

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

**FORM L&WD-1
DRAFT OF APPLICATION LETTER**

DATE: _____

FILE: _____

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 Coastal Zone Permit to (State kind of work proposed) _____
_____ in (Give name of waterway) _____ at or near (give location) _____
_____ The (mention proposed work) _____
_____ will be located approximately (give distance and bearing from nearest town, pier, wharf, bridge or any well-known object or establishment monument nearby) _____ and will be (give length, width, height, depth of water at mean low water level, class of construction, is permanent or temporary) _____ within
the corporate limits of (state if the work is within the corporate limits of a municipality as shown the accompanying plans) _____
_____.

It is understood that your approval of (mention proposed work) _____
_____ must be first obtained by virtue of the authority vested in you by Act No. 4248 of the Virgin Islands Code. Your favorable endorsement is, therefore, respectfully requested.

It is further requested that this letter be considered as an application for the Department of the Army Permit and that it be forwarded with your endorsement thereon to the area Engineer, San Juan Area, US Army Corps of Engineers, 400 Fernandez, Juncos Avenue, SAN JUAN PUERTO RICO 00901 for consideration.

Early advice concerning your decision and also concerning the decision of the Department of the Army in the manner will be appreciated.



(Signature of Applicant)

Official Title, if a Corporation

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)

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.)

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

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

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

7. Date activity is proposed to start _____; be completed 30 days

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

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
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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: *[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: _____ ft² _____ acres
5. Area covered by existing buildings _____ ft²; Area covered by proposed buildings _____ ft²
6. Total area of disturbance (includes footprint of all buildings, structures and parking areas) _____ ft²
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) _____

FOR DEPARTMENT USE ONLY

Inspector: _____ Date: _____ Permit Application No. _____

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

FORM L&WD-4
MAJOR PROJECT SUMMARY DATA

Section I. Applicant

1. Name, address and telephone number of applicant.

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

Section II. Summary of Proposed Development

3. Describe the proposed development

Section III. Description of Proposed Development

4. Name of development Lime Out 2

5. Plot No. _____

6. Zoning District: _____

7. PWD Map No. _____

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

9. Accessory use if any _____

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)

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

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

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

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

31. Other Utilities _____

32. Other _____

Section V.

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

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

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

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



Signature of owner or authorized agent

Date

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

FORM L&WD-5
PROOF OF LEGAL INTEREST

AFFIDAVIT

I, _____ being duly sworn depose and say that:
Applicant(s)* (or John Doe of Entity Applicant)

1. _____ am/is the (check one)
(I or Entity/Applicant)

☐ Record title owner (fee simple) ☐ Lessee ☐ Other (specify) Submerged Land Lease

Of the real property described as Parcel No(s) _____

Estate _____ Quarter _____ Island _____

***Applicant(s) is required to provide documentation for legal interest stated above (e.g. deed, lease, etc.)**

2. I have the irrevocable approvals, permission, or power of attorney from all other persons with a legal interest in the property to undertake the work proposed in the permit application as more fully set forth in the exhibit (s) attached hereto:

Signature Date

Signature Date

Print

Print

The foregoing instrument was acknowledged before me this ____ day of _____

20 ____ by _____ at _____ county
(Name or Name/Title of Entity)

of _____.

Notary Public

My Commission expires

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
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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

_____ member _____
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.

FOR OFFICE USE ONLY

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: _____

U.S. ARMY CORPS OF ENGINEERS
APPLICATION FOR DEPARTMENT OF THE ARMY PERMIT
33 CFR 325. The proponent agency is CECW-CO-R.

Form Approved -
OMB No. 0710-0003
Expires: 30-SEPTEMBER-2015

Public reporting for this collection of information is estimated to average 11 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters, Executive Services and Communications Directorate, Information Management Division and to the Office of Management and Budget, Paperwork Reduction Project (0710-0003). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to either of those addresses. Completed applications must be submitted to the District Engineer having jurisdiction over the location of the proposed activity.

PRIVACY ACT STATEMENT

Authorities: Rivers and Harbors Act, Section 10, 33 USC 403; Clean Water Act, Section 404, 33 USC 1344; Marine Protection, Research, and Sanctuaries Act, Section 103, 33 USC 1413; Regulatory Programs of the Corps of Engineers; Final Rule 33 CFR 320-332. Principal Purpose: Information provided on this form will be used in evaluating the application for a permit. Routine Uses: This information may be shared with the Department of Justice and other federal, state, and local government agencies, and the public and may be made available as part of a public notice as required by Federal law. Submission of requested information is voluntary, however, if information is not provided the permit application cannot be evaluated nor can a permit be issued. One set of original drawings or good reproducible copies which show the location and character of the proposed activity must be attached to this application (see sample drawings and/or instructions) and be submitted to the District Engineer having jurisdiction over the location of the proposed activity. An application that is not completed in full will be returned.

(ITEMS 1 THRU 4 TO BE FILLED BY THE CORPS)

1. APPLICATION NO.	2. FIELD OFFICE CODE	3. DATE RECEIVED	4. DATE APPLICATION COMPLETE
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(ITEMS BELOW TO BE FILLED BY APPLICANT)

5. APPLICANT'S NAME First - Middle - Last - Company - E-mail Address -		8. AUTHORIZED AGENT'S NAME AND TITLE (agent is not required) First - Middle - Last - Company - E-mail Address -	
6. APPLICANT'S ADDRESS: Address- City - State - Zip - Country -		9. AGENT'S ADDRESS: Address- City - State - Zip - Country -	
7. APPLICANT'S PHONE NOS. w/AREA CODE a. Residence b. Business c. Fax		10. AGENTS PHONE NOS. w/AREA CODE a. Residence b. Business c. Fax	

STATEMENT OF AUTHORIZATION

11. I hereby authorize, _____ to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.



SIGNATURE OF APPLICANT

DATE

NAME, LOCATION, AND DESCRIPTION OF PROJECT OR ACTIVITY

12. PROJECT NAME OR TITLE (see instructions)	
13. NAME OF WATERBODY, IF KNOWN (if applicable)	14. PROJECT STREET ADDRESS (if applicable) Address City - State - Zip -
15. LOCATION OF PROJECT Latitude: °N Longitude: °W	
16. OTHER LOCATION DESCRIPTIONS, IF KNOWN (see instructions) State Tax Parcel ID Municipality Section - Township - Range -	

17. DIRECTIONS TO THE SITE								
18. Nature of Activity (Description of project, include all features)								
19. Project Purpose (Describe the reason or purpose of the project, see instructions)								
USE BLOCKS 20-23 IF DREDGED AND/OR FILL MATERIAL IS TO BE DISCHARGED								
20. Reason(s) for Discharge								
21. Type(s) of Material Being Discharged and the Amount of Each Type in Cubic Yards: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Type</td> <td style="width: 33%; text-align: center;">Type</td> <td style="width: 33%; text-align: center;">Type</td> </tr> <tr> <td style="text-align: center;">Amount in Cubic Yards</td> <td style="text-align: center;">Amount in Cubic Yards</td> <td style="text-align: center;">Amount in Cubic Yards</td> </tr> </table>	Type	Type	Type	Amount in Cubic Yards	Amount in Cubic Yards	Amount in Cubic Yards		
Type	Type	Type						
Amount in Cubic Yards	Amount in Cubic Yards	Amount in Cubic Yards						
22. Surface Area in Acres of Wetlands or Other Waters Filled (see instructions) Acres or Linear Feet								
23. Description of Avoidance, Minimization, and Compensation (see instructions)								

24. Is Any Portion of the Work Already Complete? ☐ Yes ☐ No IF YES, DESCRIBE THE COMPLETED WORK

25. Addresses of Adjoining Property Owners, Lessees, Etc., Whose Property Adjoins the Waterbody (if more than can be entered here, please attach a supplemental list).

a. Address- Government of the Virgin Islands

City - State - Zip - 00801

b. Address- Virgin Islands Port Authority, Cyril King Airport

City - State - Zip - 00802

c. Address- Emerald Beach Hotel, P.O. Box 340

City - State - Zip - 00804

d. Address- Beachcomber Hotel, P.O. Box 2579

City - State - Zip - 00803

e. Address-

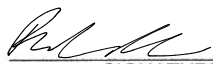
City - State - Zip -

26. List of Other Certificates or Approvals/Denials received from other Federal, State, or Local Agencies for Work Described in This Application.

AGENCY	TYPE APPROVAL*	IDENTIFICATION NUMBER	DATE APPLIED	DATE APPROVED	DATE DENIED
DPNR	and CZM Permit		Concurrent		
DEP	WQC		Concurrent		

* Would include but is not restricted to zoning, building, and flood plain permits

27. Application is hereby made for permit or permits to authorize the work described in this application. I certify that this information in this application is complete and accurate. I further certify that I possess the authority to undertake the work described herein or am acting as the duly authorized agent of the applicant.



SIGNATURE OF APPLICANT

DATE

SIGNATURE OF AGENT

DATE

The Application must be signed by the person who desires to undertake the proposed activity (applicant) or it may be signed by a duly authorized agent if the statement in block 11 has been filled out and signed.

18 U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or disguises a material fact or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.