

SUBMITTAL REQUIREMENTS:

INFORMATION TO BE COMPLETED BY STAFF:	Application Number: Date Received:	
Type of General Permit Applied for:	Utility General Permit	
	Government Facilities Maintenance Permit	
Name of Agency, Department, Division or U	Jtility:	
Telephone Number:		
Address: (Street)		
(City)	(State)	(Zip code)
Contact Person:	Telephone Number:	
E-Mail Address:		
List Specific Types of Activities To Be Perfo	ormed Under This Permit:	
(Attach Additional Pages as Necessary)		