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|  | **MARITIME ADMINISTRATION DEPARTMENT**  **APPLICATION FOR DREDGING**  **(PRIVATE WORKS)** |  |

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| **APPLICANT or CONSULTANT**  **Note name of additional applicants or consultants below** | |
| Company | Contact Person: |
| Address | Title |
| Email | Phone |
| Officer in Charger/ Project Manager Name: | Fax |
| **TENANT** (if different from above) | |
| Tenant Name | Title |
| Company | Phone |
| Address | Email |
| City | Cell: |
| Officer in Charger/ Project Manager Name: |  |

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| **DREDGING SITE** |
| □ Individual □ Legal Entity □ Government □ Non-profit  □ Other ( Please provide description):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: You will need to provide a copy of legal interest with this application (e.g., title, lease, deed and easement). |

**3. DREDGING INFORMATION**

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| **DREDGING**  **Complete this section only if dredging is proposed. If dredging is new (“capital dredging”), the Project Permit fee applies.** |
| Type of dredging □ NEW (Capital)  □ RENEWAL (Maintenance)  □ OTHER Please Explain |

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| **DREDGING- SPOIL ANALYSIS INFORMATION** | | | | | | |
| Material Type | | | □ Confirm for Disposal at Sea  □ Confirm for Up River Disposal | | | □ Pass  □ Fail |
| **DREDGING METHODOLOGY** | | | | | | |
| DREDGE  METHOD | □ Clamshell □ Cutter- Suction  □ Hopper □ Other | | | | | |
|  | □ Disposal at Sea Max. Permit Volume  Expiry Date | | | | | |
|  | □ In- River Disposal Disposal Site  Unloading Method | | | | | |
|  | □ Beach Replenishment Site Description | | | | | |
| Proposed  Commencement Date | | Proposed Completion Date | | | Proposed Hours of Work | |
| **DREDGING CONTRACTOR** | | | | | | |
| Contractor Name: | | | | Email Address: | | |
| Address: | | | | Telephone: | | |
| Contact Name ( if different) | | | | Cell: | | |
| **PREVIOUS DREDGING OPERATION ( If applicable)** | | | | | | |
| Date Dredged: | | | | Volume Removed: | | |
| Dredge Method: | | | | Disposal Method: | | |
| Contractor: | | | | | | |
| Previous Dredge Approval/ Permit No: | | | | | | |

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| **DREDGING VOLUME** | | |
| Length (m) | Width (m) | Area (m²) |
| Proposed volume to be removed (m³) | | |
| **ADDITIONAL INFORMATION CHECK LIST** | | |
| A copy of detail hydrographic survey conducted within thirty (30) days to the proposed start date ( should include the area to be dredged)  Particulars of the vessel(s) that would be engaged in this dredging activity **( in dated Registration, Certificate of Inspection, Loaded Draft, Unloaded Draft)**  A copy of the Captain License (s) that would engaging in the operation; and the relevant licenses of the adequately manned crews  A detail work programme ( **providing daily earliest start time and finishing time**)  Contact information for an Officer from your agency who will serve as the point of contact, if changes are to be made to the duration of this exercise. | | |

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| **I / we certify that I / we have reached the age of majority and the information provided in this application and supporting documentation is correct to the best of my/our knowledge** | |
| Applicant Name: | Tenant Name (when not applicant) |
| Title: | Title: |
| Date: | Date: |
| Signature: | Signature: |

Please send all completed applications to:

**Director General**

**Maritime Administration Department**

**Lot 1 Battery Road**

**Kingston**

**Georgetown**