

Commonwealth of the Northern Mariana Islands OFFICE OF THE GOVERNOR Bureau of Environmental and Coastal Quality Division of Coastal Resources Management P.O. Box 501304, Saipan, MP 96950 Tel: (670) 664-8300; Fax: (670) 664-8315 www.dcrm.gov.mp



Richard V. Salas Acting Director, DCRM

NOTICE TO THE APPLICANT

It is the responsibility of the applicant to submit all required supporting documents to DCRM. DCRM regulations for APC Permits require that the following MUST accompany every application otherwise application will be deemed incomplete and RETURNED. Once completed, a pre-application conference shall be held to discuss the proposed activity and to provide the applicant with information pertaining to the CRM program goals, policies and requirements and to answer questions the applicant may have regarding the CRM program and its requirements.

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.

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.

Eli D. Cabrera Administrator

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:	
Physical Location of the Project: Street	Village	è l:	Island	Area of Particular Concern	
Project Owner's Name:	DBA:			Coastal Permit Application No.:	
Physical Location of Business: Street	Village	: I	Island	Date Received	
Mailing Address	Island	Zip	o 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.		Contact:			
Funding Source. Check all that apply.		Estimated Project Cost:		Amount Paid	
Individual Business CNMI Federal Foundation_	_				

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)

UWetlands & 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)

	any activity on this propert If yes, please provide the n Name	•				
B.	List of adjacent property owners. Name Mailing Address Method of Notification					
C.	List of all permits and license Permit/License	es which have been received o Application Date	r applied for to date. Approval Date			
D.	Project site is located on:	Public Land Private La	and			
	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 project site?	e onsite? If yes, please describe	e the current condition of			