



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

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DEPARTMENT OF PLANNING AND NATURAL RESOURCES

Division of Coastal Zone Management

No. 45 Estate Mars Hill, Frederiksted
St. Croix, VI 00840-4477
Tel: (340) 773-1082; Fax: (340) 773-3343

Charles Wesley Turnbull Regional Public Library
4607 Tutu Park Mall, St. Thomas, VI 00802
Tel: (340) 774-3320; Fax: (340) 714-9524

APPLICATION FOR MODIFICATION OF PERMIT

Pursuant to Title 12 Chapter 21 of the Virgin Islands Code and the Coastal Zone Management Rules and Regulations, 12, V.I.R.R. §910-14, the following request for Modification of (check one) ☐ Minor ☐ Major Permit No. _____ is hereby submitted.

1. Name, mailing address, email address and telephone number of Applicant/Permittee _____

2. Name, mailing address, email address and telephone number of the Property Owner _____

3. Location of activity. Plot No. _____ Estate _____ Island _____

4. Summary of proposed activity. Include all incidental improvements such as utilities, roads, etc. (Use additional sheets if necessary). _____

5. Please attach the Application Fee or Receipt: \$50.00 for Minor Permit; \$500.00 for Major Permit. In addition, please provide the following required documents:

- a) Tax Clearance Letter from the Bureau of Internal Revenue
- b) Property Tax Clearance Letter from the Office of the Lt. Governor
- c) Corporations and Associations: Certificate of Good Standing or equivalent
- d) Required or necessary drawings showing proposed activity
- e) Environmental Assessment Report (if applicable).

Signature of Applicant _____ Date _____

Print _____

Signature of Owner _____ Date _____

Print _____

Inspector _____ Date _____

Pursuant to 12 V.I.R.R. §910-14 (a) the Commissioner has determined that the request **DOES / DOES NOT** substantially alter the scope, nature or characteristic of the existing permit or approved development. As such, you **MAY / MAY NOT** proceed with the modification request.

Commissioner _____

Date _____