



## **EXPERIMENTAL** **AQUACULTURE LEASE APPLICATION**



**Application Description:** This is an application for an experimental aquaculture lease. This form is submitted after a pre-application meeting. You are encouraged to review the experimental lease regulations and application instructions to obtain a complete understanding of the experimental lease process.

**Application Instructions:** Before you apply, please review the application instructions hosted on the Department of Marine Resources (DMR)'s website (see link below).

### **REMINDER:**

- Please note pursuant to Chapter 2.64(5) regulations, an applicant may have no more than two pending experimental leases at any time. For purposes of this section, a pending experimental lease includes any application for an aquaculture lease filed by an entity in which the applicant has a legal interest (such as a partner in a partnership, a shareholder in a corporation, or a member in a limited liability company).
- Pursuant to Chapter 2.65(7), an experimental lease site must be one contiguous tract, unless it meets exceptions specified in rule.
- Please review the lease application instructions at the link below! The instructions also contain important information about the application process.
- The instructions need to be reviewed prior to filling out this application. Failure to follow the instructions will result in processing delays.

<https://www.maine.gov/dmr/aquaculture/applications-and-forms/experimental-limited-purpose-lease-applications-and-forms>

**U.S. Army Corps of Engineers (USACE):** You may also need a permit from the USACE. DMR and USACE review processes are separate. You are solely responsible for managing the USACE permitting process. All requests regarding USACE permitting should be made through <https://rrs.usace.army.mil/rrs>

**Fee:** The application fee is \$750.00 and is non-refundable.

**Application Submission:** Paper applications can be submitted via mail or email. Application fees can be paid online using PayMaine via credit card or ACH debit (checking and savings). When the application is received, DMR will email the applicant with further instruction regarding payment. Do not include credit card information with the submission as this is sensitive financial information. If paying the application fee via paper check, you must mail the application to DMR with the check. The check must be made payable to *Treasurer State of Maine*. Failure to include the paper check will result in the application being mailed back to you.

Applications are not reviewed until payment is received. If you wish to confirm delivery of your application, use a service with tracking. DMR will email applicants once the proposal is received to confirm receipt.

| If sending via U.S. Post Office:                                                                                    | If sending via email:                                                  | If sending by FedEx, UPS or other overnight service:                                                    |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| DEPARTMENT OF MARINE RESOURCES<br>ATTN: Aquaculture Division<br>21 State House Station<br>Augusta, Maine 04333-0021 | <a href="mailto:DMRAquaculture@maine.gov">DMRAquaculture@maine.gov</a> | DEPARTMENT OF MARINE RESOURCES<br>ATTN: Aquaculture Division<br>32 Blossom Lane<br>Augusta, Maine 04333 |

**DMR Communication and Response:** Email is the method of contact DMR will utilize to communicate with you about the application. Please monitor your email and provide the requested information in a timely manner. If you require special accommodation please call 207-350-7815.

**Third-Party Correspondence:** Some applicants may have a third-party assist them in the application on their behalf and communicate with DMR about the status of the proposal, revisions, etc. In those cases, you will be required to complete a communication consent form. Please complete the consent form posted on the aquaculture webpage at the link below and include it with your application.

<https://www.maine.gov/dmr/aquaculture/resources-for-growers>

# EXPERIMENTAL LEASE APPLICATION

## 1. APPLICANT INFORMATION

### A. CONTACT PERSON

|                                    |  |
|------------------------------------|--|
| <b>Legal Name of Applicant(s):</b> |  |
| <b>Contact Person:</b>             |  |
| <b>Email:</b>                      |  |
| <b>Telephone:</b>                  |  |

### B. MAILING ADDRESS

|                        |  |
|------------------------|--|
| <b>Street Address:</b> |  |
| <b>City:</b>           |  |
| <b>State:</b>          |  |
| <b>Zip Code:</b>       |  |

### C. PHYSICAL ADDRESS

☐ Same as mailing address

|                        |  |
|------------------------|--|
| <b>Street Address:</b> |  |
| <b>City:</b>           |  |
| <b>State:</b>          |  |
| <b>Zip Code:</b>       |  |

### D. PAYMENT METHOD

|                                      |                                                |
|--------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Paper check | <input type="checkbox"/> Credit Card/ACH Debit |
|--------------------------------------|------------------------------------------------|

### E. PRE-APPLICATION MEETING

|                                   |  |
|-----------------------------------|--|
| <b>Date the meeting was held:</b> |  |
|-----------------------------------|--|

**F. PENDING APPLICATIONS**

|                                                                                                   |                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>How many pending experimental lease applications (including this one) do you have pending?</b> | <input type="checkbox"/> One (1) <input type="checkbox"/> Two (2)<br><br><i>Note: An applicant may have no more than two pending experimental leases at any time.</i> |
| <b>Do you have a legal interest in any entity that has a pending experimental application?</b>    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |
| <b>If yes, provide the name of the applicant(s):</b>                                              |                                                                                                                                                                       |

**2. SITE COORDINATES**

This section will ask you to provide your coordinates in decimal degrees, starting with the NW corner and proceeding clockwise. WGS-84 is the required datum.

| Corner Label  | Latitude (N) | Longitude (W) |
|---------------|--------------|---------------|
| 1 (NW corner) |              |               |
| 2             |              |               |
| 3             |              |               |
| 4             |              |               |
| 5             |              |               |
| 6             |              |               |
| 7             |              |               |
| 8             |              |               |
| 9             |              |               |
| 10            |              |               |
| 11            |              |               |
| 12            |              |               |
| 13            |              |               |
| 14            |              |               |
| 15            |              |               |



#### 4. INTERAGENCY REVIEW INFORMATION

Lease applications are reviewed by other state and federal agencies. The questions below are intended to assist them with the review of your application.

**A. Is the proposed lease site located within any of the following habitat designations/areas? Check all that apply.**

- ☐ Essential Habitat (includes Roseate Tern habitat and Piping Plover/Least Tern habitat)  
☐ Shorebird Area  
☐ Tidal Waterfowl and Wading Bird Habitat

**B. Provide the water depth at mean high water.**

**C. Provide the water depth at mean low water.**

**D. Are you proposing to use any suspended gear?**

☐ Yes ☐ No

**If yes, will the gear be submerged (below the surface of the water) at all tidal stages?**

☐ Yes ☐ No

**E. Are you proposing predator netting?**

☐ Yes ☐ No

**If yes, what is the mesh size?**

**If yes, what is the twine size?**

**F. Is the proposal within 1,000 feet of any of the following? Check all that apply. If you select one or more boxes you also need to provide the requested information that follows.**

- ☐ Docking facility owned by federal, state, or municipal governments  
☐ Beach owned by federal, state, or municipal governments

**Provide the name of the docking facility and/or beach:**

**Proximity of the respective property to the proposed lease site in feet:**

|                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------|--|
| <b>Select which level of government owns the respective property:</b>                                    |  |
| <input type="checkbox"/> Federal<br><input type="checkbox"/> State<br><input type="checkbox"/> Municipal |  |
| <b>Provide the name of the government entity that owns the respective property:</b>                      |  |

|                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------|--|
| <b>G. Is any portion of the proposal within a marked navigational channel?</b>                                       |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                             |  |
| <b>If no, how far is the proposal from the nearest marked navigational channel?</b><br>Provide the distance in feet. |  |

|                                                                                                  |  |
|--------------------------------------------------------------------------------------------------|--|
| <b>H. Is the proposed site within 1,000 feet of any federal navigation project or anchorage?</b> |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |  |
| <b>If yes, identify the project or anchorage:</b>                                                |  |

|                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>I. Will your operations discharge anything into the water such as feed (pellets, kelp, etc.) or chemical additives (therapeutants, chemical treatments, etc.)?</b> |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |  |

## 5. ENVIRONMENTAL CHARACTERIZATION

The observations for all categories except ice formation must be based on an assessment conducted between April 1 and November 15, dates inclusive. Observation dates outside this timeframe will not be accepted.

|                                                                                    |  |
|------------------------------------------------------------------------------------|--|
| <b>A. Describe the observed bottom characteristics of the proposed lease site:</b> |  |
| <b>Date of Observation:</b>                                                        |  |
| <b>B. Provide the speed of current:</b>                                            |  |
| <b>Date of Observation:</b>                                                        |  |
| <b>C. Provide the direction of current:</b>                                        |  |
| <b>Date of Observation:</b>                                                        |  |
| <b>D. Describe the fauna (animals) you have observed in the area:</b>              |  |
| <b>Date of Observation:</b>                                                        |  |
| <b>E. Describe the flora (plants) you have observed in the area:</b>               |  |
| <b>Date of Observation:</b>                                                        |  |

|                                                                                  |                                                          |
|----------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>F. Have you observed eelgrass within the boundaries of the proposed site?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Date of Observation:</b>                                                      |                                                          |
| <b>Method of Observation:</b>                                                    |                                                          |
| <b>G. Have you observed eelgrass within 1,000 feet of the proposed site?</b>     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Date of Observation:</b>                                                      |                                                          |
| <b>Method of Observation:</b>                                                    |                                                          |

**H. Describe ice formation during the winter months within the proposed lease boundaries.** The description needs to include data such as water temperature or ice out date over a 10 ten-year period or at least 5 years of observations from the harbormaster, shellfish warden, harbor committee, Marine Patrol Officer, or fishing community. Stating “no ice observed” will not be accepted as an answer.

## 6. SOURCE OF STOCK AND WATER QUALITY

### A. SPECIES AND SOURCE OF STOCK

Please use the applicable tables below to list all species you intend to cultivate on the proposed site.

#### 1. Source of Stock: Approved Shellfish Hatchery or Non-Shellfish Stock List

If you are sourcing from an approved hatchery or entity included on the non-shellfish stock list (maintained by DMR), please use the table below.

|    | Common Name | Latin Name | Name of Source | Stocking Density |
|----|-------------|------------|----------------|------------------|
| 1. |             |            |                |                  |
| 2. |             |            |                |                  |
| 3. |             |            |                |                  |
| 4. |             |            |                |                  |
| 5. |             |            |                |                  |
| 6. |             |            |                |                  |

## 2. Source of Stock: Other Aquaculture Site(s)

If you are sourcing from another aquaculture site in coastal waters please complete the table below.

|    | Common Name | Latin Name | Aquaculture Site ID | Water Body | Original Point of Origin | Stocking Density |
|----|-------------|------------|---------------------|------------|--------------------------|------------------|
| 1. |             |            |                     |            |                          |                  |
| 2. |             |            |                     |            |                          |                  |
| 3. |             |            |                     |            |                          |                  |
| 4. |             |            |                     |            |                          |                  |
| 5. |             |            |                     |            |                          |                  |
| 6. |             |            |                     |            |                          |                  |

## 3. Source of Stock: Wild Stock

If you are collecting marine organisms from Maine's coastal waters for deployment on the proposed site complete the table below.

|    | Common Name | Latin Name | Waterbody Collected From | Name of Licensed Harvester | Stocking Density |
|----|-------------|------------|--------------------------|----------------------------|------------------|
| 1. |             |            |                          |                            |                  |
| 2. |             |            |                          |                            |                  |
| 3. |             |            |                          |                            |                  |
| 4. |             |            |                          |                            |                  |
| 5. |             |            |                          |                            |                  |
| 6. |             |            |                          |                            |                  |



## 7. PROPOSED OPERATIONS

### A. CULTIVATION METHODS AND GEAR

|                                                          |                                                                                                                                                                      |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. How will you culture marine organisms?</b><br><br> | <input type="checkbox"/> Gear<br><input type="checkbox"/> Free planting only (no gear proposed)<br><input type="checkbox"/> Combination: Both gear and free planting |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 2. Gear and Moorings Table

Use the table below to list all gear, longlines, moorings, and buoys that will be deployed within the boundaries of the proposed lease site.

| Gear/Mooring Type | Dimensions | Dates of deployment | Maximum number deployed on site | Color | Species that will be grown using this gear type |
|-------------------|------------|---------------------|---------------------------------|-------|-------------------------------------------------|
|                   |            |                     |                                 |       |                                                 |
|                   |            |                     |                                 |       |                                                 |
|                   |            |                     |                                 |       |                                                 |
|                   |            |                     |                                 |       |                                                 |
|                   |            |                     |                                 |       |                                                 |
|                   |            |                     |                                 |       |                                                 |
|                   |            |                     |                                 |       |                                                 |
|                   |            |                     |                                 |       |                                                 |

### 3. If you are also free planting, please provide the following:

|                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|
| <b>List all species that would be free planted</b><br><br>                                                                     |  |
| <b>Describe the areas of the proposed site where free planting would occur. If it is the entire site, specify accordingly.</b> |  |

**4. On Site Activity**

|                                                                                                |  |
|------------------------------------------------------------------------------------------------|--|
| <b>At maximum capacity, which days of the week do you anticipate being on the site?</b>        |  |
| <b>At maximum capacity, what is the earliest time of day you would start work on the site?</b> |  |
| <b>At maximum capacity, what is the latest time you would end work on the site?</b>            |  |
| <b>What months will seeding occur?</b>                                                         |  |
| <b>What is the maximum number of days it will take to seed the site?</b>                       |  |
| <b>Describe tending and maintenance activities:</b>                                            |  |
| <b>What months will harvesting occur?</b>                                                      |  |
| <b>How will you harvest each species?</b><br>If you are using a drag, provide the dimensions.  |  |

**5. Seasonality**

|                                                           |                                                          |
|-----------------------------------------------------------|----------------------------------------------------------|
| <b>Are there any seasonal changes to gear deployment?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If yes, please describe:</b>                           |                                                          |

**B. VESSELS****1. Vessels Table**

Use the table below to provide required information about the vessel(s) that may service the proposed site.

|    | Type of Vessel | Engine type and HP: | Vessel Length in feet: | Height in feet as measured from the waterline: | How many days of the year would the vessel service the site? | How many hours each day would the vessel be on the site? |
|----|----------------|---------------------|------------------------|------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|
| 1. |                |                     |                        |                                                |                                                              |                                                          |
| 2. |                |                     |                        |                                                |                                                              |                                                          |
| 3. |                |                     |                        |                                                |                                                              |                                                          |

**2. From where will the service vessels be launched? Check all that apply.**

- ☐ Public boat launch
- ☐ Private property owned by the applicant
- ☐ Other. Please specify:

**3. Are you storing petroleum products on the proposed site?**

☐ Yes ☐ No

If yes, you need to attach a spill prevention and control plan to this application.

**C. MOTORIZED EQUIPMENT AND GENERATORS**

|                                                                                                                                             |                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>1. Are you proposing to use motorized equipment on the proposed lease?</b>                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |
| <b>2. Are any of the noise sources fixed?</b>                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |
| <b>3. If yes, describe your plan to direct the noise from residences or areas of routine use on adjacent land:</b>                          |                                                                                                                         |
| <b>4. Does any of the equipment contain exterior lighting?</b>                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |
| <b>5. Describe the measures taken to ensure that exterior lighting on the equipment only illuminates the target area and reduces glare:</b> |                                                                                                                         |
| <b>6. Describe the measures taken to mitigate light impacts from equipment:</b>                                                             |                                                                                                                         |
| <b>7. Are you proposing to use a generator?</b>                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |
| <b>8. What is the generator used for?</b>                                                                                                   |                                                                                                                         |
| <b>9. What type of fuel does the generator take?</b>                                                                                        | <input type="checkbox"/> Gasoline<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Other. Please specify: |

|                                                                                             |                                                          |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>10. Which months would you use the generator?</b><br>If year-round, specify accordingly. |                                                          |
| <b>11. What is the maximum number of days the generator would be used each year?</b>        |                                                          |
| <b>12. Which days of the week will the generator be used?</b>                               |                                                          |
| <b>13. What are the maximum hours a day the generator would be used?</b>                    |                                                          |
| <b>14. Do you intend to use a generator designed to mitigate noise?</b>                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>15. What measures will you take to mitigate noise from the generator?</b>                |                                                          |

### 16. Motorized Equipment Table

Use the table below to list each piece of motorized equipment (excluding vessels) that is proposed and answer the associated questions. Attach additional answers as necessary.

|                                                        |                                                                                                                                                                                                                             |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Equipment Name</b>                               |                                                                                                                                                                                                                             |
| <b>What is the piece of equipment used for?</b>        |                                                                                                                                                                                                                             |
| <b>Select the color(s) of this piece of equipment.</b> | <input type="checkbox"/> Grays<br><input type="checkbox"/> Blacks<br><input type="checkbox"/> Browns<br><input type="checkbox"/> Blues<br><input type="checkbox"/> Greens<br><input type="checkbox"/> Other Please specify: |

|                                                                                                          |                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Does the piece of equipment have any exterior lights?</b>                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                    |
| <b>How is this piece of equipment powered?</b>                                                           |                                                                                                                                                                                                                             |
| <b>Which months would this piece of motorized equipment be used? If year round, specify accordingly.</b> |                                                                                                                                                                                                                             |
| <b>What is the maximum number of days that this piece of motorized equipment would be used?</b>          |                                                                                                                                                                                                                             |
| <b>Which days of the week would this of motorized equipment be used?</b>                                 |                                                                                                                                                                                                                             |
| <b>What are the maximum hours a day that this piece of motorized equipment would be used?</b>            |                                                                                                                                                                                                                             |
| <b>What measures would be taken to mitigate noise from this piece of equipment?</b>                      |                                                                                                                                                                                                                             |
|                                                                                                          |                                                                                                                                                                                                                             |
| <b>2. Equipment Name</b>                                                                                 |                                                                                                                                                                                                                             |
| <b>What is the equipment used for?</b>                                                                   |                                                                                                                                                                                                                             |
| <b>Select the color(s) of this piece of equipment.</b>                                                   | <input type="checkbox"/> Grays<br><input type="checkbox"/> Blacks<br><input type="checkbox"/> Browns<br><input type="checkbox"/> Blues<br><input type="checkbox"/> Greens<br><input type="checkbox"/> Other Please specify: |
| <b>Does the piece of equipment have any exterior lights?</b>                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                    |
| <b>How is this piece of equipment powered?</b>                                                           |                                                                                                                                                                                                                             |
| <b>Which months would this piece of motorized equipment be used? If year round, specify accordingly.</b> |                                                                                                                                                                                                                             |

|                                                                                                          |                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What is the maximum number of days that this piece of motorized equipment would be used?</b>          |                                                                                                                                                                                                                             |
| <b>Which days of the week would this of motorized equipment be used?</b>                                 |                                                                                                                                                                                                                             |
| <b>What are the maximum hours a day that this piece of motorized equipment would be used?</b>            |                                                                                                                                                                                                                             |
| <b>What measures would be taken to mitigate noise from this piece of equipment?</b>                      |                                                                                                                                                                                                                             |
|                                                                                                          |                                                                                                                                                                                                                             |
| <b>3. Equipment Name</b>                                                                                 |                                                                                                                                                                                                                             |
| <b>What is the equipment used for?</b>                                                                   |                                                                                                                                                                                                                             |
| <b>Select the color(s) of this piece of equipment.</b>                                                   | <input type="checkbox"/> Grays<br><input type="checkbox"/> Blacks<br><input type="checkbox"/> Browns<br><input type="checkbox"/> Blues<br><input type="checkbox"/> Greens<br><input type="checkbox"/> Other Please specify: |
| <b>Does this piece of equipment have any exterior lights?</b>                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                    |
| <b>How is this piece of equipment powered?</b>                                                           |                                                                                                                                                                                                                             |
| <b>Which months would this piece of motorized equipment be used? If year round, specify accordingly.</b> |                                                                                                                                                                                                                             |
| <b>What is the maximum number of days that this piece of motorized equipment would be used?</b>          |                                                                                                                                                                                                                             |
| <b>Which days of the week would this of motorized equipment be used?</b>                                 |                                                                                                                                                                                                                             |
| <b>What are the maximum hours a day that this piece of motorized equipment would be used?</b>            |                                                                                                                                                                                                                             |
| <b>What measures would be taken to mitigate noise from this piece of equipment?</b>                      |                                                                                                                                                                                                                             |

**D. FLOATING STRUCTURES**

|                                                                                                                                             |                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Are you proposing any of the following?</b><br>Check all that apply.                                                                  | <input type="checkbox"/> Work Float<br><input type="checkbox"/> Barge<br><input type="checkbox"/> Other structure. Please specify:<br><input type="checkbox"/> <b>Not</b> proposing floating structure                      |
| <b>2. Which months will the structure be within the boundaries of the proposed site?</b>                                                    |                                                                                                                                                                                                                             |
| <b>3. Describe the purpose of the structure:</b>                                                                                            |                                                                                                                                                                                                                             |
| <b>4. Provide the length and width in feet:</b>                                                                                             |                                                                                                                                                                                                                             |
| <b>5. Provide the height as measured from the water line:</b>                                                                               |                                                                                                                                                                                                                             |
| <b>6. Provide the construction materials:</b>                                                                                               |                                                                                                                                                                                                                             |
| <b>7. Select the color:</b>                                                                                                                 | <input type="checkbox"/> Grays<br><input type="checkbox"/> Blacks<br><input type="checkbox"/> Browns<br><input type="checkbox"/> Blues<br><input type="checkbox"/> Greens<br><input type="checkbox"/> Other Please specify: |
| <b>8. Does the structure contain exterior lighting?</b>                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                    |
| <b>9. Describe the measures taken to ensure that exterior lighting on the structure only illuminates the target area and reduces glare:</b> |                                                                                                                                                                                                                             |
| <b>10. What measures would you take to mitigate light impacts from the structure?</b>                                                       |                                                                                                                                                                                                                             |

**E. BUILDINGS**

|                                                                                                                                           |                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Are you proposing a shed, building or other similar structure?</b>                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                    |
| <b>If yes, what is the building, shed, or similar structure used for?</b>                                                                 |                                                                                                                                                                                                                             |
| <b>2. What are the maximum number of days it would be within the boundaries of the site each year? If year-round specify accordingly.</b> |                                                                                                                                                                                                                             |
| <b>3. Provide the length and width in feet.</b>                                                                                           |                                                                                                                                                                                                                             |
| <b>4. What is the height (in feet) as measured from the waterline?</b>                                                                    |                                                                                                                                                                                                                             |
| <b>5. Describe the roofing materials. They cannot be reflective or glossy.</b>                                                            |                                                                                                                                                                                                                             |
| <b>6. Describe the siding materials. They cannot be reflective or glossy.</b>                                                             |                                                                                                                                                                                                                             |
| <b>7. Select the color of the building.</b>                                                                                               | <input type="checkbox"/> Grays<br><input type="checkbox"/> Blacks<br><input type="checkbox"/> Browns<br><input type="checkbox"/> Blues<br><input type="checkbox"/> Greens<br><input type="checkbox"/> Other Please specify: |
| <b>8. What measures would you take to minimize visual impacts as viewed from the water?</b>                                               |                                                                                                                                                                                                                             |

## 8. EXISTING USES

This section asks questions about the activities you have personally observed in the area.

### A. COMMERCIAL NAVIGATION

|                                                                                                                                             |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>1. When did you complete your observations of commercial vessel navigation in the area?</b><br>Include the month(s) and year(s).         |                 |
| <b>Month(s):</b>                                                                                                                            | <b>Year(s):</b> |
| <b>2. What types of commercial vessels did you observe navigating in the area?</b>                                                          |                 |
|                                                                                                                                             |                 |
| <b>3. What was the approximate length of the commercial vessels you observed?</b>                                                           |                 |
|                                                                                                                                             |                 |
| <b>4. How many commercial vessels did you observe navigating in the area?</b>                                                               |                 |
|                                                                                                                                             |                 |
| <b>5. Did any commercial vessels transit through the boundaries of the proposed site?</b>                                                   |                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, how many commercial vessels transited through the boundaries: _____ |                 |
| <b>6. What is the typical direction of commercial vessel traffic?</b>                                                                       |                 |
|                                                                                                                                             |                 |

### B. RECREATIONAL NAVIGATION

|                                                                                                                                       |                 |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>1. When did you complete your observations of recreational vessel navigation in the area?</b><br>Include the month(s) and year(s). |                 |
| <b>Month(s):</b>                                                                                                                      | <b>Year(s):</b> |
| <b>2. What types of recreational vessels did you observe navigating in the area?</b>                                                  |                 |
|                                                                                                                                       |                 |
| <b>3. What were the approximate size of the recreational vessels you observed?</b>                                                    |                 |
|                                                                                                                                       |                 |

|                                                                                             |
|---------------------------------------------------------------------------------------------|
| <b>4. How many recreational vessels did you observe navigating in the area?</b>             |
|                                                                                             |
| <b>5. Did any recreational vessels transit through the boundaries of the proposed site?</b> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| If yes, how many recreational vessels transited through the boundaries: _____               |
| <b>6. What is the typical direction of recreational vessel traffic?</b>                     |
|                                                                                             |

### C. MOORINGS

|                                                                                                        |                                                                              |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>1. When did you complete your observations of moorings in the area?</b>                             |                                                                              |
| Include the month(s) and year(s).                                                                      |                                                                              |
| <b>Month(s):</b>                                                                                       | <b>Year(s):</b>                                                              |
| <b>2. Are there any moorings within the vicinity of the proposed lease site?</b>                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| <b>3. How many moorings are within 1,000 feet of the proposed site?</b>                                |                                                                              |
| <b>4. What type of vessels utilize the moorings? Check all that apply.</b>                             | <input type="checkbox"/> Commercial<br><input type="checkbox"/> Recreational |
| <b>5. What is the distance (in feet) from the proposed lease site to the closest observed mooring?</b> |                                                                              |
| <b>6. What is the length (in feet) of the vessel that utilizes this mooring?</b>                       |                                                                              |

### D. COMMERCIAL FISHING

|                                                                                                                       |                                                          |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1. When did you complete your observations of commercial fishing in the area?</b>                                  |                                                          |
| Include the month(s) and year(s).                                                                                     |                                                          |
| <b>Month(s):</b>                                                                                                      | <b>Year(s):</b>                                          |
| The following questions are specific to commercial fishing that may occur within the boundaries of the proposed site. |                                                          |
| <b>2. Does any commercial fishing occur within the boundaries of the proposed site?</b>                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                     |                                                          |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>3. List the type of commercial fishing that occurs within the boundaries of the proposed site.</b>               |                                                          |
| <b>4. What months does commercial fishing activity occur within the boundaries of the proposed site?</b>            |                                                          |
| <b>5. How many people commercially fish within the boundaries of the proposed lease area?</b>                       |                                                          |
| The following questions are specific to commercial fishing that may occur within the vicinity of the proposed site. |                                                          |
| <b>6. Does any commercial fishing occur within the vicinity of the proposed site?</b>                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>7. List the type of commercial fishing that occurs within the vicinity of the proposed site.</b>                 |                                                          |
| <b>8. What months does commercial fishing activity occur within the vicinity of the proposed site?</b>              |                                                          |
| <b>9. How many people commercially fish in the vicinity of the proposed site?</b>                                   |                                                          |

## E. RECREATIONAL FISHING

|                                                                                                                             |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1. When did you complete your observations of recreational fishing in the area?</b><br>Include the month(s) and year(s). |                                                          |
| <b>Month(s):</b>                                                                                                            | <b>Year(s):</b>                                          |
| The following questions are specific to recreational fishing that may occur within the boundaries of the proposed site.     |                                                          |
| <b>2. Does any recreational fishing occur within the boundaries of the proposed site?</b>                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3. List the type of recreational fishing that occurs within the boundaries of the proposed site.</b>                     |                                                          |
| <b>4. What months does recreational fishing activity occur within the boundaries of the proposed site?</b>                  |                                                          |

|                                                                                                                       |                                                          |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>5. How many people recreationally fish within the boundaries of the proposed lease area?</b>                       |                                                          |
| The following questions are specific to recreational fishing that may occur within the vicinity of the proposed site. |                                                          |
| <b>6. Does any recreational fishing occur within the vicinity of the proposed site?</b>                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>7. List the type of recreational fishing that occurs within the vicinity of the proposed site.</b>                 |                                                          |
| <b>8. What months does recreational fishing activity occur within the vicinity of the proposed site?</b>              |                                                          |
| <b>9. How many people recreationally fish in the vicinity of the proposed site?</b>                                   |                                                          |

#### F. RIPARIAN INGRESS AND EGRESS

|                                                                                                                                    |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1. When did you complete your observations of riparian ingress and egress in the area?</b><br>Include the month(s) and year(s). |                                                          |
| <b>Month(s):</b>                                                                                                                   | <b>Year(s):</b>                                          |
| <b>2. Describe the shoreline in the vicinity of the lease proposal.</b>                                                            |                                                          |
|                                                                                                                                    |                                                          |
| <b>3. Have you observed any riparian owned vessel(s) accessing the shoreline?</b>                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4. What type of vessel(s) did you observe?</b>                                                                                  |                                                          |
| <b>5. Describe the length (in feet) of the vessel(s).</b>                                                                          |                                                          |
| <b>6. Describe the surrounding uplands in the vicinity of the lease proposal.</b>                                                  |                                                          |
|                                                                                                                                    |                                                          |

**G. DOCKS**

|                                                                                                     |                                                          |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1. Are there any docks in the area?</b>                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2. If yes, how many are within 1,000 feet of the proposed site?</b>                              |                                                          |
| <b>3. Have you observed any vessels accessing or secured to the docks?</b>                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4. If yes, what is the length (in feet) of the vessels observed?</b>                             |                                                          |
| <b>5. What is the distance (in feet) from the proposed lease site to the closest observed dock?</b> |                                                          |

**H. OTHER WATER RELATED USES**

| <b>Do any of the following activities occur within the vicinity of the proposed site? Check all that apply and answer the associated questions.</b> |                                |                                                                  |                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Activity</b>                                                                                                                                     | <b>Month(s) of Observation</b> | <b>How many persons or vessels were engaged in the activity?</b> | <b>Location</b>                                                                                                                   |
| <input type="checkbox"/> Kayaking                                                                                                                   |                                |                                                                  | <input type="checkbox"/> Within the proposal boundaries<br><br><input type="checkbox"/> Within the vicinity of the proposed site. |
| <input type="checkbox"/> Swimming                                                                                                                   |                                |                                                                  | <input type="checkbox"/> Within the proposal boundaries<br><br><input type="checkbox"/> Within the vicinity of the proposed site  |
| <input type="checkbox"/> Other.<br>Please specify:                                                                                                  |                                |                                                                  | <input type="checkbox"/> Within the proposal boundaries<br><br><input type="checkbox"/> Within the vicinity of the proposed site. |

## I. OTHER AQUACULTURE SITES

### 1. Limited Purpose Aquaculture (LPA) License(s)

|                                                                                          |  |
|------------------------------------------------------------------------------------------|--|
| <b>Are there any LPA licenses within the boundaries of the proposed site?</b>            |  |
| <b>If yes, provide the LPA site ID(s)</b>                                                |  |
| <b>Are there any LPA sites within 1,000 feet of the boundaries of the proposed site?</b> |  |
| <b>If yes, provide the LPA site ID(s)</b>                                                |  |

### 2. Experimental Aquaculture Lease(s)

|                                                                                                 |  |
|-------------------------------------------------------------------------------------------------|--|
| <b>Is any portion of an experimental lease within the boundaries of the proposed site?</b>      |  |
| <b>If yes, provide the experimental lease site ID</b>                                           |  |
| <b>Is there an experimental lease within 1,000 feet of the boundaries of the proposed site?</b> |  |
| <b>If yes, provide the experimental lease site ID</b>                                           |  |

### 3. Standard Aquaculture Lease(s)

|                                                                                            |  |
|--------------------------------------------------------------------------------------------|--|
| <b>Is any portion of a standard lease within the boundaries of the proposed site?</b>      |  |
| <b>If yes, provide the standard lease site ID</b>                                          |  |
| <b>Is there a standard lease within 1,000 feet of the boundaries of the proposed site?</b> |  |
| <b>If yes, provide the standard lease site ID</b>                                          |  |

## 9. OPERATIONAL CAPABILITY

This section asks questions about technical capability, compliance history, and estimated costs.

### A. TECHNICAL CAPABILITY

| <b>Do you or any other applicant hold existing aquaculture sites?</b>                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                   |         |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------|
| <b>If yes, please complete the table below for each aquaculture site held. Please attach additional entries as necessary.</b> |                                                                                                            |         |                                                               |
| Name of Holder                                                                                                                | Type of Site                                                                                               | Site ID | Acreage (if a lease).<br>Do not provide a size for LPA sites. |
|                                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA |         |                                                               |
|                                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA |         |                                                               |
|                                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA |         |                                                               |
|                                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA |         |                                                               |
|                                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA |         |                                                               |
|                                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA |         |                                                               |
|                                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA |         |                                                               |
|                                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA |         |                                                               |

|                                                               |
|---------------------------------------------------------------|
| <b>List your skills and experiences working on the water:</b> |
|                                                               |

## B. COMPLIANCE HISTORY

|                                                                                                             |                                                          |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Have you been convicted of violating any state or federal marine resource laws?</b>                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Have you been adjudicated to be responsible for violating any state or federal marine resource laws?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## C. FINANCIAL ESTIMATES

|                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Use the space below to provide requested cost estimates of the planned aquaculture activities, if approved, as they relate to this proposal. |  |
| <b>Annual Lease Rent</b>                                                                                                                     |  |
| <b>Annual DMR Licensing Fees</b>                                                                                                             |  |
| <b>Annual cost to maintain the bond or commitment amount for the escrow account</b>                                                          |  |
| <b>Annual Equipment Costs</b>                                                                                                                |  |
| <b>Annual Maintenance Costs</b>                                                                                                              |  |

## 10. RIPARIAN LANDOWNER NOTIFICATION

|                                                                                                                                                                      |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Is the proposal within 1,000 feet of shorefront land (which extends to mean low water or 1,650 feet from shore, whichever is less, according to NOAA charts).</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

**If yes, please submit the following:**

☐ Include a completed riparian landowner list. If the site is in more than one municipality, you need to submit separate lists for each town/city.

☐ Make sure the list is certified by the municipality. The person certifying the list on behalf of the municipality should review the tax records and is typically the town clerk, tax assessor, or other individual familiar with these records.

☐ Include a tax map that displays the: town name, parcels numbered clearly, legible scale, and boundaries of the proposed lease site.

## RIPARIAN LANDOWNER LIST

Using municipal tax records, complete the table below for all riparian shorefront parcels within 1,000 feet of the proposed lease site. **It is the applicant's responsibility to assemble the information for the municipality to certify.** The municipality only certifies that the information is correct according to the town's tax records. Once you have completed the form, ask the municipality to complete the certification section below. Attach additional pages as necessary.

|                              |  |
|------------------------------|--|
| <b>Name of Municipality:</b> |  |
|------------------------------|--|

| Tax Map Number | Lot Number | Name of Landowner(s) | Mailing Address (Based on municipal tax records) |
|----------------|------------|----------------------|--------------------------------------------------|
|                |            |                      |                                                  |
|                |            |                      |                                                  |
|                |            |                      |                                                  |
|                |            |                      |                                                  |
|                |            |                      |                                                  |
|                |            |                      |                                                  |

### Town Certification

By signing below, I am certifying on behalf of the municipality listed above that the names and addresses of the property owners, including the map and lot numbers, are those listed in the records of this municipality and are current as of this date.

|                      |                                                                                                                                             |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Printed Name:</b> |                                                                                                                                             |
| <b>Signature:</b>    |                                                                                                                                             |
| <b>Position:</b>     | <input type="checkbox"/> Town Clerk <input type="checkbox"/> Town Assessor<br><input type="checkbox"/> Other town official. Please specify: |
| <b>Date:</b>         |                                                                                                                                             |

## 11. RENDERINGS & ATTACHMENTS

### SITE LOCATION

#### A. BOUNDARY DRAWING

Depict the boundaries of the proposed site with corners labeled as referenced in the site coordinate table. Start with corner 1 (NW corner) and proceed clockwise with the labeling.

- ☐ Label the rendering 'Boundary Drawing'
- ☐ All corners are labeled in accordance with the instructions and match the coordinate table.

#### B. VICINITY MAP

Using a NOAA Chart, show the area within a minimum of 3,000 feet of the proposed lease site.

The vicinity map needs to include the following:

- ☐ Label the rendering 'Vicinity Map'
- ☐ Lease boundaries
- ☐ 1,000-foot radius buffer around each corner
- ☐ Arrow indicating true north
- ☐ Scale bar

### GEAR SCHEMATICS

If you are proposing any gear or structure, you must provide the following renderings.

#### C. OVERHEAD VIEW

- ☐ Label the rendering 'Overhead View'
- ☐ Include the maximum layout of all gear, including moorings
- ☐ Label each gear type
- ☐ Depict the location of floats or other associated structure
- ☐ Approximate spacing between gear in feet
- ☐ Length and width of the proposed site
- ☐ Lease boundaries and the location of proposed corner markers and any additional gear markers that would be present.
- ☐ Gear orientation

**D. SEASONAL OVERHEAD VIEW**

If there are seasonal changes to the gear layout (i.e. overwintering), submit an overhead view depicting the following:

- ☐ Label the rendering 'Seasonal Overhead View'
- ☐ Include the maximum layout of all gear, including moorings
- ☐ Label each gear type
- ☐ Depict the location of floats or other associated structure
- ☐ Approximate spacing between gear in feet
- ☐ Length and width of the proposed site
- ☐ Lease boundaries and the location of proposed corner markers and any additional gear markers that would be present
- ☐ Gear orientation

**E. CROSS SECTION VIEW**

- ☐ Label the rendering 'Cross Section View'
- ☐ Profile of gear in cross-section as it will be deployed
- ☐ Label each gear type
- ☐ Depict mooring type
- ☐ Depict mooring scope
- ☐ Depict mooring hardware
- ☐ Depict mooring line type and size
- ☐ Depict the depth of the gear in relationship to the water's surface at both mean low water and mean high water

**F. SEASONAL CROSS SECTION VIEW**

If there are seasonal changes to the gear layout (i.e. overwintering), submit a cross section view depicting the following:

- ☐ Label the rendering 'Seasonal Cross Section View'
- ☐ Profile of gear in cross-section as it will be deployed
- ☐ Label each gear type
- ☐ Depict mooring type
- ☐ Depict mooring scope
- ☐ Depict mooring hardware
- ☐ Depict mooring line type and size
- ☐ Depict the depth of the gear in relationship to the water's surface at both mean low water and mean high water

**G. STRUCTURE/FLOAT SCHEMATICS**

Provide a schematic or photos of any structures or floats that are proposed. The schematic(s) need to include the following:

- ☐ The location of any lights (if applicable)
- ☐ Approximate location of any mechanized equipment that may be used or stored on the structure. The equipment must be labeled.

**H. EQUIPMENT LAYOUT**

- ☐ Provide schematic or photographic renderings of the generalized layout of the equipment as depicted from **two** vantage points on the water (i.e. what will your site look like on the water from different points)
- ☐ Provide the locations of the two vantage points.

**OTHER ATTACHMENTS****I. OIL SPILL PREVENTION AND CONTROL PLAN**

If petroleum products are stored on the proposed site, you need to attach a spill prevention and control plan. It must include the following:

- ☐ Procedures and control measures to prevent spills.
- ☐ Measures to contain, cleanup, and mitigate the effects of an oil spill that has impacted navigable waters or adjoining shorelines.

**J. FINANCIAL INSTITUTION LETTERS**

- ☐ In accordance with regulation, you must include a letter from a financial institution indicating you have an account in good standing. If there are multiple applicants, they each submit letters.

## K. INTERTIDAL SITES

If any portion of the proposed site is above mean low water, you need to provide the following under 1) and 2):

### 1. Landowner Written Permission

All riparian owners whose intertidal lands will be used for aquaculture need to give the applicant written permission to use intertidal lands. You need to submit this written permission with your application. DMR will not accept the application without the required permission.

The written permission must include the following:

- ☐ The map and lot number of the parcel to which the permission applies, which needs to match what is listed on the riparian landowner list.
- ☐ The letter must include the names(s) of the landowner(s). If the parcel is held by multiple people, each individual needs to provide permission. It can be included in the same letter, but it needs to be clear that all owners of the parcel consent.
- ☐ The letter must clearly state that the parcel owner is giving the applicant(s) **permission to use their intertidal lands** for the proposed aquaculture activities. General letters of support from the parcel owner do not satisfy this requirement.
- ☐ If the intertidal land is owned by the applicant(s) then an 'Applicant Statement' must be included with the submission. The submission needs to include the map and lot number of the parcel owned.

## 2. Municipal Permission

|                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Does the municipality have a shellfish conservation program in accordance with 12 M.R.S.A. section 6671? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

If you selected “no” then part 2) is not required.

If you selected “yes” then you also need to submit the following with your application:

The **municipal officials** need to consent to using the intertidal area. Consent means that a majority of the municipal officials voted to grant permission to use the intertidal area. The vote needs to occur during a public meeting.

After the meeting, you will need to submit one of the following:

A copy of the final meeting minutes that includes the text of the motion and the results of the vote, which demonstrates that a majority of municipal officials gave consent to the applicant(s) to use the intertidal area. Draft copies of meeting minutes will not be accepted.

**OR**

A letter from the municipality that summarizes the meeting when the vote was taken. The letter needs to include:

- ☐ The date of the meeting.
- ☐ Text of the motion.
- ☐ The vote of each municipal official (they need to be individually named).
- ☐ Name and signature of the individual submitting the letter on behalf of the town.

## 12. ACKNOWLEDGEMENT AND SIGNATURE PAGE

Every listed applicant needs to complete and include a copy of this form with the submission. If the applicant is a company, this needs to be completed and signed by a person authorized to make such certifications and submissions on behalf of the company.

### Please read and check box confirming understanding

- ☐ I have read DMR's aquaculture laws and regulations and will comply with those provisions.
- ☐ I understand that lease proposals are evaluated in consideration of applicable decision criteria and processed in accordance with relevant law and rules. Applying for a lease is not a guarantee that this site will be granted or otherwise granted as originally applied for.
- ☐ I understand that lease application fees are non-refundable.
- ☐ I understand that falsifying any information in this application will result in termination of the application or other enforcement action.
- ☐ I understand that it is my responsibility to submit a copy of this application to the U.S. Army Corps of Engineers (USACE) and that their review process is separate from DMR's. If I have questions about the USACE process or review, I will contact that agency.
- ☐ I read the lease application instructions. I will follow the instructions and provide any requested information in a timely manner.
- ☐ If the lease is granted, I understand that all gear, including moorings, are required to remain within the boundaries of the proposed lease site at all tidal stages. I understand that if the lease is granted, failure to keep gear, including moorings, within the boundaries of the site will result in compliance action including possible revocation of the site.
- ☐ I will mark the site in accordance with Chapter 2.80 of DMR's regulations.

|                     |  |
|---------------------|--|
| <b>Printed Name</b> |  |
| <b>Signature</b>    |  |
| <b>Date</b>         |  |