



# Susquehanna River Basin Commission

*a water management agency serving the Susquehanna River Watershed*

## PROJECT INFORMATION

1. Project Owner's Name, Registered Fictitious Name or Trade Name\* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Organization (Owner):

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company     |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Government Agency             |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____                   |

Authorized Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Project Operator's Name or Registered Fictitious or Trade Name\* (if different from No. 1) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Organization (Operator):

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company     |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Government Agency             |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____                   |

3. Authorized Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

4. Parent Corporation Name, and Registered Fictitious or Trade Name\* (if different from No. 1): (Use additional sheets, if necessary, to describe the corporate hierarchy.) \_\_\_\_\_

Corporate Registration: Entity No. \_\_\_\_\_ State \_\_\_\_\_

Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Please attach a copy of your Department of State, Division of Corporations, State Records and UCC (New York), Division of Corporations (Pennsylvania), or Department of Assessments and Taxation (Maryland) **approved** name registration or trade name registration.

5. All Proprietors, Corporate Officers and Directors, or Partners: (add as many lines as needed)

Name	Title	Address	Telephone	Fax	E-mail
	President				
	Vice President				
	Vice President				
	Secretary				

6. Corporate Contact:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

7. Project Hydrogeologist:

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

P.G. License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

8. Project Engineer:

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

P.E. License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

9. Representing Attorney, if applicable:

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

10. Name(s) and Signature(s) of Preparer and Project Owner:

The undersigned representatives of the project sponsor certify, under penalty of law (or perjury), as provided by 18 Pa. C.S.A. §4904; Section 210.45, of the New York Penal Law; Section 9-101 Maryland Crimes Code and 28 U.S.C. §1746, attest that the information for all parts contained herein and all information accompanying this application(s) is true and correct, and that they are authorized to act as representatives on behalf of their respective corporate entities.

Preparer Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Preparer Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Project Owner Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

*(P.G. Seal)*

*(P.E. Seal)*

**Notes:**

1. Mark any information on the application that is considered confidential or proprietary.
2. Items 1 through 6 and 10 are required, and items 7 through 9 are project specific.