

REQUEST FOR CONSERVATION CLOSURES / OPENINGS

“Prior to closing or opening an area of a municipality to shellfish harvesting the municipality shall review the status of the resource affected and secure the recommendation of the DMR area biologist and the approval of the commissioner.” **Maine DMR Regulation 7.50**

The following steps should be followed to gain the approval of the Commissioner in a timely manner.

PROCEDURE

1. Contact the Regional DMR biologist responsible for your town. His or her agreement will be required for any conservation action proposed by the municipality.

Lincoln, Sagadahoc and part of Cumberland Counties

Ron Aho Tel/Fax: 207-586-5572
118 the Kings Highway
Newcastle, ME 04553
Ron.Aho@Maine.gov

Hancock, Waldo, Knox and part of Lincoln County

Hannah Annis Tel/Fax: 207-949-4498/207-629-0416
22 Charlie Star Lane,
Orland, ME 04472
Hannah.Annis@Maine.gov

Washington, York and part of Cumberland County

Denis-Marc Nault Tel/Fax: 207-422-2092/ 207-629-0414
60 Harborview Drive
Sullivan, ME 04664
Denis-Marc.Nault@Maine.gov

2. Fill out the application on the following page.
3. Submit the completed application, *at least three weeks prior* to the requested date, to the appropriate area biologist by one of the following methods:
 - A. By Mail (USPS):

Mail the completed form to the appropriate area biologist listed above.
 - B. By Email:
 - a. Complete the form on your computer
 - b. Save the form on your computer with a distinctive name. (For example a form from the town of Myaville might be saved as “Myaville-conservation01-02-09”)
 - c. Send the completed form electronically to the appropriate area biologist at his or her email address given above.

REQUEST FOR CONSERVATION CLOSURES / OPENINGS

To: AREA BIOLOGIST _____ Date: ____/____/____

FROM: _____

The town of _____ requests approval of the Commissioner of the DMR to open / close the following shellfish growing area: _____

Contact Person for the town:

Name: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

Email address: _____

Please write the description of the boundaries of the area and attach a map showing the area:

PLEASE ANSWER THE FOLLOWING:

1. What is the State of Maine DMR classification of the growing area?

Approved (Open)

Prohibited (Closed)

Restricted (Depuration)

2. Who will enforce this conservation action?

3. How will people (harvesters and others) be notified of the action?:

4. FOR CLOSURES

Start Date: ____/____/____ End Date: / ____/ ____

(Including an end date means you do not have to request an opening of the area)

Reason for closing the area:

a. Small natural clams

b. Winter digging

c. Flat Rotation

d. Clam seeding

e. Other _____

What is the Inter tidal area of closure? _____

5. FOR OPENINGS

Requested opening date:

_____/_____/_____