



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) 783-3767

Mr. Grover J. Fugate  
 Coastal Resources Management Council  
 O. S. Government Center  
 4808 Tower Hill Road, Suite 3  
 Wakefield, RI 02879

Date \_\_\_\_\_

RE: Ice-damaged residential boating facility

Dear Mr. Fugate:

I, \_\_\_\_\_ attest that I am the owner of an ice-damaged residential boating facility bearing CRMC Dock Registration No. \_\_\_\_\_ located at Plat \_\_\_\_\_; Lot(s) \_\_\_\_\_; (Address): \_\_\_\_\_ (Town): \_\_\_\_\_

The location of the registration plate is (describe location on the dock): \_\_\_\_\_

I attest that the proposed repairs shall not change the previously authorized design of the facility and that repairs are intended only to repair ice-damage suffered during the winter of 2017-2018. My Assent number is \_\_\_\_\_.

Please provide full description of repair to be made: \_\_\_\_\_

I attest that the repairs shall be conducted in full compliance with the conditions of my authorizing permit, and that all work will be completed by June 30, 2018.

*The filing of false information can result in the Coastal Resources Management Council revoking the state assent. Applicant acknowledges that as a condition to the granting of this assent, members of the CRMC or its staff shall have access to the applicant's property to make on-site inspections to insure compliance with the assent. This application is made under oath and subject to the penalties of perjury.*

**Owner's Name & Address (Print Please)**

**Owner's Signature**

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

\_\_\_\_\_  
 \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Telephone #:** \_\_\_\_\_