye	ar-Round	_ Residential, Summer	Agricultural Public Use
Commercial	Other	_ Describe:	
NAME AND ADDRESS	A ( D' 1 )		
	At Right:		(N)
OF ADJOINING PROPERTY OWNERS:			(Name)
(Facing Water)			(Address)
	At Left:		( 1001 500)
			(Name)
			(Address)

(CONTINUED)

## APPLICATION FOR STATE ASSISTANCE

I/We request that assistance from the Department of Natural Resources be made available for the above-described property under the Shore Erosion Control Program. I/We understand the provision of the Shore Erosion Control Program, pursuant to the Annotated Code of Maryland, Natural Resources Article, Sections 8-1001 through 8-1008, and agree to furnish the Department surveys information as may be required. I/We further understand that this application will be considered for eligibility as prescribed by Law. I/We will be responsible for the maintenance of the project after it is completed. I/We grant permission for the Department's personnel to enter the property for the purpose of inspecting the shoreline.

I/We understand that two of the major factors in determining the acceptability of an application is the severity of the erosion problem at the property and the availability of funds. I/We further understand that this Application for State Assistance will not be processed unless it is accompanied by all of the following:

- 1. A photocopy of the recorded deed(s) to the property.
- 2. A photocopy of the recorded plat(s) of the property and house location survey, if available.
- 3. A map of the area so that the Department's personnel may inspect the property, unless a site inspection was previously conducted.

Oate:		
	(Signature of Applicant)	(SSN or FID)
Date:		
	(Signature of Applicant)	(SSN or FID)
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	ed representative of the local government is necessary wh	en a County or Municipality
ponsors the Applican	· · · · · · · · · · · · · · · · · · ·	en a County or Municipality
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ponsors the Applican	· · · · · · · · · · · · · · · · · · ·	en a County or Municipality  (FID)
ponsors the Application	nt	