



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

Date: _____

Marina Maintenance Program
Coastal Resources Management Council
4808 Tower Hill Road, Suite 116
Oliver H. Stedman Government Center
Wakefield, RI 02879-1900

Re: Notification of **(Name of Marina)** _____

as is located within the Marina Perimeter Limit Assent authorized by **Assent No.** _____

Plat(s) _____ Lot(s) _____

at the following address _____

in the city/town of _____, Rhode Island.

Please be advised that as required by Section 1.3.1(D) of the RICRMP,

(Name of Marina) _____ is

hereby providing 10 days prior written notification of its intention to utilize heavy equipment to

(description of work) _____

_____ demonstrating the work being done is located within its designated Marina Perimeter limit.

The work will occur in the location(s) shown on the attached plan and the anticipated dates of construction/work will be _____

ADDITIONAL APPLICANT INFORMATION

Applicant Name: _____

NOTE: *Applicant must be the owner of the property on which the activity is proposed.*

Applicant Telephone No.: _____

Applicant Address: _____

City/Town: _____ State: _____ Zip: _____

Applicant Email Address: _____

NOTE: *Unless otherwise specified, the Marina Maintenance Program Letter will be mailed to the Applicant's address listed above.*

ADDITIONAL PROJECT INFORMATION

Project Consultant/Engineer Name: _____

Consultant/Engineer Telephone No.: _____

Consultant/Engineer Address: _____

City/Town: _____ State: _____ Zip: _____

Consultant/Engineer Email Address: _____

NOTE: *If no Consultant or Engineer was utilized for this project, write N/A in the Additional Project Information Section.*

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Should you have any questions regarding this matter, please do not hesitate to contact CRMC at cstaff1@crmc.ri.gov. Thank you.

Sincerely,

Owner's Name