

State of Wisconsin  
 Department of Natural Resources  
 (Return to Village of Lake Delton  
 P.O. Box 87 Lake Delton WI 53940-0087)

VILLAGE OF LAKE DELTON AND  
**State / Federal Application for Water Regulatory  
 Permits and Approvals**

Form 3500-053 (R 4/01)

PLEASE COMPLETE BOTH PAGES 1 & 2 OF THIS APPLICATION. PRINT OR TYPE. The Department requires use of this form for any application filed pursuant to Chapter 30, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Personally identifiable information on this form will not be used for any other purpose, but it must be made available to requesters under Wisconsin's open records law [s. 19.31-19.39, Wis. Stats.].

1. Applicant (Individual or corporate name)  Address _____  City, State, Zip Code _____ Email _____  Telephone No. (Include area code) _____ Tax Parcel Number _____	2. Agent/Contractor (firm name)  Address _____  City, State, Zip Code _____  Telephone No. (Include area code) _____
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3. If applicant is not owner of the property where the proposed activity will be conducted, provide name and address of owner and include letter of authorization from owner. Owner must be the applicant or co-applicant for structure, diversion and stream realignment activities.

Owner's Name	Address	City, State, Zip Code
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4. Is the applicant a business?  Yes  No  
 If YES, are you licensed to conduct this business in the State of Wisconsin?  
 Yes  No  
 Certificate of insurance attached?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Project Location  
 Address \_\_\_\_\_  
 Village/City/Town: **VILLAGE OF LAKE DELTON**  
 \_\_\_\_\_ Tax Parcel Number \_\_\_\_\_  
 Waterway: **LAKE DELTON**  
 County: **SAUK**  
 Township 13 1/4, \_\_\_\_\_ 1/4, of Section \_\_\_\_\_,  
 \_\_\_\_\_ North, Range 6 (EAST)

6. Adjoining Riparian (**Neighboring Waterfront Property Owner**) Information

Name of Riparian #1	Address	City, State, Zip Code
Name of Riparian #2	Address	City, State, Zip Code

7. Project Information (Attach additional sheets if necessary)

(a) Describe proposed activity (include how this project will be constructed) **SWIM RAFT PERMIT**

(b) Purpose, need and intended use of project **ANNUAL RENEWAL**

(c) I have applied for or received permits from the following agencies: (Check all that apply)  
 Municipal  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

(d) Date raft will be installed for the season: \_\_\_\_\_ Removed: \_\_\_\_\_ .(Approx. Dates )

(e) Has the raft been installed for the season prior to applicaiton:  
 Yes  No Please indicate here the date activity was completed: \_\_\_\_\_

I hereby certify that the information contained herein is true and accurate. I also certify that I am entitled to apply for a permit, or that I am the duly authorized representative or agent of an applicant who is entitled to apply for a permit. Any inaccurate information submitted may result in permit revocation, the imposition of a forfeiture(s) and requirement of restoration.

Signature of Applicant(s) or Duly Authorized Agent	Date Signed
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<b>LEAVE BLANK - FOR RECEIVING AGENCY USE ONLY</b>		
VILLAGE OF LAKE DELTON PERMIT NUMBER:	DATE APPROVED BY BOARD:	
Received By	Date Received	Date Application Was Complete

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This drawing should show raft with dimensions (height, width, length and depth of raft in water.

**Location Sketch** (Indicate scale)

1" = \_\_\_\_\_ ft.

N



**Project Plans** Show raft, shoreline, any objects (other rafts, docks, boat houses) in water or on shoreline within 200' of raft placement.

1" = \_\_\_\_\_ ft.

N

