



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

REQUEST FOR ASSENT MODIFICATION

Assent/Permit Number: _____ **(including extensions)**
Expiration Date: _____

Name of Assent Holder: _____

Location of Project: _____

City/Town: _____ **Plat:** _____

Lot: _____

Name of Present Owner: _____

Mailing Address: _____

City/Town: _____ **State:** _____

Zip: _____

Phone Number: _____ **Email Address:** _____

Abutters: _____

I hereby certify that the names and addresses of adjacent property owners whose property adjoins the project site are accurate and current as of the date of application. If said names and addresses are found to be not accurate and/or current, any subsequent Assent may become Null and Void. **Signed:** _____

Describe the proposed modification(s): _____

Reason: _____

What state of construction is the project in: _____

Owner Name (PRINT)

Owner's Signature (SIGN)

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 State Assent. Applicant requires that as a condition to the granting of this assent, members of the CRMC or its staff shall be 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 penalties of perjury. 5/00

INSTRUCTIONS

****PLEASE NOTE**** When submitting large scale plans, four (4) physical copies as well as one (1) digital copy (sent via email to cstaff1@crmc.ri.gov) are both REQUIRED. This is for submitting new applications as well as any revisions or modifications made.

To submit a request for modification of assent, the following must be submitted:

- ** Filing fee.** This will cover review of the proposed modification assuming that it can be processed without a new application. If a new application is required, you will be notified in writing. ***Payment should be in the form of a check or money order.***
 - a. Single family residence where no Public Hearing is necessary = **\$100.00**
 - b. All others shall be charged the appropriate application fee using EPC formula, or **\$250.00** whichever is greater.
- ** One copy of the CRMC Assent.**
- ** Four (4) copies of this form,** signed by the owner. (A potential purchaser may sign the request only if a copy of a valid sales agreement is provided.)
- ** If the request is by a new owner (not the original applicant), a letter from the local tax assessor stating ownership of the property** must be submitted.
- ** Four (4) copies of the proposed modified plans and/or specifications.** Be sure to include the appropriate revision notations and revision dates. Note that for plans and/or specifications originally bearing the stamp of a design professional (reg. engineer, reg. architect, reg. land surveyor, etc.), the revised plans must also be stamped, signed, and dated by a design professional, unless stamp is specifically not required by this office.
- ** Copy(s) of revised approval(s) of other pertinent regulatory authorities,** such as local building official, DEM, etc.

Mail the above information to:

ATTN: Application Coordinator
Coastal Resources Management Council
Oliver H. Stedman Government Center
4808 Tower Hill Road; Suite 3
Wakefield, RI 02879