

**GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
DEPARTMENT OF PLANNING AND NATURAL RESOURCES  
DEVELOPMENT PERMIT APPLICATION**

**FORM L&WD-1\*  
JOINT PERMIT APPLICATION LETTER**

COMMISSIONER  
DEPARTMENT OF PLANNING AND NATURAL RESOURCES  
8100 LINDBERG BAY, STE #61  
CYRIL E. KING AIRPORT TERMINAL, SECOND FLOOR  
ST. THOMAS, US VIRGIN ISLANDS 00802

Dear Commissioner:

The undersigned wishes to make application to the Virgin Islands Government and the Secretary to the Army for a permit to:

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It is understood that approval of this application is required pursuant to Act No. 4248 of the Virgin Islands Code, and I hereby certify that the proposed activity complies with the enforceable policies of the VI CZM Act and that the development will be conducted in a manner consistent with the VI Coastal Zone Management Program.

Included in this application is the Department of the Army permit application form (ENG 4345). It is further requested that this letter and application be forwarded to the US Army Corps of Engineers, Antilles Regulatory Section, for consideration.

Signature of Applicant

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Title, if a Corporation

**\*Not required if the application is for the continued use and occupancy of an existing structure, and no development activities will be taking place.**

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
DEPARTMENT OF PLANNING AND NATURAL RESOURCES  
DEVELOPMENT PERMIT APPLICATION

FORM L&WD-2  
PERMIT APPLICATION

Date Received: \_\_\_\_\_

Date Declared Complete: \_\_\_\_\_

Permit Application No. \_\_\_\_\_

Application is hereby made for an  Earth Change  Coastal Zone Permit

1. Name, mailing address, email address and telephone number of Applicant (person/entity with legal interest in the property, to which permit will be issued)

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2. Name, title, mailing address and telephone number of Owner of property and Agent (if any)

Owner of Property(s)

Agent

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. Location of activity. Plot No. \_\_\_\_\_ PIN No. \_\_\_\_\_

Estate \_\_\_\_\_ Island \_\_\_\_\_

4. Zoning District \_\_\_\_\_

4.a State type of Land Uses as specified in the VI Zoning Law, which are applied for (e.g., restaurant, hotel, single-family dwelling, etc.)

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5. Name, mailing address, email and telephone number of project designer.

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6. Summary of proposed activity. Include all incidental improvements such as utilities, roads, etc. (Use additional sheets if necessary).

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**FORM L&WD-2/PERMIT  
APPLICATION CONT'D**

7. Date activity is proposed to start \_\_\_\_\_; be completed \_\_\_\_\_

8. Classification of minor or major permit. Check one:

Minor Permit Application

Major Permit Application

State below which criterion applies in making above check.

\_\_\_\_\_

\_\_\_\_\_

9. Application is hereby made for a permit to authorize the activities described herein. I agree to provide any additional information/data that may be necessary to provide reasonable assurance or evidence to show that the proposed project will comply with the applicable territorial water quality standards or other environmental protection standards both during construction and after the project is completed. I also agree provide entry to the project site for inspectors from the environmental protection agencies for the purpose of making inspection regarding this application and that to the best of my knowledge and belief, that such information provided herein, is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activities.

|  |       |
|--|-------|
| Signature of Applicant or Agent (if not owner) | Date  |
| _____  | _____ |
| Sign   | Print |

|                                  |       |
|----------------------------------|-------|
| Signature of Owner(s) (Required) | Date  |
| _____                            | _____ |
| Sign                             | Print |

|       |       |
|-------|-------|
| _____ | _____ |
| Sign  | Print |

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**FOR DEPARTMENT USE ONLY**  
**Inspector Record**

Date Inspected: \_\_\_\_\_  Application Approved  
 Application Disapproved

Inspector's Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|           |       |
|-----------|-------|
| _____     | _____ |
| Inspector | Date  |

|  |       |
|--|-------|
| _____                                      | _____ |
| Commissioner, Planning & Natural Resources | Date  |

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
DEPARTMENT OF PLANNING AND NATURAL RESOURCES  
DEVELOPMENT PERMIT APPLICATION

FORM L&WD-3  
ZONING REQUIREMENTS TABLE

The following table shall be completed by the applicant with entries as appropriate for the zoning district in which the activity is taking place. **Not all the requirements will necessarily apply to a particular zone.** Consult the Zoning Law for guidance.

Applicants Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Activity (Plot No.): \_\_\_\_\_ Estate: \_\_\_\_\_ Zoning District: \_\_\_\_\_

1. Proposed use (residential etc.) \_\_\_\_\_
2. Accessory use if any \_\_\_\_\_
3. Number of onsite parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_
4. Area of lot: \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ acres
5. Area covered by existing buildings \_\_\_\_\_ ft<sup>2</sup>; Area covered by proposed buildings \_\_\_\_\_ ft<sup>2</sup>
6. Total area of disturbance (includes footprint of all buildings, structures and parking areas) \_\_\_\_\_ ft<sup>2</sup>
7. Setback of building from street property line: Required \_\_\_\_\_ ft. Proposed \_\_\_\_\_ ft.
8. Side yard setback: Required \_\_\_\_\_ ft. Proposed \_\_\_\_\_ ft.
9. Rear yard setback: Required \_\_\_\_\_ ft. Proposed \_\_\_\_\_ ft.
10. Height of building: \_\_\_\_\_ ft. Stories \_\_\_\_\_
11. Lot width at street line (ft.) \_\_\_\_\_
12. Area of usable open space: \_\_\_\_\_ ft. \_\_\_\_\_ % of lot
13. Persons per acre ratio \_\_\_\_\_
14. Floor area ratio \_\_\_\_\_
15. Number of onsite parking and loading spaces \_\_\_\_\_
16. Building setback (yards 11, W-2 only) \_\_\_\_\_

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FOR DEPARTMENT USE ONLY

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Application No. \_\_\_\_\_

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
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DEVELOPMENT PERMIT APPLICATION

FORM L&WD-4  
MAJOR PROJECT SUMMARY DATA

**Section I. Applicant**

1. Name, address and telephone number of applicant.

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2. Name, address and telephone number of owner of Property and of developer.

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**Section II. Summary of Proposed Development**

3. Describe the proposed development

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**Section III. Description of Proposed Development**

4. Name of development \_\_\_\_\_

5. Plot No. \_\_\_\_\_

6. Zoning District: \_\_\_\_\_

7. PWD Map No. \_\_\_\_\_

8. Proposed use (residential, etc. as listed in Zoning Law): \_\_\_\_\_

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9. Accessory use if any \_\_\_\_\_

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FORM L&WD-4  
MAJOR PROJECT SUMMARY DATA Cont'd

10. Area of Lot(s) (acreage) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Area covered by existing buildings (sq. ft.) \_\_\_\_\_

12. Area covered by proposed buildings (sq. ft.) \_\_\_\_\_

13. Floor area total \_\_\_\_\_

14. Floor area ratio (B-1, B-2 zones only) \_\_\_\_\_

15. Number of buildings \_\_\_\_\_

16. Number of units total \_\_\_\_\_

|                        | Person              |                  | Persons |
|------------------------|---------------------|------------------|---------|
| 17. Schedule of units: | Efficiencies _____  | x 1.5 Unit _____ | - _____ |
|                        | 1 bedroom _____     | x 2 _____        | - _____ |
|                        | 2 bedroom _____     | x 3 _____        | - _____ |
|                        | 3 bedroom _____     | x 4 _____        | - _____ |
|                        | Other _____         | x _____          | - _____ |
|                        | Total Persons _____ |                  |         |

18. Number of on-site parking and loading spaces \_\_\_\_\_

19. Maximum building height (stories/ft) \_\_\_\_\_

20. Adjoining property land use(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Setback of building from street property line (ft.) \_\_\_\_\_

22. Side yard setback (ft.) \_\_\_\_\_

23. Rear yard setback (ft.) \_\_\_\_\_

24. Density (person/acre) \_\_\_\_\_

25. Area of usable open space (sq. ft. % of lot) \_\_\_\_\_

**Section IV. Comments**

26. Proposed Potable Water Supply (method & quality estimate gal/day)

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27. Proposed Sewage Treatment (method & quality estimate gal/day)

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28. Proposed Solid Waste Disposal (method & quality estimate lbs/day)

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29. Proposed Electrical Supply (method & demand estimate KWH for single & 3 phase)

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30. Air Conditioning (method & demand estimate (KWH)

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31. Other Utilities \_\_\_\_\_

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32. Other \_\_\_\_\_

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**Section V.**

33. Will the development extend onto or adjoin any beach tidelands, submerged lands or public trust lands?

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34. Will the development maintain, enhance or conflict with public access to the shoreline and along the coast?

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35. Will the development protect or provide moderate income housing opportunities?  
Will it displace moderate income housing?

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36. How will the development affect traffic on the coastal access roads?

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\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Date





GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES  
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VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE

(DPNR FORM L&WD-6)  
APPLICATION FOR TAX FILING AND PAYMENT STATUS REPORT\*\*

Date: \_\_\_\_\_

The applicant identified below hereby requests a letter certifying his or her tax filing and payment status for the purpose of receiving a Coastal Zone Management Permit from the Virgin Islands Department of Planning and Natural Resources pursuant to Act 5270, amending Sections 910 (a)(2) and 911 (d)(2) of the Coastal Zone Management Act (Title 12, Chapter 21, Virgin Islands Code). The applicant authorizes the Bureau of Internal Revenue to disclose any taxpayer information necessary to process this application to the Virgin Islands Department of Planning and Natural Resources, who may make such further disclosures as are necessary to carry out the requirements of the Coastal Zone Management Act, as amended.

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

EIN/TIN: \_\_\_\_\_

SSN: \_\_\_\_\_

Please Indicate:

- \*Corporation
- \*Partnership
- Individual
- Other

Type of Business: \_\_\_\_\_

**Please check forms that you use:**

- 1120,  1065,  1040,  941VI,
- 722VI,  720B,  720VI,
- other (list)

Date Business Started: \_\_\_\_\_

Person Representing Applicant: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Reply to: 6115 Estate Smith Bay, suite 225, St. Thomas VI 00802 – 340-715-1040(phone), 340-774-2672(fax)  
or 4008 Estate Diamond, St. Croix VI 00820 – 340-773-1040(phone), 340-773-1006(fax)

\* Partnership and/or Corporations must list partners/ corporate officers, social security numbers and addresses on a separate sheet and attach it to this application.

**THIS FORM IS TO BE SUBMITTED TO VIBIR UPON COMPLETION**

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
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DEVELOPMENT PERMIT APPLICATION

FORM L&WD-7  
CORPORATION/ASSOCIATION APPLICATION  
(To be used when a corporation or association is making a Permit Application in Tier I)

\_\_\_\_\_  
(Corporation or Association Name)

By: \_\_\_\_\_  
(Signature)  
President or Vice-President or equivalent

\_\_\_\_\_  
Title/Position (Print)

\_\_\_\_\_  
Print

WITNESS:

\_\_\_\_\_

ATTEST: \_\_\_\_\_  
Secretary (or equivalent) Signature

\_\_\_\_\_  
Secretary (or equivalent) Print

Seal

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned officer, personally appeared \_\_\_\_\_  
\_\_\_\_\_, who acknowledges himself to be the \_\_\_\_\_  
of \_\_\_\_\_; that he executed the foregoing instrument in the capacity above and has the  
authority to execute this application on behalf of the company.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year above written.

\_\_\_\_\_

**Include Supporting Documents:**

1. Compliance with Act No. 5270 by providing:
  - (a) Tax clearance letter from the Bureau of Internal Revenue
  - (b) Property tax clearance letter from the Lieutenant Governor's Office.
  - (c) Corporations and Associations: Certificate of Good Standing or equivalent, organizational documents & Amendments (Articles, Bylaws, Operating Agreement, Declarations)
  - (d) Corporate Resolution (or equivalent) authorizing action on behalf of the company.

### Flood Plain Determination and Permit Application

To be completed by all applicants

- 1. Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Tel. #: \_\_\_\_\_ Business Tel. \_\_\_\_\_ #: Cellular #: \_\_\_\_\_
- 2. Designer: \_\_\_\_\_  
 Lic. #: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Cellular#: \_\_\_\_\_
- 3. Plot #: \_\_\_\_\_ Estate: \_\_\_\_\_ Quarter: \_\_\_\_\_  
 Flood Zone Designation: \_\_\_\_\_

If your flood zone designation is Zone A, AE, AO, AI-30, A99, V, VO, Ve or VI-V30 as shown on the NFIP FIRM Map, then complete this section.

\*\*\*\*\*NFIP Flood Zone Designation\*\*\*\*\*

- 1. Type of development:  
 1 or 2 Family dwelling ( )      Mobile Home ( )      Non-Structural ( )  
 3 Family or more, Apartment or Condo Structure ( )      Non- Residential Structure: ( )  
 Commercial Structure ( )      New Construction ( )      Non-Structural ( )  
 Addition to Structure ( )      50% Substantial Improvement of Existing Structure ( )  
 Description of Activity \_\_\_\_\_  
 \_\_\_\_\_
- 2. Base Flood Elevation at the Development Site is \_\_\_\_\_ ft. above mean sea level (msl).
- 3. Elevation of the First Floor, Basement or Flood proof level for proposed structure is \_\_\_\_\_ ft.
- 4. Describe the Non Structural Activity i.e. septic tank, waste water treatment plants etc. (including the location and development): \_\_\_\_\_  
 \_\_\_\_\_
- 5. Attach a certified copy of site plan (8.5" x 11) showing Base Flood Elevation. See sample attached.

|   |   |
|---|---|
| <b>FOR OFFICE USE ONLY</b>                                  |   |
| Is the property located in an identified Flood Hazard Area? | ( ) YES    ( ) NO                                 |
| NFIP Zone Designation: _____                                | Forward to Flood Plain Manager: ( ) YES    ( ) NO |
| Application:  | APPROVED ( )    DENIED ( )    RESUBMIT ( )        |
| Plan Reviewer Name:   | _____   |
| Signature: _____  | Date: _____                                       |