

FORM L&WD-2/PERMIT APPLICATION

8. Date activity is proposed to start _____, be completed _____

9. Classification of minor or major permit. Check one:

Minor Permit Application

Major Permit Application

State below which criterion applies in making above check.

10. Application is hereby made for a permit to authorize the activities described herein. I agree to provide any additional information/data that may be necessary to provide reasonable assurance or evidence to show that the proposed project will comply with the applicable territorial water quality standards or other environmental protection standards both during construction and after the project is completed. I also agree to provide entry to the project site for inspectors from the environmental protection agencies for the purpose of making inspection regarding this applicaton and that to the best of my knowledge and belief, that such information provided herein, is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activities.

Signature of Applicant or Agent

Date

Signature of Owner (Where Applicant or Agent is not Owner)

FOR DEPARTMENT USE ONLY
Inspector Record

Date Inspected: _____

() Permit Approved

() Permit Disapproved

Inspector's Remarks: _____

Inspector

Date

Commissioner, Planning & Natural Resources

Date

**GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DEVELOPMENT PERMIT APPLICATION**

**FORM L&WD-5
PROOF OF LEGAL INTEREST**

AFFIDAVIT

I, _____, being duly sworn depose and say that:
Name

1. I am the (check one)

Record title owner (fee simple)

Lessee

Other (specify)

of the real property described as Parcel No(s) _____

Estate _____

Quarter _____

Island _____

2. I have the irrevocable approvals, permission, or power of attorney from all other persons with a legal interest in the property to undertake the work proposed in the permit application as more fully set forth in the exhibit (s) attached hereto:

The foregoing instrument was acknowledged before me this _____ day of _____
20 _____ by _____ at _____ county of _____.

Notary Public

My Commission expires

**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
-0-
VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE**

**(DPNR FORM L&WD-6)
APPLICATION FOR TAX FILING AND PAYMENT STATUS REPORT****

Date: _____

The applicant identified below hereby requests a letter certifying his or her tax filing and payment status for the purpose of receiving a Coastal Zone Management Permit from the Virgin Islands Department of Planning and Natural Resources pursuant to Act 5270, amending Sections 910 (a)(2) and 911 (d)(2) of the Coastal Zone Management Act (Title 12, Chapter 21, Virgin Islands Code). The applicant authorizes the Bureau of Internal Revenue to disclose any taxpayer information necessary to process this application to the Virgin Islands Department of Planning and Natural Resources, who may make such further disclosures as are necessary to carry out the requirements of the Coastal Zone Management Act, as amended.

Name: _____

Business Name: _____

EIN/TIN: _____

SSN: _____

Please Indicate:

- *Corporation
 *Partnership
 Individual
 Other

Type of Business: _____

Please circle forms that you use: 1120, 1120s,
1065, 1040, 941 VI, 722 VI, 720, 720 VI, 720
BVI, 50VI, other (list)

Date Business Started: _____

Person Representing Applicant: _____ Position: _____

Signature: _____

Mailing Address: _____

Date: _____ Telephone Number: _____

Reply to: 9601 Estate Thomas, St. Thomas VI 00802 or 4008 Estate Diamond, St. Croix VI 00820

* Partnerships and/or Corporations must list partners/ corporate officers, social security numbers and addresses on a separate sheet and attach it to this application.