



**THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF WESTPORT**

SHELLFISH AQUACULTURE LICENSE APPLICATION

Please type or print application in black ink and send VIA Certified Mail to:

Westport Town Hall
Board of Selectmen's Office
816 Main Road
Westport, MA 02790

Applicant: _____
(Last Name) (First Name) (Middle Initial)

Residence: _____
No. Street City/Town State Zip Code

Mailing Address: _____
(If different from resident address)

Telephone: _____
(home) (cell) (business)

Notice: Before submitting this application, it is very important that you read the appropriate statute law, local rules and regulations, procedures and terms involving a shellfish licensed area.

Proposed area: _____

Secondary area: _____

NOTE: Upon approval of this application, the applicant will be required to comply with the established Regulations and Laws relating to Shellfish Grants and or Licensed areas. The Town of Westport assumes no responsibility or liability for loss of any kind, for any reason. Incomplete or illegible applications will not be processed. Applications submitted without requested attachments will be considered incomplete. The Town assumes no responsibility / liability for incomplete or missing attachments.

Application # _____

PROCESSING SHEET FOR PRIVATIZED AQUACULTURE
IN THE TOWN OF WESTPORT

NOTE: This page is to be completed in order and kept with the application and development plans for your privatized aquaculture.

STEP	PROCESSING AGENCY	DATE	RECOMMENDATION/ACTION
2	Application to Shellfish Constable		
3	Application to Shellfish Advisory Committee		
4	Application to Zoning Board of Appeals		
5	Application to Planning Board		
6	Application to Conservation Commission		
7	Complete application submitted to Board of Selectmen – Hearing date and time will be set with the Selectmen notifying abutters and advertising in newspaper		
8	Application for Survey Grant Site		
9	Application to Army Corp – DEP Certification / Water Quality		
****	Applicant submits Annual Report for Year's Compulsory Review		
*****	Other		

ANNUAL REVIEW (GRANT REPORT)

YR -1	YR-2	YR-3	YR-4	YR-5	YR-6	YR-7	YR-8	YR-9	YR-10

PERMIT FEES RECEIVED

YR -1	YR-2	YR-3	YR-4	YR-5	YR-6	YR-7	YR-8	YR-9	YR-10

Applicant's Name: _____

Telephone: _____

(home)

(cell)

Plot # Area (1) _____ Area (2) _____

GRANT DEVELOPMENT PLAN

(Please print or type this page)

NOTE: Being specific, detail your plans on the development of this license site over a one, two or three-year period. Include materials used or any construction needed to carry out this proposed project. Keeping in mind, Chapter 130, Section 65 of the Massachusetts General Laws, specify the specie or species of shellfish, the amounts and the sizes intended to be introduced on the license site.

LICENSE DEVELOPMENT PLAN

NOTE: Include maps, charts or plans (attaching additional pages if necessary). Also, the Town of Westport may request additional information if needed.

[illegible]

Westport Commercial Permit # _____ Family Permit # _____

Massachusetts Propagation Permit # _____

A. CULTURE METHOD(S):

_____ Floating _____ Bottom _____ Midwater

SPECIES TO BE CULTURED: (check appropriate column)

SPECIES		
Soft Shelled Clams	(Mya arenaria)	
Hard Shelled Clams	(Merceuarina mercenarin)	
Bay Scallops	(Argopecten irradians)	
Sea Scallops	(Placopecten ageilanicus)	
American Oysters	(Crassostrea virginica)	
Surf Clams	(Spisula solidissima)	
Blue Mussels	(Mytilusedulis)	
Razor Clams	(Ensis directus)	

B. PROPOSED STRUCTURES: (Check appropriate descriptions)

_____ Upweller _____ Downweller _____ Cages / Lantern Nets

_____ Off bottom Rafts / Trays _____ In bottom Trays / Bags

Number: _____ Size: _____

*****Location within Culture Area (draw a sketch on back).**

Description of construction: _____

EQUIPMENT INVOLVED IN AQUACULTURE OPERATION:

Boat Name: _____

Registration No: _____

Hull Color: _____ Length: _____

Owner: _____

Owner's Address: _____

(Street)

(Town / City)

(State)

(Zip)

Vehicle Make / Model / Color: _____

Registration No: _____

Owner: _____

Owner's Address: _____

(Street)

(Town / City)

(State)

(Zip)

SEED SOURCE:

1. Hatchery _____

(Location and Certification #)

(Town and State)

(Dealer Name)

(Address)

(Number to be obtained)

(Size)

(Date)

Expected planting date: _____

NO SELLING OF SUB-LEGAL SIZE ANIMALS

To: _____

(Name)

(Address)

(Permit #)

2. Natural Set: _____ YES _____ NO

Spat Collectors: _____ YES _____ NO _____ Type

****Attach a map showing to scale, the location and size of desired areas. (If applicable, cut up your grant site)**

Declaration and Signature

By signing this form, I certify that I am a full-time resident of the Town of Westport in good standing and that I have received and read the Statement of Policy and Regulations for Westport's Floating and Bottom Aquaculture License.

(Print Name)

(Signature)

(Date)

Proof of Insurance:

(Name of Insurance Company)

(Insurance Policy Number)

(Amount of Insurance)

(Date Policy Starts)

Proof of Bonding:

(Name of Insurance Company)

(Bond Policy Number)

(Amount of Bonding)

(Date Policy Starts)

Please do not write below this line.

Date Application Received: _____ Time: _____ AM / PM

Application Fee Paid: \$ 250.00 Date: _____ Check #: _____

DATE	PERSONNEL	RECOMMENDED	NOT RECOMMENDED
	Shellfish Committee Chairman		
	Shellfish Constable		

Upon Approval

License No. _____ Date Granted: _____ Three-year term to begin: _____

Recording Fee: \$ 5.00 per license Annual License Fee: (\$25.00 per acre): \$ _____

Payment due date: _____ for specific area: _____ Plot # _____

G.P.S. corner coordinates: Use Town Aquaculture Zone Map for location.

1) _____ 2) _____ 3) _____ 4) _____

Paid by Check # _____

In the total amount of \$ _____

**Make checks payable to:

Town of Westport

WESTPORT BOARD OF SELECTMEN