



Commonwealth of the Northern Mariana Islands
 DEPARTMENT OF PUBLIC LANDS
 P.O. Box 500380, Saipan, MP 96950
 Tel: (670) 234-3751/3752/3757 Fax: (670) 234-3755
 e-mail: dpl@dpl.gov.mp



APPLICATION FOR TEMPORARY USE OF PUBLIC LAND

Name of Applicant:	Name of Authorized Signatory and Title:
<input type="checkbox"/> CORPORATION OR NON-PROFIT Organization <i>Please submit:</i> <input checked="" type="checkbox"/> Business License <input checked="" type="checkbox"/> Company By-Laws <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Latest Annual Business Report <input checked="" type="checkbox"/> Board Resolution (Company Authorized Signatory) <input type="checkbox"/> PARTNERSHIP <i>Please submit:</i> <input checked="" type="checkbox"/> Business License <input checked="" type="checkbox"/> Partnership Agreement <input type="checkbox"/> SOLE PROPRIETOR <i>Please submit:</i> <input checked="" type="checkbox"/> Business License <input type="checkbox"/> GOVERNMENT (documents waived)	Mailing Address: Contact Nos.: Tel.: _____ Fax: _____ Cell/Pager: _____ Proposed Use of the Public Land: <input type="checkbox"/> Roadside Vendor <input type="checkbox"/> Beachside Concession <input type="checkbox"/> Vehicular Parking <input type="checkbox"/> Maintenance <input type="checkbox"/> Signboard/Banner <input type="checkbox"/> Agricultural/Grazing <input type="checkbox"/> Other (Please specify)
Term of Use: <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily Specify Dates:	Location(s): Please attach a sketch of location(s):

Please specify the type of operation to be conducted on public land requested:

Type of materials to be used and nature of set-up (use additional sheets if necessary).

Be advised that your application will be forwarded to the Department of Public Works, the Commonwealth Utilities Corporation, the Department of Public Safety or other CNMI/Federal regulatory agencies for their review and recommendation if your proposed use of the public land is situated within a public right-of-way. A final review and decision will be made by DPL after receipt of all agencies' comments and recommendations. Additionally, a land use fee will be charged for use of the public land. For more information regarding the fee amount(s), please contact the DPL's Real Estate Division.

I certify under penalty of perjury that all the answers and statements made in this application are true, complete and correct to the best of my knowledge and are made in good faith.

Signature of Applicant

Date

FOR DPL USE ONLY		
Date DPL Received: _____	Date RED Received: _____	Remarks: _____
	Reference No.: _____	
	Logged By: _____	
<input type="checkbox"/> Commercial <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit		
Documents Submitted:		
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> CRM Permit	
<input type="checkbox"/> Business License	<input type="checkbox"/> Company By-Laws	
<input type="checkbox"/> Latest Annual Business Report	<input type="checkbox"/> Partnership Agreement	
<input type="checkbox"/> Zoning Office Permit		
Other(s): _____		
		_____ Director, RED _____ Date
Assigned to: _____		
Real Estate Division Staff		
<input type="checkbox"/> Permit Issued Date: _____ <input type="checkbox"/> Permit Denied Date: _____		