PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN WITH ATTACHED APPLICATION FORMS AND DRAWINGS.

PROCEEDING WITHOUT THE PROPER PERMIT MAY RESULT IN REMOVAL OF ANY UNAUTHORIZED CONSTRUCTION.

NAME DATE		DATE
TELEPHONE	(HOME)	(OFFICE/CELL)
E-MAIL (optional)		
AFTER THE FACT CONST	TRUCTION or NEW CO	ONSTRUCTION (circle one)
DATE FACILITY BUILT _		
PROPOSED CONSTRUCT	ION STARTING DATE	
CONSTRUCTION COMMI	ENCED	
		RMITTED BY THIS OFFICE FICES? YES / NO (circle one)
IF YES, WHAT IS THE PE	RMIT NUMBER?	
FACILITY TYPE & LOCA	TION:	
I OWN THE PROPERTY I	PLAN TO BUILD ON: YES	S / NO (circle one)
I AM LEASING THE PRO	PERTY I PLAN TO BUILD	ON: YES / NO (circle one)
OWNER OF THE PROPER	TY	
	THE PROPERTY YOU P FER OF PERMISSION FRO RMITTED.	
ADJACENT LANDOWNE	R NAMES (if known) :	

FACILITY LOCATION:

COUNTY _____

HIGHWAY DIRECTIONS TO FACILITY LOCATION. PLEASE BE COMPLETE WITH COUNTY AND STATE ROAD NUMBER, MILEAGE, HOUSE NUMBERS OR COLOR, ETC.

TOMBIGBEE RIVER – MILE _____

BLACK WARRIOR RIVER – MILE

MULBERRY FORK – MILE _____

LOCUST FORK – MILE

COFFEEVILLE LAKE _____

DEMOPOLIS LAKE _____

WARRIOR LAKE ____

OLIVER LAKE

HOLT LAKE ____

BANKHEAD LAKE

TYPE FACILITY OR ACTIVITY: (CHECK ALL THAT APPLY) FACILITY SIZE:

WIDTH LI	ENGTH
WIDTH LI	ENGTH
WIDTH LI	ENGTH
WIDTH L	ENGTH
WIDTH L	ENGTH
TOTAL CUBIC	YARDS
	WIDTH LI WIDTH LI WIDTH LI WIDTH LI WIDTH LI UI

TYPE FLOTATION MATERIAL:

PRODUCT NAME

MANUFACTURED BY _____

*Flotation must be warranted by manufacturer for a period of at least eight years against shrinking, becoming waterlogged, cracking, peeling, fragmenting or losing beads. Applicant is responsible for providing product information, including warranty, before permit will be issued.