

REGISTRATION NUMBER:

PERMIT NUMBER:

**DOCK CONSTRUCTION PERMIT  
LAKE SECESSION**

**CITY OF ABBEVILLE HYDROPLANT  
PHONE: 864-446-2685**

**PROPERTY OWNER(S) INFORMATION:**

NAME:

SS#

PHONE#:

NAME:

SS#

PHONE#:

**PROPERTY LOCATION**

**TYPE OF DOCK - PLEASE CIRCLE ONE:**

FLOATING

FIXED

COMBINATION

BOAT HOUSE

OTHER (DESCRIPTION):

**WHO WILL PERFORM CONSTRUCTION:**

PHONE#:

START DATE:

COMPLETION DATE:

**REQUIRED ATTACHMENTS:**

COPY OF DEED:

COPY OF PLAT

DRAWING OF DOCK SITE WITH 548' HIGH WATER LEVEL SHOWN

YES

NO

| YES                      | NO                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**I CERTIFY THAT THIS DOCK WILL BE CONSTRUCTED AND MAINTAINED IN ACCORDANCE WITH THE SPECIFICATIONS IN THE LAKE SECESSION LAKE MANAGEMENT PLAN.**

**OWNER(S) SIGNATURE(S)**

SIGNATURE:

DATE:

\_\_\_\_\_

SIGNATURE:

DATE:

\_\_\_\_\_

**COMMENTS OR ADDITIONAL INFORMATION:**

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**APPROVED BY:**

**DATE:**

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