



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF PLANNING AND NATURAL RESOURCES

Division of Coastal Zone Management
Cyril E. King Airport Terminal Building Second Floor
St. Thomas, Virgin Islands 00802

Fax: [REDACTED]

Tel: [REDACTED]

REQUEST FOR AMENDMENT /MODIFICATION TO

MINOR COASTAL ZONE PERMITS No. CZT-25-10L

This request is pursuant to Chapter 21, Title 12 of the Virgin Islands Code and the Coastal Zone Management Rules and Regulations.

1. Name, Mailing address and telephone number of applicant.

L.S.J, LLC

2. Name, title, mailing address and telephone number of the owner of the property.

same

A

Little St James Island

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

4. Summary of proposed activity. Include all incidental improvements such as utilities, roads, etc.
(Use additional sheet if necessary). *See attached summary*

This modification if approved is subject to the conditions of
Permit No. _____ that are not superseded by this modification.

Signature of applicant

Date

Signature of Property Owner

Date

The Commissioner reviewed the requested amendment / modification and determined that it will / will not significantly modify the scope, nature or characteristics of the proposed development.

Inspector

Date

Application Approved ()

Commissioner

Date

Application Disapproved ()