RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER RESOURCES\FRESHWATER WETLANDS PROGRAM

235 Promenade Street, Providence, RI 02908

Telephone: 401-222-6820, Telecommunication Device for the Deaf: 401-222-4462

GENERAL APPLICATION FORM

Request to Verify Delineated Edge of Wetlands (Rule 8.03) Request for Preliminary Determination (Rule 9.00) Application to Alter a Freshwater Wetland (Rule 10.00) Application for Renewal (Rule 11.02) Complete Only Parts B, D & H Application for Permit Modification (Rule 11.03) Application for Permit Transfer (Rule 11.04) Complete Only Parts B, E & H Change in Owner during review – (Rule 7.02(E)) Complete Only Parts B, F & H PART B Applicant Information: Applicant's Name (see Rules 7.02): Note: The applicant must be the owner of the property or easement which is the subject of this application or must be the government agency or entity with power of condemnation over such property or easement. Applicant's Mailing Address: Street/Road P.O. Box City/Town State Zip Code Telephone No. Applicant's Email Address: (print legibly): Property Location subject to this Application: City/Town Street Abutting Site Street address number (if applicable) Nearest street intersection and its distance and direction from site Nearest street intersection and its distance and direction from site Nearest street intersection and tot No(s): Tax Assessor's Plat(s) and Lot No(s) (if Assessor's are not available): PART C General Information: Any previous application for this site? Yes No Provide Application No(s) Any previous enforcement action for this site? Yes No Provide File No(s)	Please type or print		
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Application/Permit NoPermit Expiration Date: Number of previous renewals issued (if applicable):	Name of Original or Subsequent Permittee:		
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Applicant's Statement: I hereby state that I am requesting renewal of the original or subsequently modified permitted project under	Applicant's Statement: I hereby state that I am rec	questing renewal of the original or sul	bsequently modified permitted project under
Application/Permit No I fully understand the permit limitations and will comply with any and all		I fully understand the permit lin	nitations and will comply with any and all
conditions of the permit. Applicant's name: (print)(signature)	conditions of the permit. Applicant's name: (print)	(signatur	re)
☐ Check here if actual site work has commenced on the project for which renewal is requested.			

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PART E For Permit Transfer Application	on (if applicable):
Original Permittee's Name:	
Application/Permit No.:	Permit Expiration Date:
Note: A certified copy of the deed of transfer must	be enclosed with application.
Applicant's Statement : I hereby certify that I have and hereby agree to comply with all conditions of t	re reviewed the permit letter issued under Application/Permit No
Applicant's Name (print):	(signature): Date:
PART F For Change in Owner During	Application Processing (if applicable):
Original Applicant's Name:	Application No
Note: A certified copy of the deed of transfer mu	st be enclosed for Applications to Alter only.
	(if applicable): ineer, biologist, landscape architect, etc.) who participated in the submission cation and supporting documentation must sign below.
that such documentation is in accordance with the	applicant to prepare documentation to be submitted in support of this Application; as <i>Rules and Regulations Governing the Administration and Enforcement of the</i> ation is true, accurate and complete to the best of my knowledge.
Professional's Name (print):	Title:
Email (print legibly):	d/b/a:
Address:	
Professional's Signature:	Date:
$\ \square$ Check this box if the above named is the	project manager or project lead for the applicant.
☐ I've completed and attached the Site Wo	<u>rk Affidavit</u> .
If more than one professional: Professional's Name (print):	Title:
	d/b/a:
A 11	
Professional's Signature:	
☐ I've completed and attached the <u>Site</u>	
Professional's Name (print):	Title:
	d/b/a:
Address:	
	Date:
☐ I've completed and attached the <u>Site</u> `	Work Affidavit.
PART H Certification/Authorization of	Applicant:
form, contained in this Application; that I have persuch information is true, accurate and complete to property for purposes of observing conditions perting resulting from this application, including any sample.	I the investigation, compilation, and submission of all the information, in whatever sonally examined and am familiar with the information submitted herein; and that the best of my knowledge. I hereby authorize RIDEM personnel access to the nent to this application and assessing compliance with any permit or determination pling, monitoring or surveying that may be deemed appropriate, consistent with (See DEM website - Office of Compliance and Inspection for copy).
Applicant's Signature:	Title (if applicable):
See Rule 7.02 regard	ding Signatures
Print Name Signed Above:	Date: