



State of Rhode Island
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 EXPERIMENTAL 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 EXPERIMENTAL 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

EXPERIMENTAL AQUACULTURE APPLICATION INSTRUCTIONS **(ONE APPLICATION PER SITE)**

ALL OF THE FOLLOWING REQUIRED APPLICATION DOCUMENTS
MUST BE ORGANIZED INTO TWO (2) ASSEMBLED PACKETS
WHEN SUBMITTED TO BE CONSIDERED A COMPLETE APPLICATION

REQUIRED APPLICATION DOCUMENTS:

APPLICATION FEE - (\$25.00 per site, check or money order made payable to “CRMC”)

LOCATION MAP - Use a NOAA nautical chart to accurately delineate the site location. The location map must include a map scale, a north arrow and an accurate latitude-longitude coordinate for the site. The map should be no smaller than 8½” by 11”. Google Maps are an acceptable alternative.

SITE PLANS - Details of the site and proposed gear in plan view with bottom contours showing depth at mean low water. A separate sheet depicting a cross section view with mean high and mean low tide elevations shown on the plans and distance to nearest shoreline features (shoreline, docks, etc.). Be sure to show all proposed gear within the site. Both sheets must be no smaller than 8½” by 11”. Plan scales of 1 inch = 20 feet or larger are preferred.

GEAR DETAILS - Show typical dimensions of the proposed gear (cage, rack, net bag etc.) on a separate 8½” by 11½” sheet. **Be sure to show all details!**

OPERATIONAL PLAN - Written description to include, at minimum, a description of the design and operation of the aquaculture facility, harvesting and maintenance procedures, source of water and water treatment, if any, and seed stock origin, consistent with the FDA National Shellfish Sanitation Program guidance documents.

SITES ARE LIMITED TO A MAXIMUM OF 1000 SQUARE FEET

MAXIMUM PERMIT TIME PERIOD OF 3 YEARS

NOTE: You are required to obtain a Special Permit for Aquaculture from the DEM Division of Fish & Wildlife for the possession and transportation of any fish or shellfish for the purposes of aquaculture; call (401) 783-8906. In addition, you may be required to obtain an Army Corps of Engineers permit for any structures placed in tidal waters (e.g., cages, racks, nets, etc.); contact them at (978)318-8131. The CRMC permit is not valid until these other permits are issued to the applicant.