



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

## **PRELIMINARY DETERMINATION REQUEST FORM**

**CHECK ACTIVITY BOX AND DESCRIBE IN DETAIL FOR WHICH CRMC STAFF LEVEL FEASIBILITY ASSESSMENT IS REQUESTED:**

<input type="checkbox"/> RESIDENTIAL DEVELOPMENT - (SINGLE FAMILY)	<input type="checkbox"/> COASTAL FEATURE VERIFICATION
<input type="checkbox"/> NEW CONSTRUCTION	
<input type="checkbox"/> DEMOLITION/ALTERATION	
<input type="checkbox"/> ADDITION/ALTERATION	
<input type="checkbox"/> RESIDENTIAL DEVELOPMENT - _____ UNITS	
<input type="checkbox"/> PIER/DOCK: _____ RESIDENTIAL: _____ COMMERCIAL/OTHER: _____	
<input type="checkbox"/> SHORELINE PROTECTION: TYPE: _____	
<input type="checkbox"/> OTHER, DESCRIBE: _____	

### **PROPERTY INFORMATION:**

File Number (CRMC USE ONLY): _____	
Project Location: _____ No. Street City/Town	Plat: _____ Lot(s): _____
Does the site have access to: Public Water service: _____ Municipal sewer service: _____	Utility Pole: _____
Owner's Name: _____	Owner's Contact: _____
Mailing Address: _____ City/Town State Zip Code	Number: _____ Email Address: _____
Name of Waterway: _____	
Is information available regarding riparian boundaries, channel lines, etc.? (Piers, docks, etc. only) _____	

### **REQUEST FOR INFORMATION:**

Name of Requestor: _____
Mailing Address: _____
Phone Number & Email Address: _____
Designer or other contact person(s) include name, address, phone: _____ _____

Have you knowledge of any previous permits and/or violations (Local, State, and/or Federal) on this property? If so, describe and include pertinent information: \_\_\_\_\_

Please include a general vicinity location map (street guide sheet, USGS topography sheet) and a lot map (portion of Tax Assessor's map), map with topography is helpful.

\_\_\_\_\_  
Owner Name (PRINT)

\_\_\_\_\_  
Owner's Signature (SIGN)

## **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](mailto:cstaff1@crmc.ri.gov)) are both REQUIRED. This is for submitting new applications as well as any revisions or modifications made.

**\*\* FILING FEE:**

### Preliminary Determination Application Fee Schedule

- a. Those involving projects of the individual residential homeowner/potential homeowner: **\$150.00 Determination request fee.**
- b. All other projects (development of subdivisions, condominiums, commercial, industrial waterfront business, etc.) **\$1,000.00 Determination Request Fee.**
- c. Jurisdictional determinations: **\$100.00**
- d. Coastal feature verification: **\$300** (Note: requires surveyed plan prepared by Rhode Island registered P.E or R.L.S.)

**Note:** Filing fees are not refundable.

**Special Note:** Determination Request fees may be applied against the filing fee of applications for Council Assent when such application is made within one (1) year of the issuance of the Preliminary Determination Request report.

**\*\* Four (4) copies of the application, plans and location map must be submitted.**

**\*\* A letter from the local tax assessor stating ownership of the property must be submitted.**

**\*\* The current owner must sign this request, although a potential purchaser may sign if copy of a valid sales agreement is included with the tax assessors' letter.**

**\*\* Note:** This request does not constitute an application for permission to perform any activity. A CRMC Preliminary Determination Request is a determination of jurisdiction and a synopsis of which sections of the Rhode Island Coastal Resources Management Program apply to the project under consideration as presented herein.

Mail the above information to:

**Attn: Applications Coordinator  
Coastal Resources Management Council  
Oliver Stedman Government Center  
4808 Tower Hill Road; Suite 3  
Wakefield, RI 02879**