



State of Rhode Island and Providence Plantations
Coastal Resources Management Council
Oliver H. Stedman Government Center
4808 Tower Hill Road, Suite 3
Wakefield, RI 02879-1900

(401) 783-3370
Fax (401) 783-2069

File Number (CRMC use only): _____

CRMC AQUACULTURE PRELIMINARY DETERMINATION REQUEST FORM

APPLICANT INFORMATION:

Applicant(s) Name(s): _____

Street: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail: _____

Location of Proposed Aquaculture Site

Waterway: _____

Longitude/Latitude of Proposed Aquaculture Site: _____

Signature of Requestor: _____

Date: _____

INSTRUCTIONS

** FILING FEE: \$25.00 per site. Check or money order payable to "CRMC"

NOTE: Filing fees are not refundable.

** **NOTE:** This request does not constitute application for permission to perform an activity. A CRMC Preliminary Determination Request is a determination of jurisdiction and which sections of the Rhode Island Coastal Resources Management Program apply to the project under construction.

Mail the above information to:

ATTN: APPLICATIONS COORDINATOR
COASTAL RESOURCES MANAGEMENT COUNCIL
OLIVER STEDMAN GOVERNMENT CENTER
4808 TOWER HILL ROAD; SUITE 3
WAKEFIELD, RI 02879