

JOINT APPLICATION FORM FOR ILLINOIS

ITEMS 1 AND 2 FOR AGENCY USE

1. Application Number	2. Date Received
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3. and 4. (SEE SPECIAL INSTRUCTIONS) NAME, MAILING ADDRESS AND TELEPHONE NUMBERS

3a. Applicant's Name: Company Name (if any) : Address: Email Address:	3b. Co-Applicant/Property Owner Name (if needed or if different from applicant): Company Name (if any): Address: Email Address:	4. Authorized Agent (an agent is not required): Company Name (if any): Address: Email Address:
Applicant's Phone Nos. w/area code Business: Residence: Cell: Fax:	Applicant's Phone Nos. w/area code Business: Residence: Cell: Fax:	Agent's Phone Nos. w/area code Business: Residence: Cell: Fax:

STATEMENT OF AUTHORIZATION

I hereby authorize, _____ to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.

Applicant's Signature

Date

5. ADJOINING PROPERTY OWNERS (Upstream and Downstream of the water body and within Visual Reach of Project)

Name	Mailing Address	Phone No. w/area code
a.		
b.		
c.		
d.		

6. PROJECT TITLE:

7. PROJECT LOCATION:

LATITUDE:	UTMs				
LONGITUDE:	Northing:				
	Easting:				
STREET, ROAD, OR OTHER DESCRIPTIVE LOCATION	LEGAL DESCRIP T	QUARTER	SECTION	TOWNSHIP NO.	RANGE
<input type="checkbox"/> IN OR <input type="checkbox"/> NEAR CITY OF TOWN (check appropriate box) Municipality Name	WATERWAY			RIVER MILE (if applicable)	
COUNTY	STATE	ZIP CODE			

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8. PROJECT DESCRIPTION (Include all features):

9. PURPOSE AND NEED OF PROJECT:

COMPLETE THE FOLLOWING FOUR BLOCKS IF DREDGED AND/OR FILL MATERIAL IS TO BE DISCHARGED

10. REASON(S) FOR DISCHARGE:

11. TYPE(S) OF MATERIAL BEING DISCHARGED AND THE AMOUNT OF EACH TYPE IN CUBIC YARDS FOR WATERWAYS:
 TYPE:
 AMOUNT IN CUBIC YARDS:

12. SURFACE AREA IN ACRES OF WETLANDS OR OTHER WATERS FILLED (See Instructions)

13. DESCRIPTION OF AVOIDANCE, MINIMIZATION AND COMPENSATION (See instructions)

14. Date activity is proposed to commence _____ Date activity is expected to be completed _____

15. Is any portion of the activity for which authorization is sought now complete? Yes No NOTE: If answer is "YES" give reasons in the Project Description and Remarks section. Indicate the existing work on drawings.
 Month and Year the activity was completed _____

16. List all approvals or certification and denials received from other Federal, interstate, state, or local agencies for structures, construction, discharges or other activities described in this application.

<u>Issuing Agency</u>	<u>Type of Approval</u>	<u>Identification No.</u>	<u>Date of Application</u>	<u>Date of Approval</u>	<u>Date of Denial</u>

17. CONSENT TO ENTER PROPERTY LISTED IN PART 7 ABOVE IS HEREBY GRANTED. Yes No

18. APPLICATION VERIFICATION (SEE SPECIAL INSTRUCTIONS)
 Application is hereby made for the activities described herein. I certify that I am familiar with the information contained in the application, and that to the best of my knowledge and belief, such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities.

_____	_____
Signature of Applicant or Authorized Agent	Date
_____	_____
Signature of Applicant or Authorized Agent	Date
_____	_____
Signature of Applicant or Authorized Agent	Date

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SEE INSTRUCTIONS FOR ADDRESS

LOCATION MAP

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PLAN VIEW

FOR AGENCY USE ONLY

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