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GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF PLANNING AND NATURAL RESOURCES
Coastal Zone Management Program

8100 Lindberg Bay, Ste. #61
Cyril E. King Airport, Terminal Building Second Floor
St. Thomas, Virgin Islands 00802

Tel: (340) 774-3320

Fax: (340) 714-9524

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June 9, 2015

Mr. Sindulfo Castillo
Chief, Regulatory Section
Corps of Engineers
San Juan Area Office
400 Fernandez Juncos Avenue
San Juan, Puerto Rico 00901-3299

**SUBJECT: MAJOR CZM PERMIT APPLICATION NO. CZJ-1-15(L&W)
T-REX ST. JOHN, LLC
PROPOSED MARINA & ASSOCIATED FACILITIES
ST. JOHN, VIRGIN ISLANDS**

Dear Mr. Castillo:

Enclosed are the Joint Application and Environmental Assessment Report for the subject CZM permit application. The Joint Application is forwarded to your office for an Army Corps of Engineers (ACOE) permit.

Questions or concerns regarding this application are to be referred to Anthony Richards, Permits coordinator, at (340) 774-3320, or via email to Anthony.richards@dprn.gov.vi.

Cordially,


Jean-Pierre L. Oriol
Director of CZM

enclosure

**U.S. ARMY CORPS OF ENGINEERS
APPLICATION FOR DEPARTMENT OF THE ARMY PERMIT**
33 CFR 325. The proponent agency is CECW-CO-R.

*Form Approved -
OMB No. 0710-0003
Expires: 30-SEPTEMBER-2015*

Public reporting for this collection of information is estimated to average 11 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters, Executive Services and Communications Directorate, Information Management Division and to the Office of Management and Budget, Paperwork Reduction Project (0710-0003). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN your form to either of those addresses. Completed applications must be submitted to the District Engineer having jurisdiction over the location of the proposed activity.

PRIVACY ACT STATEMENT

Authorities: Rivers and Harbors Act, Section 10, 33 USC 403; Clean Water Act, Section 404, 33 USC 1344; Marine Protection, Research, and Sanctuaries Act, Section 103, 33 USC 1413; Regulatory Programs of the Corps of Engineers; Final Rule 33 CFR 320-332. Principal Purpose: Information provided on this form will be used in evaluating the application for a permit. Routine Uses: This information may be shared with the Department of Justice and other federal, state, and local government agencies, and the public and may be made available as part of a public notice as required by Federal law. Submission of requested information is voluntary, however, if information is not provided the permit application cannot be evaluated nor can a permit be issued. One set of original drawings or good reproducible copies which show the location and character of the proposed activity must be attached to this application (see sample drawings and/or instructions) and be submitted to the District Engineer having jurisdiction over the location of the proposed activity. An application that is not completed in full will be returned.

(ITEMS 1 THRU 4 TO BE FILLED BY THE CORPS)

1. APPLICATION NO.	2. FIELD OFFICE CODE	3. DATE RECEIVED	4. DATE APPLICATION COMPLETE
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(ITEMS BELOW TO BE FILLED BY APPLICANT)

5. APPLICANT'S NAME First - Rory Middle - Calhoun Last - Calhoun Company - T-Rex St. John, LLC E-mail Address - rorycalhounesq@mail.com			8. AUTHORIZED AGENT'S NAME AND TITLE (agent is not required) First - William Middle - Frederick Last - McComb Company - William F. McComb, PE E-mail Address - wfmccomb.eng@attglobal.net		
6. APPLICANT'S ADDRESS: Address- 45 Maple Street City - Garden City State - NY Zip - 11530 Country - USA			9. AGENT'S ADDRESS: Address- PO Box 303408 City - St. Thomas State - VI Zip - 00803 Country - USA		
7. APPLICANT'S PHONE NOS. w/AREA CODE a. Residence b. Business c. Fax 516 635-7295 516-248-2285			10. AGENTS PHONE NOS. w/AREA CODE a. Residence b. Business c. Fax 340 690-0308 800 859-8736		

STATEMENT OF AUTHORIZATION

11. I hereby authorize, William F McComb to act in my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.

Rory Calhoun 6/3/15
SIGNATURE OF APPLICANT DATE
for T-Rex St. John, LLC

NAME, LOCATION, AND DESCRIPTION OF PROJECT OR ACTIVITY

12. PROJECT NAME OR TITLE (see instructions) Sirius Marina		13. NAME OF WATERBODY, IF KNOWN (if applicable) Coral Bay		14. PROJECT STREET ADDRESS (if applicable) Address 10A Estate Emmanus City - St. John State- VI Zip- 00820	
15. LOCATION OF PROJECT Latitude: N 18 D 20' 48.52" Longitude: W 64 D 42' 41.97"		16. OTHER LOCATION DESCRIPTIONS, IF KNOWN (see instructions) State Tax Parcel ID Municipality Section - Township - Range -			

17. DIRECTIONS TO THE SITE

From the town of Cruz Bay, St. John travel east about 8 miles on Centerline Road (Route 10) to the junction of Routes 10 & 22. Continue heading east on Route 10 for about 0.22 miles and the property is on the southside of the road.

18. Nature of Activity (Description of project, include all features)

Construction of a 92 slip Marina along with a Marina Building containing a Marina Office, retail and provision stores. There will also be a 30 boat dry-stack building, concrete apron and boat ramp, parking, fuel storage, Wastewater Treatment Plant and emergency generator. There will be dredging of 3,170 sq. meters (34,100 sf) of bottom. A total of 1,360 cubic meters (1,780 cy) of material will be dredged and discharged on an upland parcel.

19. Project Purpose (Describe the reason or purpose of the project, see instructions)

The purpose of the Proposed Marina is to provide boating services to the greater Coral Bay community, cruising industry and increase tourism to St. John and Coral Bay and to improve the water quality in the Bay. Coral Bay has no marina and as such the Bay has many scattered private moorings, both permitted and un-permitted. The area and its residences need a well-designed marina to offer services that are not presently in Coral Bay and to improve the water quality in the Bay by offering sewerage pump-out capabilities.

USE BLOCKS 20-23 IF DREDGED AND/OR FILL MATERIAL IS TO BE DISCHARGED

20. Reason(s) for Discharge

No dredged spoils will be discharged into Coral Bay or any other waters.

21. Type(s) of Material Being Discharged and the Amount of Each Type in Cubic Yards:

Type Amount in Cubic Yards	Type Amount in Cubic Yards	Type Amount in Cubic Yards
0		

22. Surface Area in Acres of Wetlands or Other Waters Filled (see instructions)

Acres 10 sq. meters of wetland will be disturbed
or
Linear Feet

23. Description of Avoidance, Minimization, and Compensation (see instructions)

To mitigate for the 10m2 area of direct mangrove impacts it is propose replanting portions of the shoreline where mangroves have been cleared for boat launches and storage. We will collect local red mangrove propagules and plant these on 1/2 m spacing along the shoreline. We have calculated at least 100m2 within the project area that can be replanted and restored. In addition, there are a number of abandoned, derelict vessels that have been thrown into the mangroves in past hurricanes and tropical storms. These vessels will be removed and any injured mangroves areas be replanted as necessary.

24. Is Any Portion of the Work Already Complete? Yes No IF YES, DESCRIBE THE COMPLETED WORK

25. Addresses of Adjoining Property Owners, Lessees, Etc., Whose Property Adjoins the Waterbody (if more than can be entered here, please attach a supplemental list).

a. Address- Virgin Island Government, 1 Subbase

City - St. Thomas State - VI Zip - 00802

b. Address- VI Port Authority, PO Box 301707

City - St. Thomas State - VI Zip - 00803

c. Address- Lewis, Liburd, Smith, Motta & Lyons, C/O Lewis & Liburd Adminstrat PO Box 502331

City - St. Thomas State - VI Zip - 00805

d. Address-

City - State - Zip -

e. Address-



City - State - Zip -

26. List of Other Certificates or Approvals/Denials received from other Federal, State, or Local Agencies for Work Described in This Application.

AGENCY	TYPE APPROVAL*	IDENTIFICATION NUMBER	DATE APPLIED	DATE APPROVED	DATE DENIED
CZM, DPNR	CZM Permit		June 5, 2015		

* Would include but is not restricted to zoning, building, and flood plain permits

27. Application is hereby made for permit or permits to authorize the work described in this application. I certify that this information in this application is complete and accurate. I further certify that I possess the authority to undertake the work described herein or am acting as the duly authorized agent of the applicant.

for: *TORAX St. John LLC*

SIGNATURE OF APPLICANT DATE SIGNATURE OF AGENT DATE

The Application must be signed by the person who desires to undertake the proposed activity (applicant) or it may be signed by a duly authorized agent if the statement in block 11 has been filled out and signed.

18 U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or disguises a material fact or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.