



NEW JERSEY DEP FISH AND WILDLIFE  
Bureau of Freshwater Fisheries  
P.O. Box 394 Lebanon, NJ 08833  
Phone: (908) 236-2118



APPLICATION FOR A WATER LOWERING PERMIT  
**\$2.00 FEE**  
(Make Check Payable To: NJDEP Fish and Wildlife)

ALL ITEMS MUST BE COMPLETED (PLEASE PRINT OR TYPE)

APPLICANT INFORMATION				OFFICIAL USE ONLY	
ORGANIZATION		CONTACT PERSON		DATE RECEIVED	PERMIT #
STREET ADDRESS				FEE: CASH <input type="checkbox"/>	
				CHECK <input type="checkbox"/>	EXEMPT <input type="checkbox"/>
CITY/TOWN	STATE	ZIP CODE		BIOLOGIST: (LAST NAME, DATE)	
TELEPHONE (DAYTIME) ( )		TELEPHONE (EVENING) ( )		DECISION:	
<b>PROJECT LOCATION - ATTACH MAP TO APPLICATION*</b>				APPROVE <input type="checkbox"/>	
				DENY <input type="checkbox"/> INITIALS DATE	
NAME OF WATERBODY (ONE ONLY) <input type="checkbox"/> OPEN TO THE GENERAL PUBLIC				DRAINAGE:	
NEAREST ROAD <i>* A map that clearly shows the location of the pond in relation to the closest public roads or intersection must be submitted with each application.</i>				EFFECTIVE DATE:	
MUNICIPALITY		COUNTY		EXPIRATION DATE:	
<b>PROJECT DESCRIPTION</b>				CONDITIONS:	
DATE REQUESTED TO BEGIN LOWERING		DATE REQUESTED TO BEGIN REFILLING		STANDARD <input type="checkbox"/>	
SIZE OF WATERBODY (ACRES)		MAXIMUM DEPTH (FT)	AVERAGE DEPTH (FT)	ADDITIONAL <input type="checkbox"/>	
				NORTH 195 <input type="checkbox"/>	
REASON FOR LOWERING		CHECK AS MANY THAT APPLY		LOWERING:	
<input type="checkbox"/> DREDGING	<input type="checkbox"/> BEACH/ SHORELINE CLEANUP			COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/>	
<input type="checkbox"/> DAM REPAIR	<input type="checkbox"/> DAM SAFETY			PERMANENT <input type="checkbox"/> TR EXEMPT <input type="checkbox"/>	
<input type="checkbox"/> DAM INSPECTION	DEP DAM SAFETY MANDATED <input type="checkbox"/> YES* <input type="checkbox"/> NO			SALVAGE: REQUIRED <input type="checkbox"/>	
<input type="checkbox"/> WEED CONTROL	<input type="checkbox"/> DOCK REPAIRS			PERFORMED BY DATE	
<input type="checkbox"/> GENERAL MAINTENANCE	<input type="checkbox"/> OTHER _____			RELOCATED	
* If mandated by DEP Division of Dam Safety, documentation mandating the lowering MUST accompany the application.				Stocking Permit No: _____	
				Scientific Collecting Permit No: _____	
EXTENT OF DRAWDOWN REQUESTED  (VERTICAL FEET THE WATER LEVEL WILL DROP AS MEASURED FROM THE CREST OF THE SPILLWAY)				CC: LAW ENFORCEMENT	
				North <input type="checkbox"/> Central <input type="checkbox"/> South <input type="checkbox"/>	
DESCRIBE METHOD OF WATER RELEASE		DEPTH WATER WILL BE INITIALLY RELEASED		ACTUAL DATE OF LOWERING:	
FOR EXAMPLE: SIPHONED, OUTLET VALVE OPENED, SPILL BOARD REMOVED ETC.		FOR EXAMPLE: RELEASE WATER 3 FT BELOW THE SURFACE; RELEASE SURFACE WATERS		ACTUAL DATE OF REFILLING:	

**ADDITIONAL PERMIT INFORMATION**

HAVE ANY OTHER APPLICATIONS FOR THIS SITE OR ASSOCIATED WITH THIS PROJECT BEEN SUBMITTED, OR HAVE ANY OTHER STATE PERMITS BEEN ISSUED FOR THIS PROJECT?      YES      NO  
IF YES, INDICATE STATUS AND PROJECT NUMBER BELOW

PERMIT TYPE	APPLICATION STATUS (PENDING/APPROVED)	PROJECT #
FRESHWATER WETLANDS		
STREAM ENCROACHMENT		
DAM SAFETY		
OTHER		

**APPLICANT SIGNATURE**

I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE AND OTHER PARTIES WHICH MAY BE AFFECTED BY THIS LOWERING HAVE BEEN NOTIFIED.

\_\_\_\_\_  
DATE                                      SIGNATURE OF APPLICANT                                      POSITION/TITLE IF APPLICANT IS AN ORGANIZATION

**PROPERTY OWNER'S CERTIFICATION**

I HEREBY CERTIFY THAT THE UNDERSIGNED IS THE OWNER OF THE DAM ON THE LAKE PROPOSED FOR LOWERING. THIS ENDORSEMENT IS CERTIFICATION THAT THE OWNER GRANTS PERMISSION FOR THE LOWERING AND CONSENTS TO ALLOW ACCESS TO THE PROPERTY BY REPRESENTATIVES OR AGENTS OF THE DEPARTMENT FOR THE PURPOSE OF CONDUCTING A SITE INSPECTION.

\_\_\_\_\_  
(SIGNATURE OF PROPERTY OWNER)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
PRINT NAME AND ADDRESS OF OWNER ABOVE  
IF DIFFERENT FROM ITEM #1

**APPLICANTS' AGENT (MUST BE COMPLETED IF APPLICANT IS NOT AN INDIVIDUAL)**

I, \_\_\_\_\_, THE APPLICANT, AUTHORIZE TO ACT AS MY  
(SIGNATURE OF APPLICANT)

AGENT/REPRESENTATIVE IN ALL MATTERS PERTAINING TO MY APPLICATION THE FOLLOWING PERSON:

\_\_\_\_\_  
(NAME OF AGENT)

\_\_\_\_\_  
(TITLE, POSITION OR OCCUPATION)

\_\_\_\_\_  
TYPE OR PRINT NAME OF AGENT'S FIRM (IF APPLICABLE)  
AND ADDRESS OF AGENT IF DIFFERENT FROM ITEM #1

I AGREE TO SERVE AS AGENT FOR THE ABOVE-MENTIONED APPLICANT:

\_\_\_\_\_  
(SIGNATURE OF AGENT)

\_\_\_\_\_  
(DATE)



## N.J.A.C. 7:25-6.25



**WATERBODY:** \_\_\_\_\_

I hereby acknowledge that I am aware that all waters in New Jersey located north of Route 195 must be drawn down to their full permitted extent by November 1, and all waters located south of Route 195 by November 15, in order to protect hibernating aquatic biota. In addition, no waters should be lowered or within a lowered state from July 1 to September 15.

Except in the event of a DEP Dam Safety mandated lowering, it is the responsibility of the permittee to plan and implement all lowerings in accordance with these timeframes. Additional timeframes and permit conditions may apply.

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Date

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Signature of Applicant