

ENCAPSULATED FOAM CERTIFICATION



OSMB Application Number _____	<i>Agency Use Only</i>	Date Received _____
DSL Permit / OSMB Grant Number _____		Date Approved _____

Applicant - Complete Items #1 through #6 below

1 Owner 's Name and Address:	Business phone #: FAX #: Home phone #:
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Agent's Name and Address: Agent is: <input type="radio"/> Contractor / Installer <input type="radio"/> Owner's Rep.	Business phone #: Home phone #:
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2 PROJECT LOCATION

Marina and Slip # or Street Address of Foam Installation:	Waterway Description	
County:	Waterway:	River Mile:

Is consent to enter property granted to the Marine Board? Yes No

3 PROPOSED PROJECT INFORMATION

Project Type: please choose all that apply Floating Home Boathouse Float/Walkway Moorage Slip
 Fuel Float Other _____

Dimensions of Floating Structure:	Length;	Width;	Depth
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Activity Type: New Addition Repair/Alteration

Estimated Date of Placement in Water: _____

4 TYPE OF FLOATATION USED TO SUPPORT THIS STRUCTURE

Expanded "White Bead" Foam Extruded Dow7 Foam Wood/Logs Other _____

5 MATERIALS AND METHODS USED TO ENCAPSULATE EXPANDED WHITE BEAD FOAM

Treated Wood Treated Plywood Galvanized Steel Concrete Fiberglass
 Hard Plastics Plastic Sheets Liquid Coatings Other _____ N/A

Thickness of Encapsulating Material (wood, plastic, etc.): _____

Product name or description: _____

Cubic Feet of Foam: _____ <i>ft.³</i>	Number of Billets: _____	<input type="checkbox"/> Round <input type="checkbox"/> Square
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6 I certify that, to the best of my knowledge and belief, the proposed project and activity described in this certification form complies with the Floatation Encapsulation Program Rules and will be completed and installed in a manner consistent with the program.

_____ Applicant Signature	_____ Date	_____ Authorized Agent Signature	_____ Date
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