



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 COMMERCIAL VIABILITY AQUACULTURE APPLICATION

Applicant's Name: _____

Mailing Address: _____

State: _____ Zip: _____ Telephone Number: _____

E-Mail: _____

PROJECT LOCATION

Waterway: _____

City/Town: _____

Latitude-longitude coordinates of site: _____

DESCRIPTION OF PROPOSED AQUACULTURE OPERATION: _____

Proposed species (common name; genus and species): _____

Proposed start and end dates for experiment: _____

NOTE: The applicant acknowledges by evidence of their signature that they have reviewed the Rhode Island Coastal Resources Management Program, and have, where possible adhered to the policies and standards of the program. The applicant also acknowledges by evidence of their signature that to the best of their knowledge the information contained in the application is true and valid. The filing of false information can result in the Coastal Resources Management Council revoking the state assent.

Applicant's Signature