



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: (508) 349-7004 Fax: (508) 349-5505

AQUACULTURE LICENSE APPLICATION

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

TELEPHONE: _____ **E-MAIL ADDRESS:** _____

PROPOSED LOCATION OF THE LICENSE SITE: Describe below the specific measurements in feet of the desired area using land boundaries, when possible. Attach a sketch of a locus map indicating said boundaries and total square feet.

Description: _____

PREVIOUS AQUACULTURE EXPERIENCE: _____

PROPOSED DEVELOPMENT PLAN: Describe in detail, your plans for development of Aquaculture and/or licensed site over a one, two and three-year term. Include the number of rafts/racks/floats, size, construction material, and square feet working area needed in the aquaculture area. Plans shall include shellfish by species, amount and sizes intended to be introduced to the waters and/or substratum. This plan is to be submitted as part of your application.

TYPES OF SHELLFISH TO BE RAISED: _____

METHOD OF PROPAGATION: _____

MEANS OF ACCESS: _____

EQUIPMENT TO BE USED: _____

Signature of Applicant

Signature of Shellfish Warden

Date

Date

The following information must be included in this application in accordance with the Aquaculture Regulations:

1. Detailed site plan including latitude and longitude of corners (metes and bounds)
2. Geophysical characteristics
3. Benthic habitat conditions
4. Proposed species, quantities and densities
5. Proposed physical structures
6. Proposed method and details of access to the site

The following documents must be submitted with this application in accordance with the Aquaculture Regulations:

1. Copy of Notice of Intent submitted to the Conservation Commission, or Municipal Wetlands Permit or determination of non-applicability
2. Copy of application to the Corps of Engineers, Section 404 permit or Programmatic General Permit