



FOREST DEPARTMENT

MINISTRY OF SUSTAINABLE DEVELOPMENT, CLIMATE
CHANGE AND DISASTER RISK MANAGEMENT



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FORM-FD-MA

MANGROVE ALTERATION PERMIT APPLICATION FORM	For Official Use Only	
	Date received:	
	Approved:	
	Rejected:	
	Date of Issue:	
Reference no.		

1. Applicant Information:

Name:		
Company Registry Number:		
Company Address:		
Contact Person details:	Name:	
	Social Security or Passport #:	
	Telephone #:	
	Email address:	

2. Description of the land on which mangroves are to be altered or selectively trimmed.

3. Please submit a copy of the property documents:

- Land title
- Land tax receipt
- Authenticated copy of survey
- Location plan
- Other relevant documents

4. Description of mangroves.

- 5. Proposing to:** Alter Selectively Trim

6. Nature of proposed alteration or selective trimming.

7. Does the property where the change to mangrove is being proposed belong to the applicant?

Yes, No If No, who is the owner? _____

8. Please describe the manner in which the alteration is to be affected.

9. Please describe the means of alteration.

10. Prescribed Application fee of \$ _____ has been deposited in the Treasury vide Receipt No. _____ dated _____.

I _____, owner/occupier of _____ do hereby declare that the particulars furnished herein before are true to the best of my knowledge and belief.

Date

Signature of Applicant

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Additional information: Errors Omissions
 Supply of information: _____

Review panel: Yes No

Publication of information to alter mangrove: Yes No

Application: Approved Refused Modification Measures to mitigate impacts

Security bond amount: _____

Comments: _____
