



TOWN of CHILMARK  
AQUACULTURE LICENSE APPLICATION

Please print in ink or type

Name of Applicant: Timothy J. Broderick Telephone: 508 524 1223

Address - Residence 6 Turtle Cove Rd Mailing: PO Box 45 Chilmark MA

Email Address: upislander@gmail

Chilmark Commercial Permit #y \_\_\_\_\_ 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)

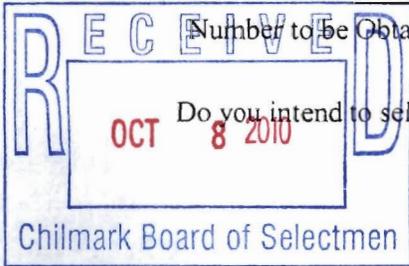
Source: X Hatchery (Location & Certification) Muscovongus Bay Aquaculture

Town: Bremen State: Maine

Dealer Name: Muscovongus Bay Aquaculture Address: PO BOX 158 Route 32 Bremen, ME.

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

Do you intend to sell Seed? Yes \_\_\_\_\_ 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' Trawl lines  
Location within culture area (Sketch on back)

Description of Construction: WOODEN RAFT in middle of Proposed Site  
w/ 3 Submerged lines with cages attached

EQUIPMENT INVOLVED IN THE AQUACULTURE OPERATION

Boat Name/Registration No. <u>Homemade RAFT</u>	Hull Color/Length <u>To be determined</u>	Owner/Address <u>Tim Broderick</u>
Vehicle Make/Model/Color	Registration	Owner/Address <u>6 Turtle Cove</u>

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 Timothy J Broderick Signature



Date 10-8-2010

*Please Do Not Write Below This Line*

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Date Application Received 10/8/10 Time \_\_\_\_\_

Application Fee Paid \$ 100.00 Date 4/2/10

**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		Restricted
	Conditionally Approved		Prohibited		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		Reservoir
	Marsh/Bog		Salt Marsh		Tidal Flats
	Wooded marsh		Open Water		Beach/Dune

0.075  
 Miles

