



For Department Use Only				
Date Received	Amount Received	Amount Due	Date Complete	Applicant No.

Complete EACH field following the instructions provided and submit this form with all enclosures and the required fee. The Department will return any application that does not include the information set forth in the instructions or the required fee. The instructions are available at [\[link to instructions\]](#).

1. Applicant Proposing Project

Name				
Business/Agency/Organization				
Street Address				
City, State, Zip				
Telephone		Ext.	Fax	
Email				

2. Contact Person (Complete only if different from applicant)

Name				
Business/Agency/Organization				
Street Address				
City, State, Zip				
Telephone		Ext.	Fax	
Email				

3. Property Owner (Complete only if different from applicant)

Name				
Business/Agency/Organization				
Street Address				
City, State, Zip				
Telephone		Ext.	Fax	
Email				

4. Project Name and Term

a. Project Name: _____				
b. Term (must be 5 years or less): Beginning (year): _____ Ending (year): _____				
c. Seasonal Work Period	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)	Number of work days	
Year 1	_____	_____	_____	
Year 2	_____	_____	_____	
Year 3	_____	_____	_____	
Year 4	_____	_____	_____	
Year 5	_____	_____	_____	

5. Fees

Project Cost	\$ _____	Project Fee	\$ _____
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