



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

-----O-----

DEPARTMENT OF PLANNING AND NATURAL RESOURCES

Division of Coastal Zone Management

No. 45 Estate Mars Hill, Frederiksted
St. Croix, US Virgin Islands 00840-4477
Tel: (340) 773-1082; Fax: (340) 773-3343

8100 Lindberg Bay, Ste #61, C.E.K. Airport
St. Thomas, US Virgin Islands 00802
Tel: (340) 774-3320; Fax: (340) 714-9524

REQUEST FOR REPAIR AND/OR MAINTENANCE WAIVER

The following request is hereby submitted for a waiver of the permit requirement pursuant to 12 VIC § 910(b)(1) of the VI Coastal Zone Management (CZM) Act.

1. Name, mailing address, email address and telephone number of Applicant (all required) \_\_\_\_\_

2. Name, mailing address, email address and telephone number of the Property Owner (if not Applicant) \_\_\_\_\_

3. Location of activity. Plot No(s). \_\_\_\_\_ Estate \_\_\_\_\_ Island \_\_\_\_\_

4. Summary of proposed activity. Include the scope of all repairs to be undertaken such as roof, walls, decking, etc. (Use additional sheets if necessary). \_\_\_\_\_

5. Please include the following required documents with your application:

- a) Proof of legal interest (deed, tax bill, lease, etc.)
b) Required supporting schematics (drawings, photos, etc.) to be satisfied by Inspector's request
c) Location Map

In submitting such request I certify that the development activities are related to the repair/maintenance of an existing structure and will not result in an addition to, or enlargement or expansion, of the existing structure. I agree to provide entry to the project site for inspectors from the environmental protection agencies for the purpose of making inspections regarding this request 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 Date

Signature of Owner Date

Print \_\_\_\_\_

Print \_\_\_\_\_

-----  
**FOR DEPARTMENT USE ONLY**

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date

Your request for the waiver of the permit requirement has  
been deemed consistent / inconsistent with 12 VIC §  
910(b)(1) of the VI CZM Act.

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

**SPECIAL CONDITIONS:**

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