

**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

<p>1. Where was this application obtained? Field Inspector? _____ By Mail? _____ From County? _____ Tawes Bldg.? _____ Other? _____</p> <p>2. Have you ever applied for State Assistance? Yes _____ No _____</p> <p>3. Has your property ever been inspected by this Department? Yes _____ No _____ If yes, date(s) _____</p> <p>4. How long have you owned this property? _____ Yrs. _____ Mos.</p> <p>5. Name of previous owner(s)? _____</p>	<p style="text-align: center;">(For Department Use Only)</p> <p>Date Received:</p>    <p style="text-align: center;"><b>AN</b> _____</p>
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**OWNER(S) OF PROPERTY:** \_\_\_\_\_  
(First) (Middle) (Last)

**MAILING ADDRESS:** \_\_\_\_\_  
(First) (Middle) (Last)

(Street or Route and Box Number) \_\_\_\_\_  
(City) (State) (Zip)

**TELEPHONE NUMBERS:** Home: \_\_\_\_\_ Office: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

**LOCATION OF PROPERTY:** Street: \_\_\_\_\_ Community: \_\_\_\_\_  
County \_\_\_\_\_ Body of Water: \_\_\_\_\_

**ZONING:** Residential, Year-Round \_\_\_\_\_ Residential, Summer \_\_\_\_\_ Agricultural \_\_\_\_\_ Public Use \_\_\_\_\_  
Commercial \_\_\_\_\_ Other \_\_\_\_\_ Describe: \_\_\_\_\_

**NAME AND ADDRESS OF ADJOINING PROPERTY OWNERS:** (Facing Water)

At Right: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)

At Left: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)

## 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.

Date: _____		
	(Signature of Applicant)	(SSN or FID)

Date: _____		
	(Signature of Applicant)	(SSN or FID)

Signature of authorized representative of the local government is necessary when a County or Municipality sponsors the Applicant.

(County or Municipality)	(FID)

Date: _____	By: _____	
	(Authorized Representative)	(Title)