



Rhode Island Coastal Resources Management Council
 Oliver H. Stedman Government Center
 Wakefield, RI 02879
 (401) 783-3370



Rhode Island Department of Environmental Management
 235 Promenade Street
 Providence, RI 02908-5767
 (401) 222-6820

APPLICATION FOR MARINE DREDGING AND ASSOCIATED ACTIVITIES pursuant to the Marine Infrastructure Maintenance Act of 1996 and the Marine Waterways and Boating Facilities Act of 2001, Chapter 46-6.1 of the Rhode Island General Laws.

PURPOSE OF APPLICATION

- Application for Dredging and Disposal of Dredged Material
- Request Renewal of RIDEM Dredge Permit File # _____
- Request Renewal of CRMC Dredge Permit File # _____
- Request Modification of RIDEM Dredge Permit File # _____
- Request Modification of CRMC Dredge Permit File # _____

Agency Use Only File Number <hr style="width: 80%; margin: 10px auto;"/> Date Received
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(Please Type or Print)

APPLICANT INFORMATION

Applicant Name: _____

(NOTE: Applicant must be the owner of the property on which the activity is proposed)

Applicant Address: _____ Telephone No. _____

City/Town: _____ State: _____ Zip: _____

PROJECT INFORMATION

Project Address: _____

City/Town: _____ State: _____ Zip: _____

Tax Assessor's Plat(s) and Lot Number(s): _____

Project Consultant/Engineer Name: _____

Consultant/Engineer Address _____

Consultant/Engineer Telephone No. _____

ACTIVITIES ASSOCIATED WITH THE PROPOSED DREDGE PROJECT (check all that apply)*

- Filling of Waters of the State
- Flow Alterations
- Marinas – New construction or expansion
- Point Source Discharge of Pollutants
- Site Disturbances
 - ___ Residential Development: six (6) or more dwellings
 - ___ Commercial, Industrial, State or Municipal Development
 - ___ Any project ≥ five (5) acres of disturbance

GENERAL INFORMATION

Identify program and associated application number for any other RIDEM applications filed for this project

___ Freshwater Wetlands	Application Number _____
___ RIPDES	Application Number _____
___ Individual Sewage Disposal System	Application Number _____
___ Other (_____)	Application Number _____

If you have any questions, please contact the RIDEM at 222-7500 or CRMC at 783-3379.

CERTIFICATION OF APPLICANT

I hereby certify that I have requested and authorized the investigation, compilation, and submission of all the information, in whatever form, contained in this Application; that I have personally examined and am familiar with the information submitted herein; and that such information is true, accurate and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Please return this completed application form and all supporting information, as indicated on the accompanying Submittal Checklist to:

Rhode Island Coastal Resources Management Council
 Oliver H. Stedman Government Center
 Wakefield, RI, 02879

and

Rhode Island Department of Environmental Management
 Office of Technical & Customer Assistance
 235 Promenade Street
 Providence, RI 02908

* Water Quality Certification required for these activities pursuant to Section 401 of the CWA and the Rhode Island Water Quality Rules may be incorporated into an approval issued as part of this application.

Office Use Only:	
Suitable for Public Notice _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn	