



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

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DEPARTMENT OF PLANNING AND NATURAL RESOURCES

Coastal Zone Management Program

4611 TUTU PARK MALL STE. 300

ST. THOMAS, VI 00802

TEL: (340) 774-3320

FAX: (340) 714-9524

DEPARTMENT OF PLANNING AND NATURAL RESOURCES

St. Thomas, Virgin Islands

CZM Permit No: _____

Date: _____

Tel: _____

Request is hereby made for the Issuance of a "Certificate of Completion" for the following property.

Location _____ Owner _____

Mailing Address: _____

DESCRIPTION () First Floor () Second Floor () Entire Building

Scope of work completed: _____

Contractor: _____

The construction work has been done under the supervision of:

Owner _____ Date: _____

Engineer/ Architect _____ Contractor _____ Date: _____

FOR DEPARTMENT USE ONLY

The work authorized by the above listed complies with the Virgin Islands Coastal Management Act and the provisions of the Coastal Zone Permit issued pursuant thereto.

Inspected by: _____

Date: _____

Director, CZM Date

Approved

Denied