



Zabrina S. Cruz  
Acting 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)



Agnes M. Sablan  
Acting 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

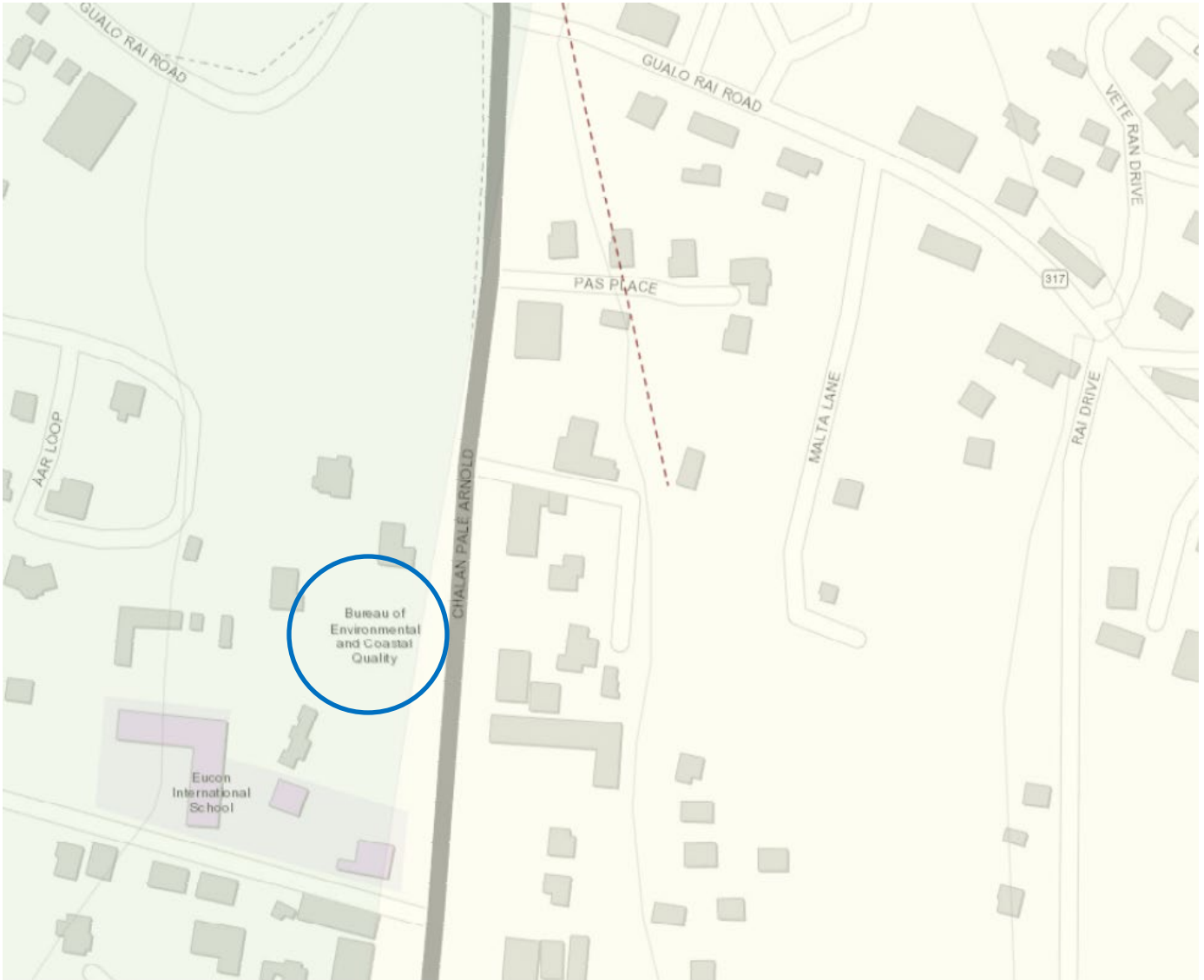
- **Submission of a Complete Application.** Details required in the CRM permit application must be provided unless information is not applicable, in which case, "not applicable" shall be indicated in the application. If a response to a question is "see attached", a specific document and page number citation 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



**STANDARD APC PERMIT APPLICATION FORM**

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

Name of Project:				<b>DCRM OFFICE USE ONLY</b>	
				<b>Received by:</b>	
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 of Main Office				Island	Zip Code
				<b>21-Day Deadline Date:</b>	
Telephone No.		Email Contact:		Check if application is certified as:	
				Complete <input type="checkbox"/>	In-Compliance <input type="checkbox"/>
Name of Contractor or Representative, if any		Mailing Address:		Date of Receipt:	
Authorized Representative's Contact Information:				CNMI Treasury Issued Receipt No.:	
Telephone No.		Email Contact:			
Funding Source. Check all that apply.		Estimated Project Cost:		Permit Fee 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)
- 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?

\_\_\_\_\_

\_\_\_\_\_