

TOWN OF HIGHLAND BEACH

PROPERTY INFORMATION ASSOCIATED V	WITH THIS AP	PLICATION		
Address: 4229 Tranquility Drive Highland Beach FL 33487			PCN: 24434704020050170	
Full Legal Description of the Property [as desc Bel Lido LT 17 BLK 5	ribed in the dec	ed] or reference	to an	attachment:
8	Vhat is the loca Intracoastal Wa			? rior Canal/Basin □ N/A
PROPERTY OWNER (APPLICANT) INFORM.	ATION			
Name: Michael Duggan	Phone:	781-996-9215		Fax:
Mailing Address: 4229 Tranquility Drive Highl	and Beach FL	33487		
Email Address: Text				
ADDI ICANTIS ACENT INFORMATION				
APPLICANT'S AGENT INFORMATION Name: John Dykinga	Phone:	561-310-8483		Fax:
	T none.	301-310-6463		rax.
Company Name: Ocean One Marine Inc				
Mailing Address: 1330 S Killian Drive #2 W		h FL 33403		
Email Address: john@oceanonemarine.com	n			
Provide a detailed description of the propose Replace existing dock and install a four post		e additional p	ages if	necessary):

I give permission to the members of the Town Commission, Planning Board and staff to inspect the property for the purpose of this application. I declare that all statements made herein are true, based upon the best available information. Willful false statements may jeopardize the validity of my application or any decision issued thereon. I have fully read the information outlining the application requirements. With this application, I am submitting the necessary supporting materials listed.

Applicant's Signature: Michael Digge	Date:
Received by the Town Clerk's Office:	
Received By:	Date:
Date Public Notices Mailed:	
Date Legal Advertisement Published:	