

GOVERNMENT OF BERMUDA Ministry of Environment and Planning

Department of Conservation Service

# **Protected Species Permit Application**

(Completed Permits take a max of 14 days to process from date of reciept)

### SECTION 1: CONTACT DETAILS

Application Date: \_\_\_\_\_

Applicant Name:\_\_\_\_\_

Phone#:\_\_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name/Contact of person with whom to schedule a site visit by Authorised Officers:

#### SECTION 2: Land Title Holder

If the Applicant is anyone other than the owner of the land, the application must provide details and be signed by the tile holder to the land:

Title Holder Name:	

Applicant's Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Signature: \_\_\_\_\_

#### SECTION 3: SITE ADDRESS/LOCATION

Address:
Address Description:
Bermuda National Grid Coordinates:
GPS: Latitude/Longitude Coordinates:
Bermuda Plan 2008 Zoning(s):
Dog at the property Yes 🖵 🛛 No 🖵
Property Zonings WDR 🖵 AGR 🖵 OSR 🖵 COA 🖵 RES1 🖵 RES2 🖵 OTHER 🖵 UNKNOWN 🖵
17 North Shore Road, Hamilton Parish, FL 04, Bermuda • Mailing Address: P.O. Box FL 145, Flatts, FL BX, Bermuda Phone: (441) 293-2727 • Fax: (441) 293-6451 • Website: www.gov.bm Email: pjdrew@gov.bm • jamadeiros@gov.bm • apettit@gov.bm

#### **SECTION 4: SPECIES DESCRIPTION**

Species (Please see Appendix 1 for full list, or Bermuda Plant Finder at www.conservation.bm for addition information):

Number Impacted:\_\_

Description of specimen(s) - health, size, other details: (Please use an additional sheet for multiple species, pictures, other justifications etc.)

## SECTION 5: REASONS FOR APPLICATION & SITE DISCRIPTION

	SECTION 6: TY	PE OF IMPACT		
Relocation	Replacement	Rehabilitation	🕽 Management 🗖	
SEC	TION 6: APPLICAN	TS SIGNATURE & D	ATE	
igned		_thisc	lay of	201
	FOR OFFICIA	L USE ONLY		
Premisson Granted Yes 📮 Reason:			No 🖵	
Permission Given By:				
Signature:				
PREFERENCE NUMBER: PSPA	(Permit Number/Day	/Month/Year) <b>Vali</b>	d for One Year	
PSPA#				

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