Abbreviated Joint Permit Application For Noncommercial Riparian Shellfish Aquaculture Structures - "Oyster Gardening"

1. Applicant's name and complete mailing address:

______________________________________________________________________________________

______________________________________________________________________________________

Telephone numbers:
Home (____) ___________
Work (____) ___________

2. Physical address of the project site (if different from above):

Street address: __________________________________________________________

OR

Local Tax Map No.: _______________________________________________________

3. Waterbody at the project site:

a tributary to ______________________________________ in ______________________________County/City

4. Please provide accurate directions to the project site from the nearest intersection of two state roads:

5. Description of the aquaculture structures to be employed:

Floats: Size (LxWxH in inches) _____________ Number to be used_____________________

Bottom Cages: Size (LxWxH in inches) _____________ Number to be used_____________________

Other structures: Please provide a description including the size and number to be used.

6. (A) Will the structures be secured to an existing private pier?
   (B) If yes, will they extend beyond the end of the pier?
   (C) If yes, how far channelward of the pier will they extend and what is the distance to the recognized channel?
       ________ feet. What is the width of the waterway at the project site (mean low water to mean low water)?
       ________ feet.

7. If you answered NO to question 6 (A) above, will they be located in the waters immediately opposite your shoreline? Describe how will the structures be secured.

Note: If new pilings are required to secure the structures, a standard permit may be required. Please call VMRC for details at (757) 247-2252.

Virginia General Permit #3 Application Form
8. What is the Health Department's current classification of the growing waters at the project site? Open for direct harvesting, Seasonally closed, Permanently closed, or Uncertain. (Circle one)

9. Please provide the following required drawings:

   A. Vicinity Map - Use a map to depict the exact location of the project site. Please indicate the name of the map used. USGS quadrangle maps, street maps, or county maps are preferred.

   B. Plan View Drawing - This drawing must depict the proposed structures as if viewed from above. The drawing must include, a north arrow, the waterway name, the location of mean high water and mean low water, the location of any submerged aquatic vegetation at the site, the width of the waterway, the direction of ebb and flood of the tide, your property lines and shoreline, the opposite shoreline if the waterway is less than 500 feet wide, the depth of water at the project site, and the location of the existing navigation channel. A recent plat of the property, if available, provides a good scaled template for the plan view drawing.

   C. Cross Sectional Drawing - The cross sectional drawing must show the dimensions of the proposed structures as viewed from the side. It should include the depth of the water and any structures which will be used secure the floats or cages. If the application is for floats which will be secured to your existing pier, a cross sectional drawing will not be required.

ALL APPLICANTS MUST SIGN

I hereby apply for all necessary permits for the activities described herein. I agree to allow the duly authorized representatives of any regulatory or advisory agency to enter upon the premises of the project site at reasonable times to inspect and photograph site conditions.

I hereby certify that the information submitted in this application is true and accurate to the best of my knowledge.

________________________________________  __________________________________________
APPLICANT'S SIGNATURE                  APPLICANT'S NAME (PRINTED/TYPED)

________________________________________
DATE

IF DIFFERENT FROM APPLICANT:

________________________________________  __________________________________________
PROPERTY OWNER'S SIGNATURE                  PROPERTY OWNER'S NAME (PRINTED/TYPED)

________________________________________
DATE

Please mail your completed "Oyster Gardening" permit application to:

Virginia Marine Resources Commission
Habitat Management Division
2600 Washington Avenue, 3rd Floor
Newport News, Virginia 23607-0756

Thank You!