

**JOINT APPLICATION FORM FOR IOWA**

ITEMS 1 AND 2 FOR AGENCY USE

1. Application Number

2. Date Received

**3. and 4. (SEE SPECIAL INSTRUCTIONS) NAME, MAILING ADDRESS AND TELEPHONE NUMBERS**

3a. Applicant's Name

Company Name (if any)

Address

City, State, Zip

Email Address

3b. Co-Applicant/Property Owner Name (if needed or if different from applicant)

Company Name (if any)

Address

City, State, Zip

Email Address

4. Authorized Agent (an agent is not required)

Company Name (if any)

Address

City, State, Zip

Email Address

Applicant's Phone Nos. w/area code

Business:

Residence:

Cell:

Fax:

Applicant's Phone Nos. w/area code

Business:

Residence:

Cell:

Fax:

Agent's Phone Nos. w/area code

Business:

Residence:

Cell:

Fax:

**5. ADJOINING PROPERTY OWNERS (Upstream and Downstream of the water body)**

| Name | Mailing Address | Phone No. w/area code |
|------|-----------------|-----------------------|
| 1.   |                 |                       |
| 2.   |                 |                       |
| 3.   |                 |                       |

**6. PROJECT TITLE:**

**7. PROJECT DESCRIPTION (Include all features):**

**8. PURPOSE AND NEED OF PROJECT:**

More information on the Iowa Department of Natural Resources Flood Plain Management Program can be found on our website at: <http://floodplain.iowadnr.gov/> or by calling 866-849-0321.

**COMPLETE THE FOLLOWING FOUR BLOCKS IF DREDGED AND/OR FILL MATERIAL IS TO BE DISCHARGED**

9. REASON(S) FOR DISCHARGE:

10. TYPE(S) OF MATERIAL BEING DISCHARGED AND THE AMOUNT OF EACH TYPE IN CUBIC YARDS:  
 TYPE:  
  
 AMOUNT IN CUBIC YARDS:

11. SURFACE AREA IN ACRES OF WETLANDS OR OTHER WATERS FILLED, AND STREAM LENGTH IF APPLICABLE (See Instructions)

12. DESCRIPTION OF AVOIDANCE, MINIMIZATION AND COMPENSATION (See instructions)

**13. PROJECT LOCATION**

|  |   |          |         |                 |                               |
|--|---|----------|---------|-----------------|-------------------------------|
| LATITUDE:<br><br>LONGITUDE:  | <b>GIS Coordinates in NAD 1983 UTM Zone 15</b><br>Northing:<br><br>Easting: |          |         |                 |                               |
| STREET, ROAD, OR OTHER DESCRIPTIVE LOCATION  | LEGAL<br>DESCR  | QUARTER  | SECTION | TOWNSHIP<br>NO. | RANGE                         |
| <input type="checkbox"/> IN OR <input type="checkbox"/> NEAR CITY OR TOWN (check appropriate box)<br><br>Municipality Name<br>COUNTY |   | WATERWAY |         |                 | RIVER MILE<br>(if applicable) |
|  | STATE   | ZIP CODE |         |                 |                               |

14. Date activity is proposed to commence \_\_\_\_\_ Date activity is expected to be completed \_\_\_\_\_

15. Is any portion of the activity for which authorization is sought now complete?  Yes  No  
 NOTE: If answer is "YES" give reasons in the Project Description and Remarks section.  
  
 Month and Year the activity was completed \_\_\_\_\_ Indicate the existing work on drawings.

16. List all approvals or certification and denials received from other Federal, interstate, state, or local agencies for structures, construction, discharges or other activities described in this application.

| <u>Issuing Agency</u> | <u>Type of Approval</u> | <u>Identification No.</u> | <u>Date of Application</u> | <u>Date of Approval</u> | <u>Date of Denial</u> |
|-----------------------|-------------------------|---------------------------|----------------------------|-------------------------|-----------------------|
|                       |                         |                           |                            |                         |                       |

17. CONSENT TO ENTER PROPERTY LISTED IN PART 13 ABOVE IS HEREBY GRANTED.  Yes  No

18. APPLICATION VERIFICATION (SEE SPECIAL INSTRUCTIONS)  
 Application is hereby made for the activities described herein. I certify that I am familiar with the information contained in the application, and that to the best of my knowledge and belief, such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities.

|  |       |
|--|-------|
| _____                                      | _____ |
| Signature of Applicant or Authorized Agent | Date  |
| _____                                      | _____ |
| Signature of Applicant or Authorized Agent | Date  |
| _____                                      | _____ |
| Signature of Applicant or Authorized Agent | Date  |

**Attach a Location Map and Construction Plans to this application before sending one (1) copy to: US Army Corp of Engineers, Clock Tower Building, PO Box 2004, Rock Island IL 61204; and two (2) copies to: Iowa DNR, Flood Plain & Sovereign Lands Sections, 502 E 9<sup>th</sup> St, Des Moines IA 50319.**