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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 |
| ProposedCommencement 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 crewsA 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**