



Deep Creek Lake Natural Resources Management Area
Buffer Strip Use Permit Application

Submit this form to request annual Recreational Access Privileges of State property at Deep Creek Lake NRMA

Name of Property Owner or Organization: _____

Applicant or Contact Name (if different from above) _____

Mailing Address: _____

Home Phone Number: _____ E-Mail (optional): _____

Lake Phone Number: (301) _____ Cell Phone: _____

Street Address of Lake Property: _____

Name of previous owner and/or Buffer Strip Use Permit number: _____

Subdivision or Section of Lake: _____

Map/Parcel/Lot Number: _____ Liber/Folio (attach copy of deed): _____

Does this property include a conservation easement (Buydown) parcel acquired after 1/1/01? Yes No

Does the property adjoin the State of Maryland Property (Buffer Strip)? Yes No

If yes, what is the footage of the original PENELEC/State of Maryland property line? _____

Is the property a back lot with deeded access to State of Maryland property? Yes No

If yes, what is the Map/Parcel/Lot number of the lake access parcel? _____

Is your house or property ever rented to others? Yes No

Does your dock facility conform to the flotation requirements for use on Deep Creek Lake? Yes No

Are you requesting permission to install a mooring buoy? Yes No If yes, how many? _____

Please draw a diagram of your proposed dock in the space below. Include on the drawing the lake edge, arrangement of dock(s), the number and location of all slips.

In the case of a group, common, shared or commercial dock:

List the total number of slips and dock structures that you have or plan to place on the waters of Deep Creek Lake under this application: Slips Docks

Describe the location of these slips and any improvements on the buffer strip and attach a plat, survey, or drawing showing these items with respect to lake edge, property lines, and other dock permit sites:

Commercial Uses:

Are there any commercial uses associated with your dock facility or use of State Property? Yes No

If yes, describe fully: _____

Are any slips associated with this facility rented to others? Yes No

If yes describe fully: _____

Printed Name: _____

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Date Inspected: _____ DCLMO Staff Initials: _____

Approved: _____ Rejected: _____ Reason: _____

Date Permit Issued: _____ Restrictions: _____