



**APPLICATION FOR ACTIVITY PERMIT FOR AQUATIC VEGETATION TREATMENT**

*Print or type all information below and return to Cube Hydro Carolinas., P.O. Box 575, Badin, N.C. 28009-0575*

**Application fee -\$250 - make checks payable to Cube Yadkin Generation**

**SECTION ONE—BACKGROUND INFORMATION** *(to be completed by the Applicant)*

1. Full Name (adjoining property owner): \_\_\_\_\_
2. Permanent Mailing Address: \_\_\_\_\_
3. Local Address *(if different)*: \_\_\_\_\_
4. Telephone (Business): \_\_\_\_\_ (Permanent): \_\_\_\_\_ (Local): \_\_\_\_\_
5. E-mail : \_\_\_\_\_
6. Reservoir: \_\_\_\_\_ 7. County: \_\_\_\_\_
8. Subdivision: \_\_\_\_\_ 9. Lot No: \_\_\_\_\_ 10. Tax Map No.: \_\_\_\_\_
11. Existing Property Permit No.: \_\_\_\_\_
12. Permit Request is for:  
 Aquatic Vegetation Treatment for Hydrilla (\$250)

**SECTION TWO—INFORMATION NEEDED** (All steps must be completed)

1. Shoreline length and distance out to be treated: \_\_\_\_\_
2. Contractor name and copy of North Carolina Department of Agriculture & Consumer Services (NCDAGR) Aquatics Pesticide Applicator’s License (must be NCDAGR-certified for aquatics): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ NCDAGR Lic# \_\_\_\_\_
3. NC Wildlife approval letter for treatment. Email copy of this application and contractor information to: [casey.joubert@newwildlife.gov](mailto:casey.joubert@newwildlife.gov)  
\_\_\_\_\_
4. Herbicide to be used: \_\_\_\_\_ Concentration: \_\_\_\_\_
5. Estimated Treatment date: \_\_\_\_\_
6. Photographs of aquatic vegetation to be treated: (Please attach)
7. Copies of adjacent neighbors’ notification of water restrictions due to treatment: (Please attach)
8. Check Payment of \$250 (Please attach)

**SECTION THREE** *(to be completed by the Applicant)*

I hereby apply for an Activity Permit to perform the above-described activities. I agree to abide by all applicable requirements of Cube’s Shoreline Stewardship Policy, the conditions of the Activity Permit, if issued, and other applicable Cube procedures and requirements. I also agree that NO WORK will begin until I receive an Activity signed by Cube and me, and returned to Cube.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**SECTION FOUR** (CUBE use only)

Activity Permit No. \_\_\_\_\_ issued by Cube, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ authorizes the performance of the above-described activities in compliance with the information provided in this Application, the terms of this Permit, and all applicable requirements of Cube’s Shoreline Stewardship Policy, and all other Cube procedures and requirements.

Date \_\_\_\_\_ Signature of Cube Hydro Carolinas \_\_\_\_\_