8.   What is the Health Department's current classification of the growing waters at the project site? **Open for direct harvesting, Seasonally closed, Permanently closed, or Uncertain.** (Circle one)

9.   Please provide the following required drawings:

1. <u>Vicinity Map</u> - Use a map to depict the exact location of the project site. Please indicate the name of the map used. USGS quadrangle maps, street maps, or county maps are preferred.

2. <u>Plan View Drawing</u> - This drawing must depict the proposed structures as if viewed from above. The drawing must include, a north arrow, the waterway name, the location of mean high water and mean low water, the location of any submerged aquatic vegetation at the site, the width of the waterway, the direction of ebb and flood of the tide, your property lines and shoreline, the opposite shoreline if the waterway is less than 500 feet wide, the depth of water at the project site, and the location of the existing navigation channel. A recent plat of the property, if available, provides a good scaled template for the plan view drawing.

3. <u>Cross Sectional Drawing</u> - The cross sectional drawing must show the dimensions of the proposed structures as viewed from the side. It should include the depth of the water and any structures which will be used secure the floats or cages. **If the application is for floats which will be secured to your existing pier, a cross sectional drawing will not be required.**

ALL APPLICANTS MUST SIGN

I hereby apply for all necessary permits for the activities described herein. I agree to allow the duly authorized representatives of any regulatory or advisory agency to enter upon the premises of the project site at reasonable times to inspect and photograph site conditions.

I hereby certify that the information submitted in this application is true and accurate to the best of my knowledge.

_____   _____
APPLICANT'S SIGNATURE   APPLICANT'S NAME (PRINTED/TYPED)

DATE: _____

IF DIFFERENT FROM APPLICANT:

_____   _____
PROPERTY OWNER'S SIGNATURE   PROPERTY OWNER'S NAME
                                                                        (PRINTED/TYPED)

DATE: _____