



Camp and Center Lake Rehabilitation District
 PO Box 12, Camp Lake WI 53109

Email: treasurer@cclrd.org Web: www.cclrd.org

SHORELINE RESTORATION PROGRAM APPLICATION FORM

PROJECT INFORMATION

Project Description: (include pictures of shoreline project from land and water side and length of shoreline project in feet)

Has shoreline restoration ever been done to this shoreline as far as you are aware of, or does it appear to be? Yes No

PARCEL INFORMATION or PIN (Include all parcel(s) information. Attach additional sheets, if necessary.)

Project Address: _____

Parcel/PIN Number: _____

PROPERTY OWNER INFORMATION

Name		Email			
Address		Town/ Village		Zip code	
Phone		Cell			

Owner's Authorized Agent (if applicable)

Name		Email			
Address		Town/ Village		Zip code	
Phone		Cell			

I am the property owner or authorized agent of the property owner. I certify that to the best of my knowledge, the information submitted in support of this application is true and correct. I certify that I will comply with all applicable Village of Salem Lakes regulations and WDNR rules pertaining to the work requested above. I understand that the request and issuance of a permit from the WDNR will be done by the CCLRD Shoreline Program contractor. The CCLRD Shoreline Program contractor will draw up concept drawings and details when applying for the WDNR permit and this work is part of the quote received from said contractor. This does not remove the owner's responsibility for compliance with state or federal laws regulating construction or environmental laws.

The shoreline restoration 50/50 cost share program has a dollar cap of \$3,500 per homeowner, depending on the total number of applicants for any given year.

 Signature of **PROPERTY OWNER**

 Signature of **AUTHORIZED AGENT**
 (if applicable)

 Date

Application Received By:		Funds reimbursed to homeowner (check #)	
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