

DUNE PROTECTION PERMIT

For construction requiring a Dune Protection Permit the following items must be accomplished. Check box to indicate completion of item OR statement is true.

SECTION 1 - To be filled out by Planning and Zoning Commission.

The Planning and Zoning Commission has reviewed the application and has made the following recommendations:

Recommend Approval _____

Recommend Disapproval _____

Signed: _____
Chairman, Planning & Zoning Commission

Date: _____

SECTION 2 - To be filled out by City Council.

- The proposed activity is not a prohibited activity as defined in subsection VI.D "Prohibited Activities" of the Port Aransas Coastal Management Plan.
- The proposed activity will not materially weaken critical dunes or materially damage critical dune vegetation based on the application of technical standards under subsection VI.E, "Technical Standards for Determination of Material Weakening" of the Port Aransas Coastal Management Plan.
- The design of the proposed activity has incorporated the provisions for avoidance in accordance with subsection VI.F, "Requirements for Avoidance of Adverse Effects" of the Port Aransas Coastal Management Plan.
- The applicant's mitigation plan will adequately minimize, mitigate, and/or compensate for any unavoidable adverse effects, as provided in subsection VI.G, "Mitigation" of the Port Aransas Coastal Management Plan.

I, _____ as Mayor of _____ is consistent with the Port Aransas Coastal Management Plan.

Signed: _____
Mayor

Date: _____

Permit #94 _____

ATTACHMENT #7-2

DUNE PROTECTION PERMIT APPLICATION

A. General Information:

Name _____
Address _____ State _____ Zip _____
Phone Number _____ Fax No. _____
Lot & Block _____

B. Proposed Construction:

Provide as an attachment to this application, all information required under the appropriate sub-sections of Section IV H (pages 10, 11 & 12) of this plan.

Applicant

Date

**BEACHFRONT CONSTRUCTION CERTIFICATE
(FOR PASF-1)**

The following items must be accomplished. Check box to indicate completion of item or that the statement is true.

The project has been located on a copy of Attachment #2 of the Coastal Management Plan and the location of the construction is not on an existing or future access easement. A drawing is herein attached.

The construction does not functionally support or depend on, or otherwise relate to, proposed or existing structures that encroach on the public beach.

The construction, if within 200 feet landward of the line of vegetation, does not include a retaining wall or improved surfaces.

The construction, is landward of the 60 year erosion line, as depicted in Attachment #2 of the Port Aransas Coastal Management Plan.

The applicant has been informed of the need to contact the ~~County of Nueces~~ ^{City of Port Aransas} for a dune permit if the construction is within 1000 feet from mean high tide.

I, _____ as the City of Port Aransas building inspection representative herein certify that I have reviewed the information presented above and any other information necessary to establish that the proposed construction is consistent with the City of Port Aransas Coastal Management Plan and that the proposed construction will not adversely effect the public access to and from the public beach.

Signed: _____
Port Aransas Building Official

Date: _____

Certificate # ~~98~~ _____

ATTACHMENT #4-2

BEACHFRONT CONSTRUCTION CERTIFICATE APPLICATION

A. General Information:

Name _____
Address _____ State _____ Zip _____
Phone Number _____ Fax No. _____
Lot & Block _____

B. Proposed Construction:

Provide as an attachment to this application, all information required under the appropriate sub-sections of Section IV H (pages 10, 11 & 12) of this plan.

Applicant

Date

BEACHFRONT CONSTRUCTION CERTIFICATE

FOR CONSTRUCTION SEAWARD OF THE 60 YEAR EROSION LINE OR WITHIN 200' LANDWARD OF THE LINE OF VEGETATION.

The following items must be accomplished. Check box to indicate completion of item or that the statement is true.

SECTION 1 - TO BE FILLED OUT BY PLANNING & ZONING COMMISSION

The Planning & Zoning Commission has reviewed the Application and has made the following recommendation:

Recommend Approval _____ Recommend Disapproval _____

Signed: Chairman of Planning & Zoning Commission _____ Date _____

SECTION 2 - TO BE FILLED OUT BY CITY COUNCIL

The construction does not functionally support or depend on, or otherwise relate to, proposed or existing structures that encroach on the public beach.

The construction, if within 200 feet landward of the line of vegetation, does not include a retaining wall or improved surfaces.

The construction is seaward of the 60-year erosion line as depicted in Attachment #2 of the Port Aransas Coastal Management Plan.

The applicant has been informed of the need to contact the County of Nueces for a dune permit if the construction is within 1000 feet from mean high tide.

I, _____ as the Mayor of Port Aransas, herein certify that the City has reviewed the information presented above and any other information necessary to establish that the proposed construction is consistent with the City of Port Aransas Coastal Management Plan and that the proposed construction will not adversely effect the public access to and from the public beach.

Signed: _____
Port Aransas Mayor

Date: _____

Certificate #94- _____

ATTACHMENT #5-2