



TOWN of CHILMARK  
AQUACULTURE LICENSE APPLICATION

Please print in ink or type

Name of Applicant: Stephen B. Broderick Telephone: 645 9597

Address - Residence 6 Chowder Kettle LA Mailing: 6 Turtle Cove

Email Address: sbroderick@verizon.net

Chilmark Commercial Permit # \_\_\_\_\_ Family Permit # \_\_\_\_\_

Massachusetts Propagation Permit# \_\_\_\_\_

Application Fee - \$100.00 (Make Check Payable to Town of Chilmark)

Type of License - Floating \_\_\_\_\_ Bottom X

**SPECIES TO BE CULTURED** (Check Appropriate Columns)

Species	Seed	Adults	Both
Soft-shelled Clams	_____	_____	_____
hard-shelled Clams	_____	_____	_____
Oysters	_____	_____	<u>X</u>
Bay Scallops	_____	_____	_____
Mussels	_____	_____	_____

**SEED** (If Applicable)

Source: X Hatchery (Location & Certification) Moscongus Bay Aquaculture

Town: BREMEN State: ME

Dealer Name: Moscongus Bay Aquaculture Address: P.O. Box 158 Route 32 Bremen, ME

Number to be Obtained: \_\_\_\_\_ Size: \_\_\_\_\_ Date \_\_\_\_\_ Expected Removal Date: \_\_\_\_\_ 0451

Do you intend to sell Seed? Yes \_\_\_\_\_ To: \_\_\_\_\_ No X

ADULTS (If Applicable)

Source: \_\_\_\_\_ Hatchery (Location & Certification) \_\_\_\_\_  
\_\_\_\_\_ Chilmark Public Beds (Location) \_\_\_\_\_  
\_\_\_\_\_ Other Town (Name): \_\_\_\_\_  
\_\_\_\_\_ State (Name): \_\_\_\_\_  
\_\_\_\_\_ Dealer (Name, Address) \_\_\_\_\_

Number of bushels To Be Obtained: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Removal Date: \_\_\_\_\_

CULTURE AREA

Location  Pond or Bay (Specify) MENEMSHA POND  
\_\_\_\_\_ Outside Waters Specify) \_\_\_\_\_

Number of Acres: \_\_\_\_\_

ATTACH A MAP SHOWING (TO SCALE) THE LOCATION AND SIZE OF THE DESIRED AREA

PROPOSED STRUCTURES

Number 1 RAFT #3 LINES Size 600' TRAWLS  
Location within culture area (Sketch on back)

Description of Construction: FIBERGLASS RAFT ON SITE WITH THREE (3) SUBMERGED LINES W/ CAGES ATTACHED

EQUIPMENT INVOLVED IN THE AQUACULTURE OPERATION

Boat Name/Registration No.	Hull Color/Length	Owner/Address
<u>RAFT TO BE BUILT</u>	<u>NOT YET DETERMINED</u>	<u>STEPHEN B. BRODERICK</u>
Vehicle Make/Model/Color	Registration	Owner/Address
		<u>1 CHOWDER KETTLE LA.</u>

MAIL TO  
@ TURTLE COVE

DECLARATION AND SIGNATURE

By **signing this** form, I certify that I am a full time resident of the Town of Chilmark and that I have received and read the statement of Policy and Regulations for Chilmark's Floating and Bottom License.

Please Print Name Stephen B. Broderick Signature



Date 10/27/10

*Please Do Not Write Below This Line*

---

Date Application Received 10/27/10 Time \_\_\_\_\_

Application Fee Paid \$ 100 Date \_\_\_\_\_

**Recommended** or **Not Recommended**

Chairman, Shellfish Advisory Committee \_\_\_\_\_ Date \_\_\_\_\_

**License No.** \_\_\_\_\_ **Date Granted** \_\_\_\_\_

Three Year Term to Begin On \_\_\_\_\_

Annual License Fee of \$ \_\_\_\_\_ To Be Paid By This Date \_\_\_\_\_

**BOARD OF SELECTMEN**

# Massachusetts Division of Marine Fisheries - Designated Shellfish Growing Area



Shellfish Area Classification			
	Approved		Conditionally Restricted
	Conditionally Approved		Prohibited
	Restricted		Management Close

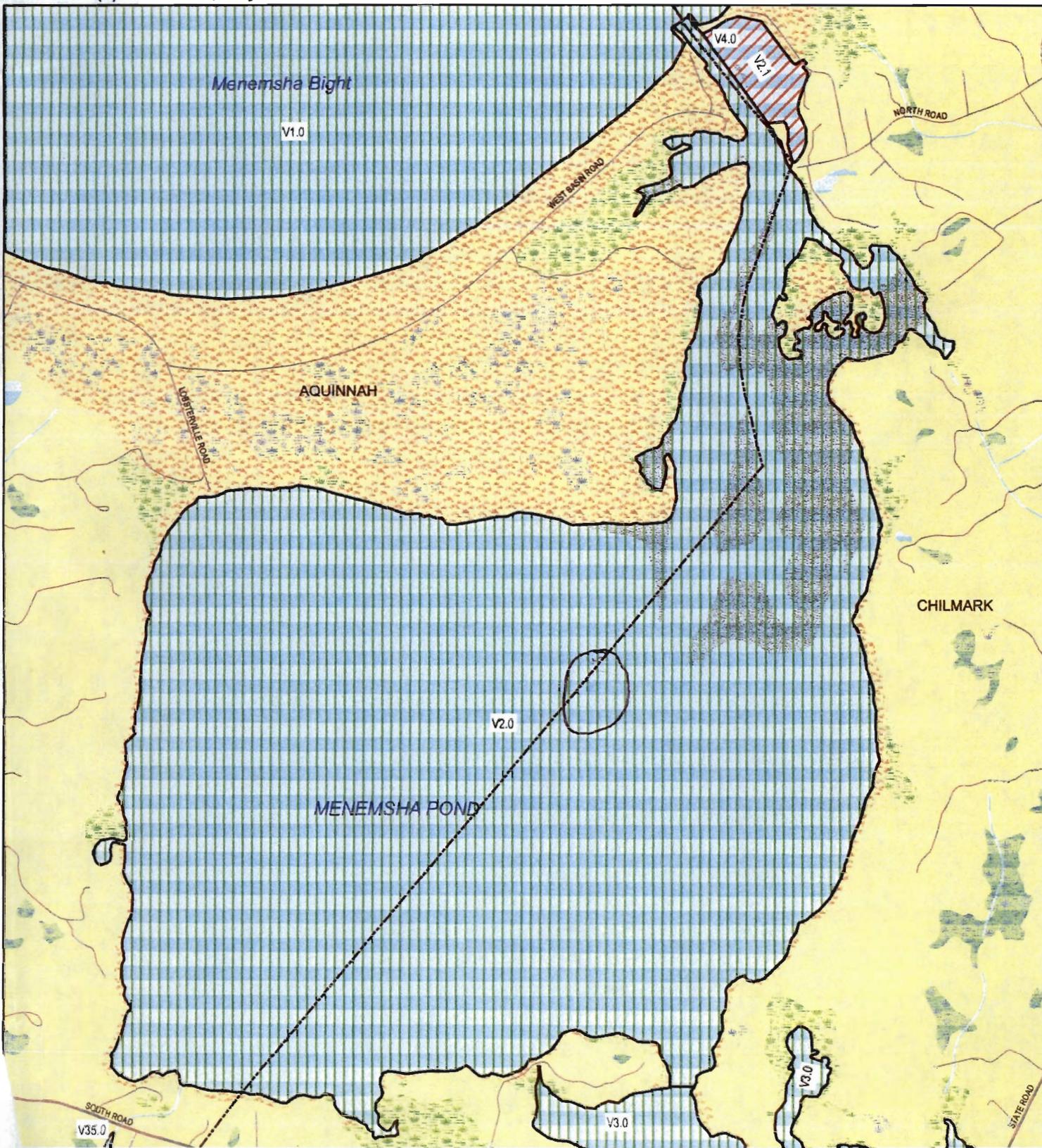


Produced: Sep. 10, 2009

Growing Area Code: V2  
 Area Name: MENEMSHA INLET AND POND  
 Area Town(s): Chilmark, Gay Head

Map Features Legend			
	MUNICIPAL BOUNDARY		Cranberry Bog
	Marsh/Bog		Roservoir
	Wooded marsh		Tidal Flats
	Salt Marsh		Beach/Dune
	Open Water		

0.075  
 Miles





C. Lark Trail

