APPLICATION FOR SB 40 WILDLIFE CERTIFICATION

Name of Agency Address				
Contact Per	rson			
Project Nai	me and Number			
Location of	me and Number f Project: County d Direction from Nearest Tow	T	R	½ Sec
Distance ar	nd Direction from Nearest Tov	vn		
Name of St	tream(s) Affected			
of Wildlife activities. printing cle	TIONS TO APPLICANT: This Regional Office at least 60 da To expedite processing, please early. Within 30 days of receip decision. Your cooperation is a	nys prior to planned e provide the inform pt of a completed a	d construction mation request	or maintenance ted by typing or
PLEASE A	ATTACH THE FOLLOWING	INFORMATION	:	
B. Applica C. A brief reclamation	by of the plan view and cross sable correspondence related to description of the proposed pro/revegetation plan.	the project and the oject, alternatives	considered, m	
PROJECT	SCHEDULE – Provide approx	ximate dates for th	e following:	
Start of Co				
	on Period(s) in live water:			
Bid adverti	and.			
ADDITION	NAL REMARKS:			
Mail to:	Regional Wildlife Manage Colorado Division of Wild		ce	
Date receiv	ved by DOW:			

October 1990