



GOVERNMENT OF BARBADOS

**COASTAL ZONE MANAGEMENT UNIT**

BAY STREET, ST. MICHAEL



**Our Ref:**

Tel. Nos. (246) 228 – 5950/51/52 Fax No. (246) 228 - 5956

**COASTAL HABITAT RESEARCH PERMIT  
APPLICATION FORM**

***Application instructions***

*The following information will be asked for to successfully complete the application process:*

**A. CONTACT DETAILS:**

(1) Contact Information about applicant

**Applicant(s):**

(Individual(s) responsible for the project)

**Address:**

(Include affiliation, mailing address, phone, fax and e-mail)

**Sponsor(s):**

(Organizations supporting your work)

**Funding Source(s):**

(Organizations providing financial help to work)

**B. PROJECT PROPOSAL:**

(2) **Project Title:**

(10 words or less)

(3) **Summary of Study:**

(250 words or less) (Site references if applicable)

(4) **Time Period:**

Start time and dates

(Include time required for field work)

(5) **Location of Activity on the Barbados Coast:**

(Provide latitude and longitude coordinates or GPS location)

(6) **Project Personnel:**

(Include people who will actually do the work)

(7) **Project Rationale:**  
(100 words or less)

*(See overleaf)*

(8) **Objectives:**  
(Please use point form)

(9) **Methods:**  
(200 words or less) (Site references if applicable)

C. **ADDITIONAL INFORMATION**

**CURRENT CONSULTATIONS**

(List all contacts you have already contacted)

**PROPOSED USE OF LOCAL KNOWLEDGE**

**OPPORTUNITIES FOR LOCAL PARTICIPATION**

**IF YOU ARE COLLECTING SPECIMENS, CONTACT INFORMATION FOR REPOSITORIES.**

**The Director**

**Coastal Zone Management Unit**

**Bay Street, St. Michael**

**Barbados**

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*“a coast to be proud of”*