

**Permit Application for Aquatic Vegetation Treatment
Appalachian Power Company
Smith Mountain Lake and Leesville Lake**

APPLICANT INFORMATION:

Landowner / Organization Name: _____	Applicator / Company: _____
Lake Address: _____ <i>(no P.O. Box)</i>	Address: _____
_____	_____
Phone: () _____	Phone: () _____
Tax Map and Parcel #: _____	License No. _____

PERMIT INFORMATION:

New Permit Application [] Extend Existing Permit []
existing permit # _____

LOCATION:

Permit for Smith Mountain Lake [] Permit for Leesville Lake []

TREATMENT METHOD:

[] Herbicide _____
(list type of herbicide to be used)

If herbicide is being used, provide the number of anticipated applications during 3 month permit period. _____

BED DESCRIPTION:

Bed Size (square feet) _____
Distance from Landowner's shoreline (in feet) _____
Dominant Species _____ Subdominant species _____
Other species in or around the bed _____
Are there any native species within 100 ft of the bed to be removed? _____ If so, what species? _____

I certify that all information provided in this application is true and correct and a copy has been provided to the licensed applicator prior to treatment.

Signature: _____

- All application of herbicides must be performed by a licensed applicator.
- Permits are issued for a three month period.
- No vegetation treatment shall occur during fish spawning season (March 15-June 15).
- All vegetation treatment sites are subject to review by Appalachian prior to permit issuance.
- **The Licensed Applicator is required to submit the Report Following Treatment to Appalachian within 30 days of treatment.**

Return application to:
Appalachian Power Company's Roanoke Office,
P.O. Box 2021, Roanoke, VA 24022
Telephone: (540) 985-2984

--FOR OFFICE USE ONLY--

Received Date:

Site Survey Date:

Received By:

Site Surveyed By:

Reviewed By:

Permit Issue Date:

Permit # _____

Shoreline Classification: _____