



Application for a Section 69 Permit

1.0 The Applicant

Fields indicated with an asterisk (*) require completion.

| | |
|-----------------|--|
| Title:* | |
| Forename:* | |
| Surname:* | |
| Address:* | |
| Postcode:* | |
| Telephone No:* | |
| Email Address:* | |
| Company Name: | |
| Position: | |
| Sector: | |

2.0 The Proposed Works

| | |
|--|---|
| Name of Watercourse | Faughan and Roe rivers. |
| Grid Reference for Site of Proposed Works | 4 sites: Faughan: 250120 410635; 250320 410355 Roe: 269001 408457; 268988 408211 |
| Approximate Length of Proposed Works (m) | Experiments proposed at grid locations noted above |
| Approx. Quantity of material to be removed (tonnes) | N/A |
| Reason for proposed works | Experiments to investigate the impact of pile-driving on salmonid eggs. |
| Proposed start date | 9 December 2019 |
| Proposed end date | 29 February 2020 |
| Other information which may be relevant to the application | Fertilised brown trout eggs will be held in 5 batches of 500 at each of the four sites. |

3.0 Protection Measures and Controls

Please give details of the protection measures and/or controls to be put in place

All batches of eggs will be removed in advance of hatching when the eyes are well formed. No eggs or fish will be released into the river at any of the four sites.

All 20 samples will be returned to the laboratory for counting of total egg number in each batch including numbers of live and dead eggs.

This form should be read in conjunction with the guidance notes provided.

Please provide clear plan and maps of your proposal for reference.

4.0 Declaration

Please note that the responsible person (including all partners of a Partnership) must sign the declaration themselves, even if an agent is acting on their behalf as the applicant contact. For applications from a company or other corporate body the individual(s) signing should be duly authorised to sign on behalf of the company or corporate body.

It is an offence to make a false statement when applying for a licence.

I declare to the best of my knowledge the statements made in the application form, including the map and accompanying sheets are true.

Signature:



First Name:



Surname:



Position:



Date:

2 December 2019

FOR OFFICIAL USE ONLY

| | DATE | COMMENTS/DETAILS |
|--|------|------------------|
| Application Received | | |
| Application Inspected and Complete | | |
| Licence Connected to Application | | |
| Application Forwarded to Fishery Officer | | |
| Initial Inspection Report Received | | |
| Consultations Sent | | |
| Consultations Received | | |
| Draft Exemption to Fishery Officer | | |
| Exemption Approved by Fishery Officer | | |
| Exemption Signed and Posted | | |
| Copied to Appropriate Bodies | | |
| Database Updated | | |
| Final Inspection Completed | | |