

Checklist for Lagoon & Reef Applications



A. APPLICATION & ATTACHMENTS (WATERSPORTS PERMIT NEW/RENEWAL)

** CRM permit applications are available online. Please visit our website at www.dcrm.gov.mp to register and apply.

✓	Print and digital copies of the application.	
✓	All application materials are legible	
✓	Name of Project	Page 1 of application
✓	Project Owner's Name	Page 1 of application
✓	Physical address/location of Business (Street Name, Village, Island)	Page 1 of application
✓	Mailing Address (post office number, Island, zip code)	Page 1 of application
✓	Project Owner and/or business contact information	Page 1 of application
✓	Project Owner's Representative (if any), and mailing address	Page 1 of application
✓	Representative's contact information	Page 1 of application
✓	Check appropriate box if application is New, Renewal, or Amendment	Page 1 of application
✓	Check appropriate box on the type of permit applying for.	Page 1 of application
✓	Description of Project Site. Answer questions A through G. If not applicable, indicate "N/A". If you do not know the answer, indicate "IDK". <i>Do not leave anything blank otherwise your application will be considered "Incomplete".</i>	Page 2 of application
APPENDIX II – WATER SPORTS & RECREATIONAL ACTIVITIES		
✓	COLUMN A. Check all applicable categories to be covered under this permit application.	Pages 1-3 of Appendix II
✓	COLUMN B. Check all applicable types of water sports and recreational activity to be covered under this permit application.	Pages 1-3 of Appendix II
✓	COLUMN C. Check applicable designated areas of operation per activity. Only check the appropriate areas of each Island where activity is operating.	Pages 1-3 of Appendix II
✓	COLUMN D. Indicate the numbers of each vessel. Include all registered vessels to be used for each activity.	Page 1-3 of Appendix II
✓	<ul style="list-style-type: none"> Copies of valid registration card for each vessel. 	Attachment
✓	Description of Project or Proposed Actions. Answer questions 1 through 7. If not applicable, indicate "N/A". If you do not know the answer, indicate "IDK". <i>Do not leave anything blank otherwise your application will be considered "Incomplete".</i>	Page 4 of Appendix II
✓	Certification of Truth (<i>must be signed and dated otherwise application will be considered "Incomplete"</i>).	Page 5 of Appendix II
✓	Letter of Authorization (<i>must be completed, signed and dated by both parties otherwise application will be considered "Incomplete"</i>).	Page 6 of Appendix II
✓	Statement of Disclosure and Applicant Agreement to Permit Fees (<i>must be signed and dated by project owner otherwise application will be considered "Incomplete"</i>).	Page 8 of Appendix II
REQUIRED STANDARD SUPPORTING DOCUMENTS		
✓	Vicinity map of business office and operation of activity (designated areas)	Attachment
✓	Copy of Representative's valid business license and valid Photo ID	Attachment

✓	Letter of Authorization (<i>Signed by owner or authorized signatory of the company. Use template or submit letter issued on official company letterhead.</i>)	Attachment or Complete Page 6 of Appendix II
✓	Liability insurance policy (if no insurance, denial letters from 3 insurance companies)	Attachment
✓	Copies of valid registration card for each vessel used for watersports	Attachment
✓	For new applicants: copy of Articles of Incorporation or latest Annual Corporate Report filed with the CNMI Registrar of Corporations.	Attachment
✓	Copy of application fee payment receipt	Attachment
✓	Copy of valid business license (licensed for appropriate type of operation)	Attachment
✓	Copy of other necessary CNMI and federal permits (if any)	Attachment
✓	If applicable, Copy of Merchant Marine Credentials	Attachment
✓	If applicable, Copy of Advanced Open Water Diver/Master SCUBA Diver Trainer/Instructor Certification (NAUI & PADI Certification Only)	Attachment
REQUIRED SUPPLEMENTAL INFORMATION/DOCUMENTS (This will require a separate minor permit application)		
✓	If applicable, Temporary Buoy Placement Plans (Include a map depicting where the buoys will be placed and brief description of how and where buoys will be installed).	Attachments
✓	Photos and description of type of buoys to be installed/used	Attachment
✓	Vicinity map showing coordinates of where the temporary buoy will be placed	Attachment
✓	Other documents required by DCRM (if applicable)	Attachment
✓	If applicable, USACE permit or authorization	Attachment
✓	If applicable, DEQ Water Quality Certification or Waiver	Attachment

Reviewed by _____ on _____
(CRM Staff) (Date)



Eli D. Cabrera
Administrator

Commonwealth of the Northern Mariana Islands
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Division of Coastal Resources Management
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Richard V. Salas
Director, DCRM

NOTICE TO THE APPLICANT

Pursuant to NMIAC § 15-10-105 of the CRM Rules and Regulations requires that where applications are incomplete or additional information is needed, the project applicant shall be informed in writing of this request and the review clock shall be stopped until such time that the required information or documents are received by DCRM Permitting Section. It is the responsibility of the applicant to ensure that their application is complete prior to submission.

An additional fee of US\$50.00 is assessed upon resubmission of your APC or Minor application in accordance to NMIAC § 15-10-205(h)(4). A payment voucher will be provided when making a payment at the CNMI Treasury office. Please carefully review your CRM APC permit application for completeness to avoid paying another fee for resubmission.

The applicant shall file an original DCRM application with exhibits and attachments and one digital copy thereof.

CRM permit applications shall be filed at the DCRM office in Saipan. Proposed projects on Tinian or Rota may be filed at the respective DCRM Branch office on Tinian or Rota, or may be filed at the DCRM office in Saipan.

Your application will be thoroughly reviewed by DCRM technical advisors. You will be notified if additional information is required to complete this review. Any additional information requested AFTER the application was certified complete, will not be charged a resubmission fee. To avoid delays in processing your permit application, you are strongly encouraged to fully provide all necessary information and to adhere to all Coastal Resources Management Program requirements.

Should you have any questions, please contact Ms. Primrose Taitano at ptaitano@dcrm.gov.mp or Mr. Neil Taisacan at ntaisacan@dcrm.gov.mp or call 664-8300 for assistance.

APC PERMIT APPLICATION

A coastal permit is required to perform work regulated by the provisions of Chapter 15-10 of Public Law 3-47.

Name of Project:		DCRM OFFICE USE ONLY
		Received by:
Project Owner's Name:	DBA:	Coastal Permit Application No.:
Physical Location of Business: Street	Village	Island
		Date Received
Mailing Address	Island	Zip Code
		21 Days Deadline Date:
Telephone No.	Email Contact:	
Name of Contractor or Representative, if any	Mailing Address:	Date of Receipt
Authorized Representative's Contact Information:		CNMI Treasury Receipt No.:
Telephone No.	Email Contact:	
Funding Source. Check all that apply. Individual__ Business __ CNMI__ Federal__ Foundation__	Estimated Project Cost:	Amount Paid

1. New Renewal (*Marine Sports Only*) Amendment

2. **TYPE OF APC PERMIT**

- Lagoon & Reef (Complete this APC Permit Application form and Appendix I)
- Commercial Water Sports and Recreational Activities (Complete this APC Permit Application form and Appendix II)
- Wetlands & Mangroves (Complete this APC Permit Application form and Appendix III)
- Shorelines (Complete this APC Permit Application form & Appendix IV)
- Ports & Industrial (Complete this APC Permit Application form & Appendix V)
- Coastal Hazards (Complete this APC Permit Application form & Appendix VI)

3. DESCRIPTION OF PROJECT SITE

A. Have you or any previous owner(s) filed an application for and/or received a permit for any activity on this property? Yes No

If yes, please provide the name and permit number:

Name	Permit No
_____	_____

B. List of adjacent property owners.

Name	Mailing Address	Method of Notification
_____	_____	_____
_____	_____	_____

C. List of all permits and licenses which have been received or applied for to date.

Permit/License	Application Date	Approval Date
_____	_____	_____
_____	_____	_____

D. Project site is located on: Public Land Private Land

- | | |
|-------------------|--------------------|
| 1. Island _____ | 4. Lot No. _____ |
| 2. Village _____ | 5. Tract No. _____ |
| 3. District _____ | 6. Block No. _____ |

E. Name of Owner as indicated on Title Deed or Quitclaim Deed:

1. Name of Renter/Lessee (If applicable):

2. Term of Lease:

F. What is the total area of the property or project site?

G. Is there an existing structure onsite? If yes, please describe the current condition of the project site?

COMMERCIAL WATER SPORTS & RECREATIONAL ACTIVITIES

APPENDIX II – Lagoon & Reef; Managaha & Anjota Islands; Coral Reef; Seagrass

A. Category of Commercial Water Sports and/or Recreational Activity (Check all that apply)	B. Type of Commercial Water Sports and/or Recreational Activity (Check all that apply)	C. Designated Area of Operation (§ 15-20-401) on Saipan, Tinian, and Rota (Check all that apply)	D. Indicate number of vessels for each activity and provide registration number for each.
<input type="checkbox"/> Water-Jet Craft <i>A craft that is self-propelled by means of water or hydro jet propulsion craft intended to operate on the surface of the water)</i>	<input type="checkbox"/> Jet Ski®, WaveRunner®, Sea-Doo, or similar <input type="checkbox"/> Jet Bike <input type="checkbox"/> Jet Board/Jet Surf <input type="checkbox"/> Other: <hr/> Craft intended to operate <u>above or below</u> the surface of the water: <input type="checkbox"/> Flyboard <input type="checkbox"/> Jetovator or other jet pack <input type="checkbox"/> Platypus <input type="checkbox"/> Seabreacher <input type="checkbox"/> Other: <hr/>	<input type="checkbox"/> Fiesta Resort/Hyatt Regency <input type="checkbox"/> Grandvrio Resort <input type="checkbox"/> Saipan World Resort/Kanoa Resort <input type="checkbox"/> Tachonga/Taga Beach <input type="checkbox"/> Sasanhaya Bay <input type="checkbox"/> Sasanlagu Bay <input type="checkbox"/> Alaguan Bay <input type="checkbox"/> SW of Garapan Fishing Base (<i>for below surface operation</i>) <input type="checkbox"/> Other (DCRM approval required) <hr/>	No. of vessels: _____ Registration Nos. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<input type="checkbox"/> Parasailing <i>Activity in which an individual is transported or carried aloft by a parachute, parasail, kite, wing, or other similar equipment attached to a tow-line which is towed by a vessel</i>	N/A	<input type="checkbox"/> Saipan Shipping Channel/Managaha Marine Conservation Area/Transit Corridor <input type="checkbox"/> Sasanhaya Bay <input type="checkbox"/> Sasanlagu Bay <input type="checkbox"/> Alaguan Bay <input type="checkbox"/> Tachogna/Taga Beach <input type="checkbox"/> Other (DCRM approval required)	No. of vessels: _____ Registration Nos. _____ _____ _____ _____ _____
<input type="checkbox"/> Towed Floatation <i>Activity in which an individual is towed behind a vessel</i>	<input type="checkbox"/> Banana Boat/Tube <input type="checkbox"/> Barefoot Skiing/Waterskiing/Wakeboarding/Knee-boarding <input type="checkbox"/> Paragliding <input type="checkbox"/> Other: _____	<input type="checkbox"/> Transit Corridor from Kanoa Resort/World Resort to Managaha <input type="checkbox"/> Sasanhaya Bay <input type="checkbox"/> Sasanlagu Bay <input type="checkbox"/> Alaguan Bay <input type="checkbox"/> Tachogna/Taga Beach <input type="checkbox"/> Other: (DCRM approval required)	No. of vessels: _____ Registration Nos. _____ _____ _____ _____ _____
<input type="checkbox"/> Non-Motorized Activities <i>Any water-based recreational activity that does not depend on the use of a motorized vessel.</i>	UBA Activities: <input type="checkbox"/> SCUBA Diving <input type="checkbox"/> BOB <input type="checkbox"/> SASY <input type="checkbox"/> Surface-Supplied Air (SNUBA, Helmet Diving) <input type="checkbox"/> Other: _____	Specify Location: _____	No. of vessels: _____ Registration Nos. _____ _____ _____ _____

	<p>Other Non-Motorized Activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Snorkeling/Swimming w/Chartered Boats <input type="checkbox"/> Sea-Walker <input type="checkbox"/> Windsurfing/Kiteboarding <input type="checkbox"/> Standup Paddle Boarding <input type="checkbox"/> Kayaking <input type="checkbox"/> Rowing <input type="checkbox"/> Sailing (no engine) <input type="checkbox"/> Aqua-Cycle Water Trikes <input type="checkbox"/> Outrigger Canoe <input type="checkbox"/> Hobie Cats <input type="checkbox"/> Surfing <input type="checkbox"/> Other: <p>_____</p>		
<p><input type="checkbox"/> Motorized Activities <i>Any water-based recreational activity other than a water-jet craft that depends on the use of a motorized vessel (except those Vessels that are used solely for transportation of passengers by a credentialed Operator, such as ferries, sightseeing boats, and sunset cruises)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> BBQ Donut Boat <input type="checkbox"/> Ski Boats <input type="checkbox"/> Sailboat with engines <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Flyboard/Hoverboard <input type="checkbox"/> Motorized Kiteboarding <input type="checkbox"/> Jet Boats <input type="checkbox"/> Other: <p>_____</p>	<p>Specify Location:</p> <p>_____</p>	<p>No. of vessels: _____</p> <p>Registration Nos.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

E. Description of Project or Proposed Actions by Marine Sports Operators

1) How many customers does your marine sports operation average per month?

2) On average, how often and how long do you take your customers out to the water?

3) Will your project require any construction activities? If yes, please describe what you are constructing and the type of methods and materials used for construction:

4) Will toilet facilities be provided at the project site?

Yes. Explain what type: _____

No. Explain where will staff and customers be using the toilet facilities:

5) To avoid or minimize potential adverse impacts of your project, briefly describe proposed management measures or best practices that will be implemented before, during, and after operations. If necessary, you may attach a separate sheet to include additional measures.

6) If applicable, how often do you maintain the conditions of your boat(s) and/or Water-Jet Craft and its engine(s)? _____

7) Do you provide receptacles or trash bins at the project site? __Yes__ No__ Sometimes

a) If yes or sometimes, how often do you empty your trash bins? Where do you dispose your trash? _____

b) If no or sometimes, how and where do your customers dispose their trash?

8) Name of Insurance Company and Policy Number or please attach three (3) denial letters:

CERTIFICATION OF TRUTH

I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines of up to \$10,000.00 per day per violation.

By Applicant/Owner: *(Proof of ownership OR legal authority required)*

Print Name

Title

Signature

Date

LETTER OF AUTHORIZATION

By signing this letter of authorization, I am certifying that the individual listed below is authorized to act on my behalf on matters pertaining to DCRM’s permitting process and requirements. My representative is authorized to perform on my behalf as follows (check all that applies):

- Receive and review documents/permit
- Attend meetings at DCRM’s request
- Make decisions during meetings
- Request follow ups or permit inquiries
- Sign permit application form(s)
- Other: _____

By Applicant/Owner: *(Proof of ownership OR legal authority required)*

Print Name

Title

Signature

Date

***** **AND** *****

The authorized representative understands the above conditions and agrees to be responsible for ensuring his/her client’s compliance.

Authorized Representative: *(Copy of valid Identification card required)*

Name of Authorized Representative

Name of Company

Signature of Authorized Representative

Date

COMMERCIAL WATERSPORTS OPERATORS PERMIT FEE SCHEDULE

Type of Watersports	Fee Amount
Non-Motorized Activities Watersports Permit	Initial Fee: \$200 Renewal Fee: \$200
Motorized Watersports Permit (Including Water-Jet Craft, Parasailing, Towed Floatation, and Motorized Activities)	Initial Fee: \$1,000 Renewal Fee: \$750
Resubmission Fee	\$50 for each resubmission

One Water Sports Permit may authorize a Permittee to conduct Commercial activity in more than one category of Water Sports and Recreational Activities. One application or renewal fee will cover multiple proposed uses and concurrent operations of up to two registered and listed boats or five water-jet crafts so long as activities are compliant with any and all permit restrictions. Additional listed boats and water-jet crafts may be listed in the Water Sports Permit with payment of an additional fee.

Permit renewals shall be due on May 30 every year, or, if this date falls on a weekend, the following work day. Prospective applicants interested in applying for a new Commercial Water Sports Permit beyond the May 30th deadline, will pay a pro-rated fee for the remaining term to May 30th of the succeeding year.

Discounted Commercial Water Sports permit fees for qualifying “green” and “sustainable eco-tour” certifications are available as follows:

MSO Tier 1 Reduction	Membership of the Marine Sports Association in good standing for at least one year	10% fee reduction
MSO Tier 2 Reduction	Members of the Marine Sports Association in good standing with no reported violations for at least one year	15% fee reduction
MSO Tier 3 Reduction	Members of the Marine Sports Association in good standing with no reported violations for at least one year and completion of qualifying “eco-tour” training and/or certification.	25% fee reduction

Qualifying for Discounted Commercial Water Sports Permit Fee:

To qualify for the tiered permit fee reductions listed above, Permittee must request for a permit fee reduction in writing at the time of permit renewal or new permit application. Required documentation includes proof of membership in an active Marine Sports Association and certification of completion of a DCRM-approved “eco-tour training” and/or certification program.

**STATEMENT OF DISCLOSURE
AND APPLICANT AGREEMENT TO PERMIT FEES**

The applicant agrees that all fees, which must be fully paid to the CNMI Treasury and a copy of the receipt be submitted to DCRM, are based upon representations made to DCRM. If after submission of this fee and that DCRM determines that an error has been made by either the applicant's submission or at the time a fee was determined, the applicant understands that additional fees may be assessed by DCRM. These fees must be paid prior to the submission of any permit application to DCRM.

The applicant understands the above conditions and agrees to comply.

Print Name

Title

Signature

Date