## **MULTI-PURPOSE APPLICATION**

Real Estate Outgrants & Civil Works Project Alteration (section 408)

For use of this form, see SWG-RE 701i

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Chileston Ontill

PART T- BUSINESS/COMPANY APPLICANT INFORMATION							
1a. BUSINESS/COMPANY NAME	]1	1b. CUSTOMER# (if returning)					
1c. LAST NAME (SIGNATORY FOR APPLICANT)		FIRST NAME			M.I.		
1d. TITLE		1e. E-MAIL 1f. PHC		IONE			
1g. ADDRESS		1h. CITY	1i STATE 1j. Z		1j. ZIP	CODE	
PART II - AGENT INFORMATION (IF APPLICABLE):							
2a. BUSINESS/COMPANY NAME	2b. CUSTOMER# (if returning)						
2c. LAST NAME (AGENT)		FIRST NAME			M.I.		
2d. TITLE		2e. E-MAIL	2f. PHONE		IONE	I	
2g. ADDRESS	2h. CITY	2i ST.	ATE 2j. ZIP CODE				
PART III - LEGAL OFFICER / CERTIFYING OFFICER INFORMATION  (For dredging must be an attorney, for all others must be corporate officer)							
3c. LAST NAME	FIRST NAME				M.I.		
3d. TITLE		3e. E-MAIL		3f. PHONE			
3g. ADDRESS		3h. CITY	3i ST	ATE 3j. ZIP CODE		CODE	
PART IV - PERMITTING							
4a. Do you hold a current authorizing Regulatory document (i.e., Section 404, Section 10, Nationwide Permit(s) or Letter of Permission) for the requested activity? If "Yes", ATTACH COPIES of all permits and amendments.							
4b. Have you applied for a regulator box 4c	es" include application #	in yes	1 14				
PART V - PROJECT DESCRIPTION							
5a. TYPE (check all that apply)	5b. DREDGING	5c. PIPELINE	5d. GIS/CADD				
Dredging	New work	New work	.shp				
Pipeline	Maintenance	Replacement yes no .dwg					
Other Construction	Estimated c.y.	Crossing federal chann					
None of these	Required documents	Required documents Requireme			rements		
5e. PROPOSED START DATE ESTIMATED END DATE							
5f. SUMMARY OF PROJECT							
DADT \/I_CEDTIEICATION							
PART VI - CERTIFICATION  LHEREBY CERTIFY that Lam of local age and authorized to de business in the State of Tayon and that I have personally evamined the							
I HEREBY CERTIFY that I am of legal age and authorized to do business in the State of Texas and that I have personally examined the information contained in this application and believe that the information submitted is correct to the best of my knowledge.							
NAME	NAME SIGNATURE			DATE			