



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

Date Received: _____

AQUACULTURE LICENSE APPLICATION TO BE PLACED ON WAITLIST

NAME OF APPLICANT _____

MAILING & STREET 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 AQUACULTUR 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 Harbor Master/
Shellfish Constable

Date

Date

****Office Use Only****

\$10.00 Fee Received

Verification of Truro Residency

Number on Waitlist _____