

Class B Permit No. _____

United States of America

Permit To Construct Bulkheads Or
Flood Protection Structures

State of Louisiana

Between _____

Parish of _____

Body of Water _____

And State of Louisiana

.....
BE IT KNOWN AND REMEMBERED, that on the dates and before the several Notaries Public or other authorities named below, there personally came and appeared the undersigned parties who declared and acknowledged separately to each of the said Notaries, as follows:

A permit contract is entered into on this the __ day of _____ 20__, by and between the State of Louisiana, represented by _____ (STATE LAND OFFICE) and _____

(Print or type full name)

a resident of _____

(Street and City)

(Telephone)

_____ Parish, Louisiana, hereinafter referred as PERMITTEE:

By Virtue of R. S. 41:1701, et seq., and upon the terms and conditions of the Rules and Regulations adopted thereunder and this contract, a permit is granted to PERMITTEE for the construction of a bulkhead or other type of structure in the manner, place, and to the extent specified in the plans attached hereto and described briefly as follows:

In consideration for this permit to construct a bulkhead or other type structure, PERMITTEE hereby agrees:

A. To comply with all applicable laws, R. S. 41:1701, et seq., and the Rules and Regulations adopted thereunder; Permittee warrants that there will be no commercial use of the stated improvements and property, in violation of which this permit shall terminate.

B. That this permit shall be effective for a period of two years from the __ day of _____ 20__ to the same day, 20__;

C. That upon termination of the permit, no further activity affecting the water bottom shall be done except by issuance of a new permit in accordance with law;

D. That this permit in no way vests any right, title, or interest in PERMITTEE, which can be accomplished only in accordance with law;

E. That PERMITTEE shall hold the State of Louisiana and its agencies and subdivisions harmless for all acts or omissions in constructing or maintaining any structures or bulkheads though the permit for the same subsequently expires or is revoked; PERMITTEE assumes responsibility for all development and construction and for the condition and operation of the premises, and agrees to indemnify the State and all of its agents, servants and employees against and from any and all claims, demands, causes of action, costs and expenses on account of or in any way arising out of this permit or the negligence or acts of omission or commission of PERMITTEE in furtherance of this permit or otherwise;

F. That activities by PERMITTEE shall not create a hazard or obstruction to navigation, impede the drainage in the surrounding area or impose undue or unreasonable restraints on State or public right;

G. That the failure to substantially comply with the Rules and Regulations or applicable law shall result in revocation of this permit and all rights granted hereunder.

THUS EXECUTED AND SIGNED, in triplicate, at _____, Parish of _____, Louisiana, on the ___ day of _____, 20___, by _____, a Notary Public duly commissioned and qualified in and for the Parish of _____, Louisiana and in the presence of _____ and _____, competent witnesses, after due reading of the whole.

WITNESSES:

PERMITTEE:

BY: _____

PRINTED NAME: _____

PRINTED NAME: _____

PRINTED NAME: _____

NOTARY

PRINTED NAME: _____

.....

THUS EXECUTED AND SIGNED, in triplicate, at Baton Rouge, Parish of East Baton Rouge, Louisiana, on the _____ day of _____, 20___, by STATE OF LOUISIANA, represented by _____ (STATE LAND OFFICE), all before me, _____, a Notary Public duly commissioned and qualified in and for the Parish of East Baton Rouge, Louisiana, and in the presence of _____ and _____ competent witnesses, after due reading of the whole.

WITNESSES:

STATE OF LOUISIANA

BY: _____

PRINTED NAME: _____

PRINTED NAME: Cheston Hill
PUBLIC LANDS ADMINISTRATOR

PRINTED NAME: _____

NOTARY

PRINTED NAME: _____

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APPROVED AS TO FORM AND LEGALITY:

ASSISTANT ATTORNEY GENERAL
DEPARTMENT OF JUSTICE
PRINTED NAME: