



Eli D. Cabrera  
Administrator

## 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](http://www.dcrm.gov.mp)



Richard V. Salas  
Director, DCRM

#### NOTICE TO THE APPLICANT

Prior to the commencement of a proposed development or activity wholly or partially situated within the Division of Coastal Resources Management's (DCRM) designated Area of Particular Concern (APC), which has or is more likely than not to have an adverse impact on an APC unless mitigated, the party responsible for initiating the proposed project shall obtain the appropriate permit from DCRM. It is the responsibility of the project proponent that the CRM permit application is complete prior to submission. No project may commence without an issued CRM permit. Please carefully review your CRM permit application for completeness to avoid any delays during the review process.

#### § 15-10-206 PERMIT APPLICATION CONTENTS

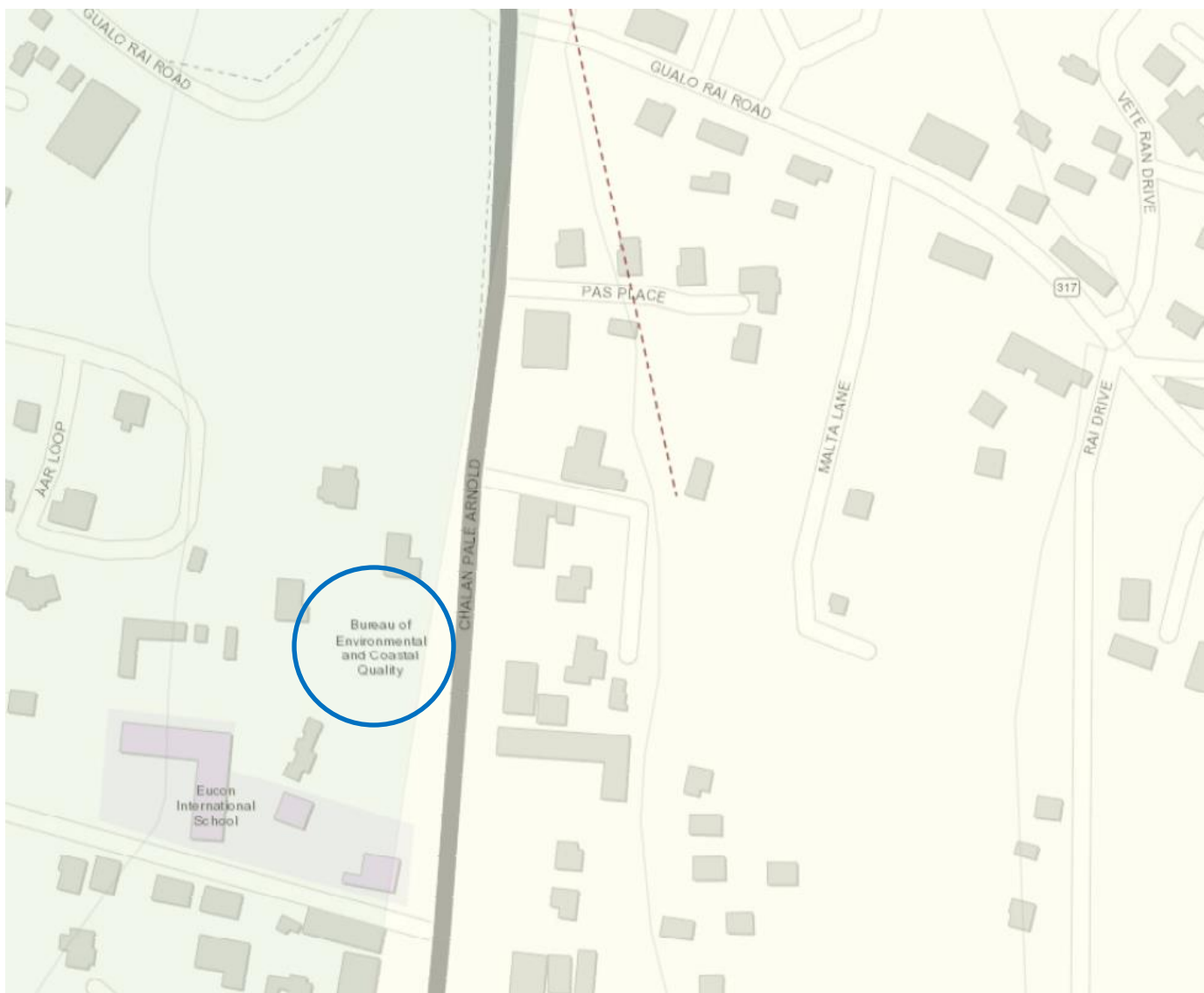
- **Submission of a Complete Application.** Details required in the CRM permit application must be provided unless information is not applicable, in which case, "not applicable" shall be indicated in the application. If a response to a question is "see attached", a specific document and page number citation is required to support timely review. All permit applications shall be submitted in English units and all dimensions shall be stated in English units (i.e., inches, feet, square miles, cubic yards).
- **Information and Attachments.** CRM permit applications shall, to the extent necessary, contain attachments and necessary supporting materials including statements, drawings, maps, etc., which are relevant to the CRM permit application, as outlined in the "Application Checklist", as well as any supplemental information requested by the DCRM Director to support a meaningful review of the project proposal. Where an application is incomplete or additional information is needed, the project applicant will be informed in writing of this request and the review clock is stopped until such time that the required information is received (NMIAC § 15-10-105(a)).

#### § 15-10-205 PERMIT APPLICATION PROCEDURES

- **Filing and Copies of CRM APC, Minor, or Temporary Application Package:** The applicant must file one (1) original and 1 copy of the completed DCRM permit application form with exhibits, attachments, and a copy of the permit fee payment receipt. When you are ready to submit your CRM permit application, a payment voucher will be provided to you in order to make a payment at the CNMI Treasury office.
- **Filing location.** Applications for APC, Minor, or Temporary permits on Saipan shall be filed in person by visiting our Saipan DCRM Permitting Office on the 3rd Floor, Suite 305 of the Gualo Rai Center (BECQ), Chalan Pale Arnold Road, Lower Gualo Rai, Saipan. Applications for APC, Minor, or Temporary permits on Tinian or Rota will be received by the Tinian or Rota Coastal Coordinators, respectively, who will review and make a determination on the applications based on P.L. 3-47 (2 CMC §§ 1501, et seq.).

Should you have any questions, please contact Ms. Primrose Taitano at [ptaitano@dcrm.gov.mp](mailto:ptaitano@dcrm.gov.mp) or Mr. Neil Taisacan at [ntaisacan@dcrm.gov.mp](mailto:ntaisacan@dcrm.gov.mp) or call 664-8300 for assistance. For Tinian, please contact Mr. Edwin Hofschneider at (670) 433-0494. For Rota, please contact Mr. William Pendergrass at (670) 532-0466.

Vicinity Map of BECQ-DCRM Permitting Office on Saipan



**MINOR PERMIT APPLICATION FORM**

A coastal permit is required to perform work regulated by the provisions of NMIAC § 15-10.

NAME OF PROJECT			<b>DCRM OFFICE USE ONLY</b>	
			Received by:	
Physical location of Project	Street	Village	Island	
			Area(s) of Particular Concern:	
Project Owner's Name:		DBA:		
			Coastal Permit Application No.:	
Physical Address of Main Office	Street	Village	Island	
			Date Application Received:	
Mailing Address	Island		Zip Code	
			Check if application is certified as:	
			Complete <input type="checkbox"/>	In-Compliance <input type="checkbox"/>
Telephone/Cell No.		Email Contact		
			10-day Deadline Date:	
Name of Contractor or Representative (if any):		Mailing Address		
			Date of Receipt:	
Telephone/Cell No.		Email Contact		
			CNMI Treasury Issued Receipt No.:	
Funding Source. Check all that apply. Individual__ Business__ CNMI__ Federal__ Foundation__		Estimated Project Cost:		Permit Fee Paid:

**New** \_\_\_\_\_

**Amendment** \_\_\_\_\_

**I. DESCRIPTION OF OTHER REQUIRED PERMITS, PROJECT LOCATION & OWNERSHIP**

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

Name of Agency	Permit Type	Permit No.
_____	_____	_____
_____	_____	_____

2. List of adjacent property owners:

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

3. Project site is located on: Public Land \_\_\_ Private Land \_\_\_

- a. Island \_\_\_\_\_
- b. Village \_\_\_\_\_
- c. District \_\_\_\_\_
- d. Lot # \_\_\_\_\_
- e. Tract # \_\_\_\_\_
- f. Block # \_\_\_\_\_

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

\_\_\_\_\_

- Name of Lessor (*If applicable*):

\_\_\_\_\_

- Effective Date of Lease: \_\_\_\_\_ Expiration Date of Lease: \_\_\_\_\_

5. Total area (square feet, square meters, acres, etc.) of the project site/property:

\_\_\_\_\_

6. Briefly describe the current condition of the project site:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Is the project site on or near any environmentally sensitive area (forest/wildlife conservation, agricultural area, historical sites, groundwater source, etc.)?

\_\_\_\_\_

8. If necessary, is infrastructure available at the site to support the project? Please describe.

\_\_\_\_\_

**II. Description of Project or Proposed Action(s)**

1. Briefly describe the purpose and scope of work of the project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Will your project include any construction activity? If yes, please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Use of heavy equipment          | <input type="checkbox"/> Blasting                                |
| <input type="checkbox"/> Vegetation clearing/Earthmoving | <input type="checkbox"/> Construction of new concrete structures |
| <input type="checkbox"/> Grading                         | <input type="checkbox"/> Other: _____                            |
| <input type="checkbox"/> Excavation                      |  |
| <input type="checkbox"/> Trenching                       |  |
| <input type="checkbox"/> Backfilling. Total cy: _____    |  |
| <input type="checkbox"/> Soil testing/boring             |  |
| <input type="checkbox"/> Demolition                      |  |

3. Will toilet facilities be provided at the project site?

Yes  Explain what type: \_\_\_\_\_

No  Explain where will personnel be using the toilet facilities?

\_\_\_\_\_

4. If applicable, what is the approximate distance of the project’s property boundary and project’s footprint to the High Tide Line of the ocean or the edge of the cliff line?

\_\_\_\_\_

5. Total area to be developed (square feet, square meters, acres, etc.) at the project site:

\_\_\_\_\_

6. To avoid, minimize, or mitigate the project’s negative impacts to coastal resources, please briefly describe proposed management measures to be implement before, during, and after the proposed activities or actions:

\_\_\_\_\_

\_\_\_\_\_

7. Project’s anticipated time frame:

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**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

**CRM PERMIT FEE SCHEDULE**

CRM permit application shall be accompanied by a non-refundable CRM permit application and administrative fee in accordance with the following fee schedule, by check made payable to CNMI Treasurer (CRM Rules and Regulations, NMIAC § 15-10-205 (h)).

A. For Minor/APC or Temporary Permit Applications

- (1) No fee for State and Local Government Agencies engaging in government projects.
- (2) \$25.00 fee for temporary permits unless waived by the DCRM Director.
- (3) \$200.00 fee for Minor/APC development permits.

As provided below, a “De Minimis APC Waiver” may be requested and a minor APC permit fee reduction may be granted at the discretion of the DCRM Director.

(i) “De Minimis Fee Waiver” Request: When an applicant for a minor APC permit has substantial evidence that the proposed activity or action will have no direct or cumulative impact on coastal resources, a “De Minimis APC Fee Waiver” may be requested in writing through the permitting office. This request must clearly state the reason(s) why the proposed activity will be “de minimis” in nature, and include a request for a reduction of up to 50% of APC permitting fees for commercial actions and 100% of APC permitting fees for mitigation, restoration, or non-commercial actions.

(ii) Review of “De Minimis Fee Waiver” Requests: Such requests must be submitted to the Director with the Permit Manager copied. Permitting staff will review such requests to ensure accurate environmental information has been provided, and the Permit Manager will submit a recommendation to the Director to approve or deny the waiver request within ten working days of receipt of the request at the Saipan DCRM office. The Director may deny or grant the waiver request, or grant the request with restrictions, conditions, or modifications at their discretion. If a waiver is granted, the Director shall issue a letter to the applicant detailing what, if any, restrictions the waiver is conditioned upon, and a copy of this letter will be retained in the permit file. Any deviation of scope of activities of the subject project will be treated as unpermitted for the purposes of enforcement action, if necessary, as detailed in § 15-10-900. Submission of a “De Minimis APC Fee Waiver” request shall stop the clock on review of the submitted APC permit. If the waiver request is denied, the review period will be restarted upon the date of the issuance of the denial letter.

B. Fees for Major projects shall be based upon appraisal of construction costs.

FEE AMOUNT COST OF PROJECT OR PERMIT AMENDMENT

\$200	Administrative fee for extension request with an expired permit
\$250	Less than or equal to \$ 50,000
\$500	Value between \$ 50,001 and \$ 100,000
\$1,500	Value between \$ 100,001 and \$500,000
\$2,500	Value between \$ 500,001 and \$ 1,000,000
\$3,000	For every \$1,000,000.00 cost increment exceeding one million dollars.



**STATEMENT OF DISCLOSURE  
AND APPLICANT'S 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