

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



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

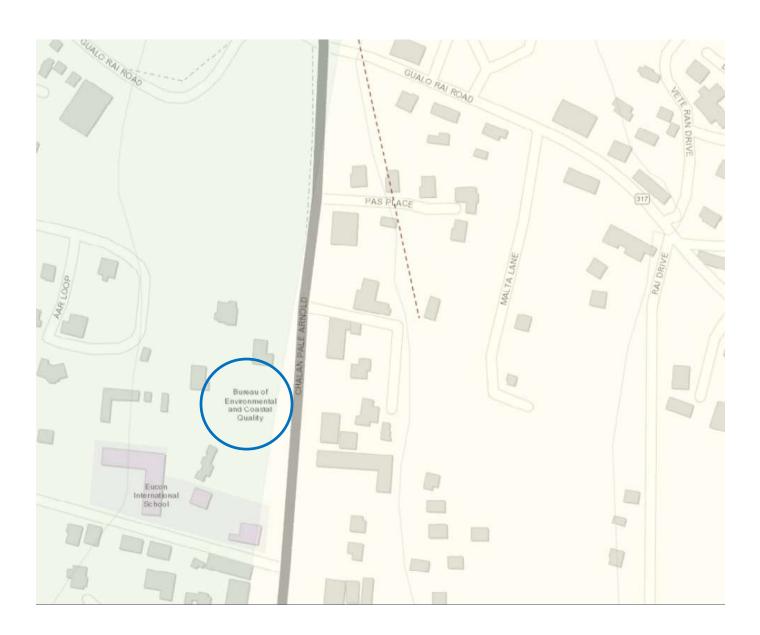
- Submission of a Complete Application. Details required in the CRM permit application
 must be provided unless information is not applicable, in which case, "not applicable"
 shall be indicated in the application. If a response to a question is "see attached", a
 specific document and page number citation 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 or Mr. Neil Taisacan at 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	e of Project:				DCRM OFFICE USE ONLY	
					Received	
					by:	
Physi	cal Location of Project	Street	Village	Island	Area(s) of Particular Concern:	
Proje	ct Owner's Name	DBA:			Coastal Permit Application No.:	
		22,			ургания принципальный принципа	
Physi	cal Address of Main Office	Street	Village	Island	Date Application Received:	
Maili	ng Address of Main Office	Island	Zip Code		21-Day Deadline Date:	
Telep	phone No.	Emai	l Contact:		Check if application is certified as:	
					Complete In-Compliance	
Name of Contractor or Representative, if any Mailing Address:					Date of Receipt:	
	orized Representative's Conta				CNMI Treasury Issued Receipt No.:	
Telep	phone No.	Emai	l Contact:			
- 1			T		2 2 2 2 2	
Funding Source. Check all that apply. Estimated Project Cost:					Permit Fee Paid:	
Indivi	dual Business CNMI Fede	ral Foundation				
			L			
1.	□ New □	Renewal (Marine	Sports Only)	□ Am	endment	
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)					

1 | Page

3. DESCRIPTION OF PROJECT SITE

	any activity on this proper If yes, please provide the I Name	•				
В.	List of adjacent property ov Name	wners. Mailing Address	Method of Notification			
C.	List of all permits and licens Permit/License	ses which have been received Application Date				
D.	Project site is located on: Public Land Private Land					
		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 th	e property or project site?				
G.	s there an existing structure onsite? If yes, please describe the current condition of the project site?					

2 | Page