

New York State
Department of Environmental
Conservation

(ARTICLE 15 PERMIT)

Contact: Terry Tyoe
(315) 793-2746



JOINT APPLICATION FORM

For Permits/Determinations to undertake activities affecting streams, waterways, waterbodies, wetlands, coastal areas and sources of water supply.



New York State

You must separately apply for and obtain separate Permits/Determinations from each involved agency prior to proceeding with work. Please read all instructions.

US Army Corps of Engineers (USACE)

<p>APPLICATIONS TO 1. NYS Department of Environmental Conservation</p> <p>Check all permits that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Stream Disturbance</td> <td><input type="checkbox"/> Coastal Erosion Management</td> </tr> <tr> <td><input type="checkbox"/> Excavation and Fill in Navigable Waters</td> <td><input type="checkbox"/> Wild, Scenic and Recreational Rivers</td> </tr> <tr> <td><input type="checkbox"/> Docks, Moorings or Platforms</td> <td><input type="checkbox"/> Water Supply</td> </tr> <tr> <td><input type="checkbox"/> Dams and Impoundment Structures</td> <td><input type="checkbox"/> Long Island Well</td> </tr> <tr> <td><input type="checkbox"/> 401 Water Quality Certification</td> <td><input type="checkbox"/> Aquatic Vegetation Control</td> </tr> <tr> <td><input type="checkbox"/> Freshwater Wetlands</td> <td><input type="checkbox"/> Aquatic Insect Control</td> </tr> <tr> <td><input type="checkbox"/> Tidal Wetlands</td> <td><input type="checkbox"/> Fish Control</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Incidental Take of Endangered/Threatened Species</td> </tr> </table> <p><input type="checkbox"/> I am sending this application to this agency.</p>	<input type="checkbox"/> Stream Disturbance	<input type="checkbox"/> Coastal Erosion Management	<input type="checkbox"/> Excavation and Fill in Navigable Waters	<input type="checkbox"/> Wild, Scenic and Recreational Rivers	<input type="checkbox"/> Docks, Moorings or Platforms	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Dams and Impoundment Structures	<input type="checkbox"/> Long Island Well	<input type="checkbox"/> 401 Water Quality Certification	<input type="checkbox"/> Aquatic Vegetation Control	<input type="checkbox"/> Freshwater Wetlands	<input type="checkbox"/> Aquatic Insect Control	<input type="checkbox"/> Tidal Wetlands	<input type="checkbox"/> Fish Control		<input type="checkbox"/> Incidental Take of Endangered/Threatened Species	<p>2. US Army Corps of Engineers</p> <p>Check all permits that apply:</p> <p><input type="checkbox"/> Section 404 Clean Water Act</p> <p><input type="checkbox"/> Section 10 Rivers and Harbors Act</p> <p><input type="checkbox"/> Nationwide Permit(s) - Identify Number(s): _____ _____</p> <p>Preconstruction Notification - <input type="checkbox"/> Y / <input type="checkbox"/> N</p> <p><input type="checkbox"/> I am sending this application to this agency.</p>	<p>3. NYS Office of General Services</p> <p>Check all permits that apply:</p> <p><input type="checkbox"/> State Owned Lands Under Water</p> <p><input type="checkbox"/> Utility Easement (pipelines, conduits, cables, etc.)</p> <p><input type="checkbox"/> Docks, Moorings or Platforms</p> <p><input type="checkbox"/> I am sending this application to this agency.</p>	<p>4. NYS Department of State</p> <p>Check if this applies:</p> <p><input type="checkbox"/> Coastal Consistency Concurrence</p> <p><input type="checkbox"/> I am sending this application to this agency.</p>
<input type="checkbox"/> Stream Disturbance	<input type="checkbox"/> Coastal Erosion Management																		
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	<input type="checkbox"/> Incidental Take of Endangered/Threatened Species																		

5. Name of Applicant (use full name)		Applicant must be: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Lessee (check all that apply)
Mailing Address		
Post Office City		Taxpayer ID (If applicant is NOT an individual):
State	Zip Code	
Telephone (daytime)	Email	

6. Name of Facility or Property Owner (if different than Applicant)	
Mailing Address	
Post Office City	
State	Zip Code
Telephone (daytime)	Email

7. Contact/Agent Name	
Company Name	
Mailing Address	
Post Office City	
State	Zip Code
Telephone (daytime)	
Email	

8. Project / Facility Name		Property Tax Map Section / Block / Lot Number	
Project Location - Provide directions and distances to roads, bridges and bodies of waters:			
Street Address, if applicable		Post Office City	State NY Zip Code
Town / Village / City		County	
Name of USGS Quadrangle Map		Stream/Water Body Name	
Location Coordinates: Enter NYTMs in kilometers, OR Latitude/Longitude			
NYTM-E	NYTM-N	Latitude	Longitude

For Agency Use Only	DEC Application Number:	USACE Number:
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JOINT APPLICATION FORM - PAGE 2 OF 2
 Submit this completed page as part of your Application.

9. Project Description and Purpose: Provide a complete narrative description of the proposed work and its purpose. Attach additional page(s) if necessary. Include: description of current site conditions and how the site will be modified by the proposed project; structures and fill materials to be installed; type and quantity of materials to be used (i.e., square ft of coverage and cubic yds of fill material and/or structures below ordinary/mean high water) area of excavation or dredging, volumes of material to be removed and location of dredged material disposal or use; work methods and type of equipment to be used; pollution control methods and mitigation activities proposed to compensate for resource impacts; and where applicable, the phasing of activities. **ATTACH PLANS ON SEPARATE PAGES.**

Proposed Use: <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Commercial	Proposed Start Date:	Estimated Completion Date:
Has Work Begun on Project? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.		
Will Project Occupy Federal, State or Municipal Land? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify.		

10. List Previous Permit / Application Numbers (if any) and Dates:

11. Will this project require additional Federal, State, or Local Permits including zoning changes? Yes No If yes, please list:

12. Signatures. If applicant is not the owner, both must sign the application.
 I hereby affirm that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. Further, the applicant accepts full responsibility for all damage, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agrees to indemnify and save harmless the State from suits, actions, damages and costs of every name and description resulting from said project. In addition, Federal Law, 18 U.S.C., Section 1001 provides for a fine of not more than \$10,000 or Imprisonment for not more than 5 years, or both where an applicant knowingly and willfully falsifies, conceals, or covers up a material fact; or knowingly makes or uses a false, fictitious or fraudulent statement.

Signature of Applicant	Printed Name	Title	Date
Signature of Owner	Printed Name	Title	Date
Signature of Agent	Printed Name	Title	Date

For Agency Use Only	DETERMINATION OF NO PERMIT REQUIRED		
_____	Agency Project Number _____		
(Agency Name)	has determined that No Permit is required from this Agency for the project described in this application.		
Agency Representative: Name (printed) _____	Title _____		Date _____
Signature _____	Date _____		



JOINT APPLICATION FORM - INSTRUCTIONS

Use this application to apply for Permits and Determinations from all of the listed state and federal agencies. This form is for all projects that affect streams, waterways, waterbodies, wetlands, coastal areas and sources of water supply.



US Army Corps of Engineers (USACE)
New York District
Buffalo District

New York State

Department of Environmental Conservation (DEC)
Office of General Services (OGS)
Department of State (DOS)

Type or print clearly in ink. This Form has 2 pages. Incomplete, illegible or inaccurate information may delay processing and a final decision on your application. Individual Agencies may request that you submit additional information to complete your application. If you have any questions, contact the Agencies or check the Agency websites listed on Page 2 for further information.

PERMITS REQUESTED: You are responsible for obtaining all federal, state or local permits or other approvals. Check all Permits/Determinations you are applying for from the listed Agencies.

You must obtain separate authorizations or determinations of no permit required from each Agency in accordance with their jurisdiction prior to initiation of work.

APPLICANT / OWNER / CONTACT INFORMATION AND SIGNATURES: Signatures of the Applicant, Owner and Agent, where applicable, are required.

Applications by a Corporation must be signed by a member of the board of directors or a "high managerial agent" of the corporation as that term is defined in the § 20.20 of the Penal Law; a Partnership by a general partner; a Sole Proprietorship by the proprietor; a Limited Liability Company by member or manager in accordance with the LLC's articles of organization as filed with the Secretary of State.

Applications by a State Agency must be signed by a person duly designated by the commissioner or other agency head. Applications by Municipalities (counties, cities, towns and villages) and Public Corporations must be signed by the chief executive officer, the head of a subordinate agency or department, or a person duly designated by the chief executive officer.

Construction or work contractors may serve as a contact/agent on behalf of the applicant, but cannot be identified as the applicant or prospective permittee should a permit be issued.

PROJECT / FACILITY LOCATION INFORMATION: If you are able to supply accurate project location coordinates, please do so. Location Coordinates are expressed in New York Transverse Mercator (NYTM) units (i.e., UTM Zone 18 expanded to encompass the entire state) based on the North American Datum 1983, or Latitude and Longitude. Coordinates may be obtained from DEC's online Environmental Resource Mapper (www.dec.ny.gov/animals/38801.html), using the Identify tool.

PROJECT DESCRIPTION AND PURPOSE: Provide a complete narrative description of the proposed work and its purpose. Attach additional page(s) if necessary.

REQUIRED APPLICATION ATTACHMENTS

Attach and submit the following to each involved Agency:

- 1) LOCATION MAP** - A US Geological Survey (USGS) Quadrangle Map, or equivalent identifying the project location. The map should include wetlands, seasonally wet streams and ditches. An acceptable location map may be obtained from DEC's online Environmental Resource Mapper (<http://www.dec.ny.gov/animals/38801.html>), using the Printer tool.
- 2) PROJECT PLANS** - A sketch plan view and cross-section drawn to scale with dimensions given, or engineering drawings showing location and extent of work. Note from which direction the photographs required in (3) are taken.

- 3) PHOTOGRAPHS** - At least 3 color photographs, taken from multiple directions, which clearly depict the site of the proposed activity without snow cover. Include any existing structures on the site and the area surrounding the site. Indicate the time and date when taken.

OTHER REQUIREMENTS

If applying to State Agencies: State Environmental Quality Review Act regulation (SEQR), 6 NYCRR Part 617) is applicable (see www.dec.ny.gov/regs/4490.html) -

- If the project is an Unlisted Action, submit a completed Part 1 of a Short Environmental Assessment Form. *
- If the project is a Type I Action, submit a completed Part 1 of a Full Environmental Assessment Form. *

If applying to NYS DEC - Complete the **Permission to Inspect Property Supplement *** to provide consent for DEC inspection. Failure to grant consent can be grounds for, and may result in, permit denial.

If applying to USACE/NYS DOS - If the project requires a federal permit and lies within or affects the Coastal Zone (see the DOS Coastal Area Maps at http://www.nyswaterfronts.com/maps_regions.asp) submit a completed Federal Consistency Assessment Form (available at www.nyswaterfronts.com/consistency_federal.asp) to NYS DOS with a copy to USACE.

For USACE Section 404 Clean Water Act permits and specific Nationwide permits - a 401 Water Quality Certification must be obtained from NYS DEC.

For projects within the Adirondack Park - To determine permitting applicability, contact -
NYS Adirondack Park Agency, 1133 NYS Rte 86, PO Box 99, Ray Brook, NY 12977 (518) 891-4050 www.apa.state.ny.us

SPECIAL SUPPLEMENTS AND REQUIREMENTS FOR SPECIFIC PERMIT APPLICATIONS

Applications for ... must be accompanied by ...

- **Dams and Impoundment Structures** Supplement D-1 *
- **Docks and Moorings** Supplement D-2 *
- **Water Supply** Supplement W-1 *
- **Long Island Well** Regional specific supplement *
- **Wild, Scenic and Recreational River Systems** Supplement WSR-1 *
- **Incidental Take** Supplement IT-1 *
- **Aquatic Vegetation, Aquatic Insect, and Fish Control** ... Category specific form available at NYS DEC offices and www.dec.ny.gov/chemical/8530.html . Submit applications to the NYS DEC regional office, Attn: Bureau of Pesticides.

• **USACE Section 404 Clean Water Act and DEC Freshwater Wetlands and DEC Tidal Wetlands** ... Applications to disturb a wetland or waterway by placing fill or performing mechanized land clearing, ditching, channelization, dredging, or excavation activities should provide a discussion of practicable alternatives considered to avoid, minimize and/or mitigate the proposed project impacts. Particular justification should be given as to why the alternatives are not suitable.

• **DEC Freshwater and Tidal Wetlands** ... Applications fees are required. Refer to: www.dec.ny.gov/permits/65153.html

* Forms are available at NYS DEC offices and at www.dec.ny.gov/permits/6222.html

JOINT APPLICATION FORM INSTRUCTIONS - PAGE 2 OF 2

SUBMISSION OF APPLICATION FORMS AND ATTACHMENTS

Separately mail the completed application to each involved Agency based on project location and permit(s) requested.

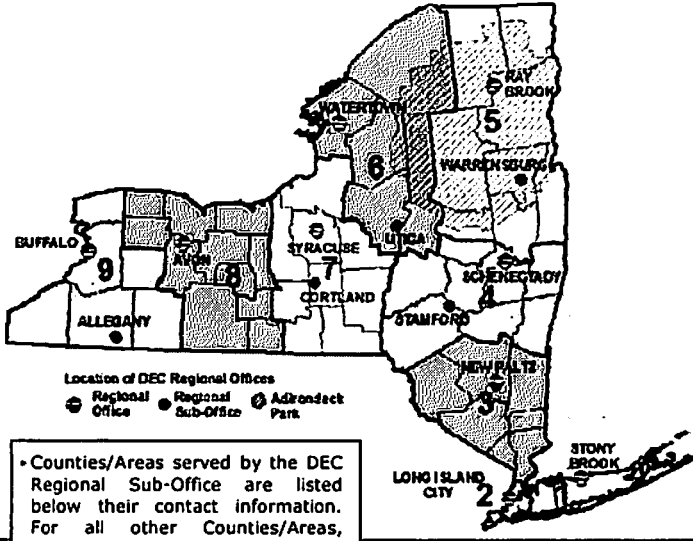
For DEC - Mail 3 copies of: this Application, any supplemental forms, and all required attachments.

For Other Agencies - Mail 1 copy of: this Application, any supplemental forms, and all required attachments.

Refer to each Agency's website for specifications on submitting documents on electronic media or via email.

AGENCY CONTACT INFORMATION

NYS Department of Environmental Conservation
www.dec.ny.gov



NYS DEC REGION 4 Sub-Office
Regional Permit Administrator
65561 State Hwy 10
Stamford, NY 12167-9503
(607) 652-7741
email: r4dep@gw.dec.state.ny.us
• For Otsego, Delaware Counties, and Greene County towns within the NYC watershed

NYS DEC REGION 7
Regional Permit Administrator
615 Erie Blvd West
Syracuse, NY 13204-2400
(315) 426-7438
email: r7dep@gw.dec.state.ny.us

NYS DEC REGION 5
Regional Permit Administrator
PO Box 296
1115 Route 86
Ray Brook, NY 12977-0296
(518) 897-1234
email: r5dep@gw.dec.state.ny.us

NYS DEC REGION 7 Sub-Office
Regional Permit Administrator
1285 Fisher Avenue
Cortland, NY 13045-1090
(607) 753-3095
email: r7dep@gw.dec.state.ny.us
• For Tompkins, Cortland, Broome, Chenango, Tioga Counties

NYS DEC REGION 5 Sub-Office
Regional Permit Administrator
232 Golf Course Rd
Warrensburg, NY 12885-1172
(518) 623-1281
email: r5dep@gw.dec.state.ny.us
• For Washington, Warren, Saratoga, Fulton Counties

NYS DEC REGION 8
Regional Permit Administrator
6274 E. Avon - Lima Road
Avon, NY 14414-9519
(585) 226-5400
email: r8dep@gw.dec.state.ny.us

NYS DEC REGION 1
Regional Permit Administrator
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790-3409
(631) 444-0365
email: r1dep@gw.dec.state.ny.us

NYS DEC REGION 3
Regional Permit Administrator
21 South Putt Corners Road
New Paltz, NY 12561-1696
(845) 256-3054
email: r3dep@gw.dec.state.ny.us

NYS DEC REGION 6
Regional Permit Administrator
317 Washington Street
Watertown, NY 13601-3787
(315) 785-2245
email: r6dep@gw.dec.state.ny.us

NYS DEC REGION 9
Regional Permit Administrator
270 Michigan Avenue
Buffalo, NY 14203-2915
(716) 851-7165
email: r9dep@gw.dec.state.ny.us

NYS DEC REGION 2
Regional Permit Administrator
1 Hunter's Point Plaza
47-40 21st Street
Long Island City, NY 11101-5407
(718) 482-4997
email: r2dep@gw.dec.state.ny.us

NYS DEC REGION 4
Regional Permit Administrator
1130 North Westcott Road
Schenectady, NY 12306-2014
(518) 357-2069
email: r4dep@gw.dec.state.ny.us

NYS DEC REGION 6 Sub-Office
Regional Permit Administrator
207 Genesee Street
Utica, NY 13501-3787
(315) 793-2555
email: r6dep@gw.dec.state.ny.us
• For Herkimer, Oneida Counties

NYS DEC REGION 9 Sub-Office
Regional Permit Administrator
182 East Union, Suite 3
Allegany, NY 14706-1328
(716) 372-0645
email: r9dep@gw.dec.state.ny.us
• For Allegany, Cattaraugus, Chautauqua Counties

US Army Corps of Engineers www.usace.army.mil

For DEC Regions 1, 2 and 3
US Army Corps of Engineers NY District
ATTN: Regulatory Branch
26 Federal Plaza, Room 1937
New York, NY 10278-0090
email: CENAN.PublicNotice@usace.army.mil

For DEC Regions 1, 2, Westchester County and Rockland County - (917) 790-8511
For the other counties of DEC Region 3 - (917) 790-8411

For DEC Regions 4, 5
Department of the Army
ATTN: CENAN-OP-R
NY District, Corps of Engineers
1 Buffington Street
Building 10, 3rd Floor
Watervliet, NY 12189-4000
(518) 266-6350 - Permits team
(518) 266-6360 - Compliance Team
email: cenan.rfo@usace.army.mil

For DEC Regions 6, 7, 8, 9
US Army Corps of Engineers Buffalo District
ATTN: Regulatory Branch
1776 Niagara Street
Buffalo, NY 14207-3199
(716) 879-4330
email: LRB.Regulatory@usace.army.mil

Statewide **NYS Department of State**
Division of Coastal Resources
Consistency Review Unit
One Commerce Plaza
99 Washington Ave, Suite 1010
Albany, NY 12231-00001
(518) 474-6000
www.nyswaterfronts.com

Statewide **NYS Office of General Services**
Real Estate Development - Land Management
Corning Tower, 26th Floor
Empire State Plaza
Albany, NY 12242-0001
(518) 474-2195
www.ogs.state.ny.us



PERMISSION TO INSPECT PROPERTY

By signing this permission form for submission with an application for a permit(s) to the Department of Environmental Conservation ("DEC"), the signer consents to inspection by DEC staff of the project site or facility for which a permit is sought and, to the extent necessary, areas adjacent to the project site or facility. This consent allows DEC staff to enter upon and pass through such property in order to inspect the project site or facility, without prior notice, between the hours of 7:00 a.m. and 7:00 p.m., Monday through Friday. If DEC staff should wish to conduct an inspection at any other times, DEC staff will so notify the applicant and will obtain a separate consent for such an inspection.

Inspections may take place as part of the application review prior to a decision to grant or deny the permit(s) sought. By signing this consent form, the signer agrees that this consent remains in effect as long as the application is pending, and is effective regardless of whether the signer, applicant or an agent is present at the time of the inspection. In the event that the project site or facility is posted with any form of "posted" or "keep out" notices, or fenced in with an unlocked gate, this permission authorizes DEC staff to disregard such notices or unlocked gates at the time of inspection.

The signer further agrees that during an inspection, DEC staff may, among other things, take measurements, may analyze physical characteristics of the site including, but not limited to, soils and vegetation (taking samples for analysis), and may make drawings and take photographs.

Failure to grant consent for an inspection is grounds for, and may result in, denial of the permit(s) sought by the application.

Permission is granted for inspection of property located at the following address(es):

*By signing this form, I affirm under penalty of perjury that I am authorized to give consent to entry by DEC staff as described above. I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.**

Print Name and Title

Signature

Date

*The signer of this form must be an individual or authorized representative of a legal entity that:

- owns fee title and is in possession of the property identified above;
- maintains possessory interest in the property through a lease, rental agreement or other legally binding agreement; or
- is provided permission to act on behalf of an individual or legal entity possessing fee title or other possessory interest in the property for the purpose of consenting to inspection of such property.

617.20
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
 Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
 Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?
 Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes No If Yes, explain briefly:

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)