**CERTIFIED MAIL · RETURN RECEIPT REQUESTED**

# DIVISION OF COASTAL MANAGEMENT
# ADJACENT RIPARIAN PROPERTY OWNER NOTIFICATION/WAIVER FORM

Name of Property Owner: _____

Address of Property: _____
(Lot or Street #, Street or Road, City & County)

Applicant phone #: _____ Mailing Address: _____

_____

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I hereby certify that I own property adjacent to the above referenced property. The individual applying for this permit has described to me as shown on the attached drawing the development they are proposing. A description or drawing, with dimensions, must be provided with this letter.

_____ I have no objections to this proposal. _____ I have objections to this proposal.

***If you have objections to what is being proposed, you must notify the Division of Coastal Management (DCM) in writing within 10 days of receipt of this notice. Contact information for DCM offices is available at www.nccoastalmangement.net/contact_dcm.htm or by calling 1-888-4RCOAST. No response is considered the same as no objection if you have been notified by Certified Mail.***

## WAIVER SECTION

I understand that a pier, dock, mooring pilings, breakwater, boathouse, or lift must be set back a minimum distance of 15' from my area of riparian access unless waived by me. (If you wish to waive the setback, you **must initial** the appropriate blank below.)

_____ I do wish to waive the 15' setback requirement.

_____ I **do not** wish to waive the 15' setback requirement.

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| **(Property Owner Information)** | **(Riparian Property Owner Information)** |
|---|---|
| _____ | _____ |
| *Signature* | *Signature* |
| _____ | _____ |
| *Print or Type Name* | *Print or Type Name* |
| _____ | _____ |
| *Mailing Address* | *Mailing Address* |
| _____ | _____ |
| *City/State/Zip* | *City/State/Zip* |
| _____ | _____ |
| *Telephone Number* | *Telephone Number* |
| _____ | _____ |
| *Date* | *Date* |