

6. List the uses of the waterbody – check all that apply:
 Water supply Irrigation Boating Swimming Fishing Other:

E. Control Activity Information

1a. Proposed start date: _____ 1b. Proposed end date (if known) : _____

2. Aquatic nuisance(s) to be controlled: _____ 3. Biological Control(s) to be used: _____

Submit additional information as needed.

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4. Provide a map of control activity area.
Provide location of (each) treatment area in waterbody.

5. Biological control application rate:
Explain the above application rate & provide calculations/reasoning.

6. Attach a narrative description of the proposed project to include the following items:
 a) Reason(s) to control the aquatic nuisance;
 b) Brief history of the aquatic nuisance in the waterbody; and,
 c) Description of the proposed control activity.

F. Adjoining Property Owner Notification (For additional information, please see the [APO Notification Guidance](#))

_____ I certify, by initialing to the left, that I have notified adjoining property owners of the proposed project using the [DEC Adjoiner Form](#) template letter that was sent by U.S. Mail.

G. Applicant/Applicator Certification

As APPLICANT, I hereby certify that the statements presented on this application are true and accurate; guarantee to hold the State of Vermont harmless from all suits, claims, or causes of action that arise from the permitted activity; and recognize that by signing this application, I agree to complete all aspects of the project as authorized. I understand that failure to comply with the foregoing may result in violation of the 10 VSA Chapter 50, § 1455, and the Vermont Agency of Natural Resources may bring an enforcement action for violations of the Act pursuant to 10 V.S.A. chapter 201.

Applicant/Applicator Signature: _____ Date: _____

H. Application Preparer Certification (if applicable)

As APPLICATION PREPARER, I hereby certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Application Preparer Signature: _____ Date: _____

I. Application Fees

Refund Policy:
 Permit Review Fees are non-refundable unless an application is withdrawn prior to administrative review.

Submit this form and the \$75 or \$300 fee to:
Vermont Department of Environmental Conservation
Watershed Management Division
Aquatic Nuisance Control Permit Program
1 National Life Drive, Davis 3
Montpelier, VT 05620-3522

Municipalities are exempt and do not need to submit fee.

Direct all correspondence or questions to the Aquatic Nuisance Control Permit Program at: ANR.WSMDShoreland@vermont.gov

For additional information visit: <https://dec.vermont.gov/>