

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

Date: _____

Mailing Address:

PO Box 21078
St. Simons Island, GA 31522

Project Location:

Little St. Simons Island

Telephone: 912-638-7472

Fax: 912-634-1811

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

Scott Coleman
Ecological Manager, Little St. Simons Isl.
PO Box 21078
St. Simons Island GA 31522

Telephone: 229-724-9202
Fax: 912-634-1811

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

N/A

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

An extension to the existing dune crossover.
This ~~is~~ extension is necessary to provide
access to the beach due to rapid accretion.
Please see the attached documents.

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):

Wade J. Kuhn Date: 6/8/22
John R. King 6/8/22

RECEIVED
JUN 09 22
GA-DNR

STATE OF GEORGIA

REQUEST FOR A REVOCABLE LICENSE FOR THE USE OF TIDAL WATERBOTTOMS

APPLICANT NAME(S): Wendy and Hank Paulson - Little St. Simons Island
 MAILING ADDRESS: PO Box 21078 St. Simons Island GA 31522
(Street) (City) (State) (Zip)
 PROJECT ADDRESS/LOCATION: Little St. Simons Island, Glynn Co., GA
 COUNTY: Glynn WATERWAY: Atlantic Ocean Beach
 LOT, BLOCK & SUBDIVISION NAME FROM DEED: Little St. Simons Island

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: Wendy J Paulson
 Signature of Applicant

Date: 6/8/22

owner
 Title, if applicable

By: Hank Paulson
 Signature of Applicant

Date: 6/8/22

owner
 Title, if applicable

Attachments

RECEIVED
 JUN 09 22
 GA-DNR