

**Shore Protection Act Permit Application
O.C.G.A. 12-5-230**

Date: 9-7-23 -----

Mailing Address:

MICHAEL KIRVEN
205 EAST CHARLTON ST.
SAVANNAH, GEORGIA 31401

Project Location:

1923 CHATHAM AVENUE
TYBEE ISLAND, GEORGIA 31328

Telephone: 917-670-0833

Fax: -----

Name, address, and title of authorized agent for application coordination (if desired):

MICHAEL KIRVEN
205 EAST CHARLTON STREET
SAVANNAH, GEORGIA 31401

Telephone: 917-670-0833


Fax: N.A.

Names and addresses of adjoining property owners (attach additional sheets as needed):

KIRSTEN SCHIFF, 1925 CHATHAM AVE
HOWARD REEVES, 1903 CHATHAM AVE
CHATHAM AVE. R.O.W.

Describe the proposed activity (attach additional sheets as needed):

Statement: I have made inquiry to the appropriate authorities that the proposed project is not over landfill or hazardous waste site and that the site is otherwise suitable for the proposed project.

Signature of Applicant (not agent):  Date: 9/5/23

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SEP 18 2023
GA DNR

STATE OF GEORGIA

REQUEST FOR A REVOCABLE LICENSE FOR THE USE OF TIDAL WATERBOTTOMS

APPLICANT NAME(S): MICHAEL KIRVEN

MAILING ADDRESS: 205 EAST CHARLTON ST, SAVANNAH, GA 31401
(Street) (City) (State) (Zip)

PROJECT ADDRESS/LOCATION: 1923 CHATHAM AVE, TYBEE ISLAND, GA

COUNTY: CHATHAM WATERWAY: ATLANTIC OCEAN


LOT, BLOCK & SUBDIVISION NAME FROM DEED: _____

Georgia Department of Natural Resources
Coastal Resources Division
One Conservation Way
Brunswick, Georgia 31520-8687

I am requesting that I be granted a revocable license from the State of Georgia to encroach on the beds of tidewaters, which are state owned property. Attached hereto and made a part of this request is a copy of the plans and description of the project that will be the subject of such a license. I certify that all information submitted is true and correct to the best of my knowledge and understand that willful misrepresentation or falsification is punishable by law.

I understand that if permission from the State is granted, it will be a revocable license and will not constitute a license coupled with an interest. I acknowledge that this revocable license does not resolve any actual or potential disputes regarding the ownership of, or rights in, or over the property upon which the subject project is proposed, and shall not be construed as recognizing or denying any such rights or interests. I acknowledge that such a license would relate only to the property interests of the State and would not obviate the necessity of obtaining any other State license, permit, or authorization required by State law. I recognize that I waive my right of expectation of privacy and I do not have the permission of the State of Georgia to proceed with such project until the Commissioner of DNR or his/her designee has executed a revocable license in accordance with this request.

Sincerely,

By: 
Signature of Applicant

Date: 9/5/23

OWNER
Title, if applicable

By: _____
Signature of Applicant

Date: _____

Title, if applicable

Attachments

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