



APPLICATION FOR CONVEYANCE FOR OFFSHORE LIGHTHOUSE

This information is required under Part 325, 1994 PA 451, as amended, to apply for a conveyance.

TO CONSIDER AN APPLICATION ADMINISTRATIVELY COMPLETE, THE FOLLOWING ITEMS ARE REQUIRED:

1. Completed application form.
2. \$50.00 filing fee.
3. Resolution from the local unit of government approving the conveyance application. (Breakwater lighthouses only).
4. Proof of eligibility as a local unit of government, non-profit organization, educational agency, or a community development organization.
5. Survey of desired bottomland area – must be done by a registered land surveyor (Metes and Bounds or GPS description).

If the desired bottomland area is for use by a not-for-profit, nongovernmental entity that has a membership policy or practice, include a copy of the by-laws of the organization, and a written statement by the organization's authorized agent that the entity does not discriminate in its membership policy on the basis of sex, race, religion, or national origin. Contact the Great Lakes Shorelands Unit at 517-335-3471 if you have any questions.

PLEASE PRINT OR TYPE

APPLICANT'S NAME		NAME OF LIGHTHOUSE	
NUMBER AND STREET ADDRESS			
CITY, STATE, ZIP CODE			
TELEPHONE NO.			
COUNTY	TOWNSHIP/CITY/VILLAGE (Circle one)	LOCATION:	
		<input type="checkbox"/> OFFSHORE	
		<input type="checkbox"/> BREAKWATER	
FAX NO.	EMAIL ADDRESS	CHECK PROPOSED USE:	
NAME OF WATERBODY		<input type="checkbox"/> PRIVATE	
		<input type="checkbox"/> PUBLIC	

RECORD OWNERSHIP

NAMES AND ADDRESSES OF ALL PERSONS IN POSSESSION AND/OR OCCUPANCY OF HAVING ANY ENFORCEABLE INTEREST IN THE BOTTOMLAND APPLIED FOR (LIST ALL OWNERS, INCLUDING THE APPLICANT, MORTGAGEES, CONTRACT VENDEES, LESSEES, ETC. THE WRITTEN CONSENT OF THESE PERSONS SHALL BE INDICATED IN THE SPACE PROVIDED IN SECTION 13.)

<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE OF OWNERSHIP OR INTEREST HELD</u>

EQP 2715
(Rev. 03/2012)

FOR MDEQ CASHIER'S OFFICE ONLY

WE, THE UNDERSIGNED, CO-OWNERS, OCCUPANTS, MORTGAGEES, CONTRACT VENDEES, LESSEES, ETC., HEREBY AGREE, RATIFY AND GIVE OUR CONSENT TO THE FILING OF THIS APPLICATION.

OTHER TYPES OF INTEREST

SIGNATURES

NAME, ADDRESS AND TELEPHONE NUMBER OF APPLICANT'S AUTHORIZED AGENTS FOR CONVEYANCE APPLICATION CONSIDERATION.

ENCLOSED IS A MAP AND SURVEYED LAND DESCRIPTION REQUIRED UNDER THE PROVISIONS OF SECTION 32504 OF THE ACT AND SECTIONS 6 AND 9 OF THE RULES AND REGULATIONS CERTIFIED TO BY REGISTERED SURVEYOR:

NAME OF SURVEYOR _____

SURVEYOR'S ADDRESS _____

THE FOLLOWING WRITTEN APPROVAL IS ENCLOSED HERewith AS REQUIRED UNDER SECTION 32504 OF THE ACT. FOR BREAKWATER LIGHTHOUSES ONLY.

LEGISLATIVE BODY OF LOCAL UNIT OF GOVERNMENT: _____

NAME OF CITY OR VILLAGE COUNCIL OR TOWNSHIP BOARD: _____

DATE OF RESOLUTION GIVING APPROVAL: _____

PROOF OF OWNERSHIP - NPS STEWARD SELECTION LETTER, QUIT-CLAIM DEED, OR BILL OF SALE.

IS THERE, AT PRESENT, ANY LITIGATION IN PROCESS INVOLVING THE LIGHTHOUSE?

YES

NO

IF YES, EXPLAIN.

HAS A STATE AND/OR FEDERAL PERMIT BEEN GRANTED?

YES

NO

PERMIT NO.

Application is hereby made for a conveyance as described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete, and accurate and is in compliance with Part 325, Great Lakes Submerged Lands. I further certify that I possess the authority to undertake the activities proposed in this application.

DATE _____

SIGNATURE OF APPLICANT AND TITLE _____

THE APPLICATION IS TO BE SIGNED BY THE PERSON DESIRING THE CONVEYANCE OR MAY BE SIGNED BY A DULY AUTHORIZED AGENT IF ACCOMPANIED BY A STATEMENT SIGNED BY THE APPLICANT DESIGNATING THE AGENT.

A STATE APPLICATION FILING FEE OF \$50.00 IS REQUIRED WITH THE APPLICATION. MAKE CHECKS PAYABLE TO: "STATE OF MICHIGAN." PAYMENT OF FEE DOES NOT GUARANTEE CONVEYANCE. SURVEY DRAWINGS MUST ACCOMPANY APPLICATION - APPLICATIONS NOT FULLY COMPLETED WILL BE RETURNED.

RETURN ADDRESS: GREAT LAKES SHORELANDS UNIT
WATER RESOURCES DIVISION
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
PO BOX 30458
LANSING MI 48909-7958