JOINT APPLICATION FORM

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

New York State

US Army Corps of Engineers (USACE)

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

APPLICATIONS TO

1. **NYS Department of Environmental Conservation**

Check all permits that apply:

- ☐ Stream Disturbance
- ☐ Excavation and Fill in Navigable Waters
- ☐ Docks, Moorings or Platforms
- ☐ Dams and Impoundment Structures
- ☐ 401 Water Quality Certification
- ☐ Freshwater Wetlands
- ☐ Tidal Wetlands
- ☐ Coastal Erosion Management
- ☐ Wild, Scenic and Recreational Rivers
- ☐ Water Withdrawal
- ☐ Long Island Well
- ☐ Aquatic Vegetation Control
- ☐ Aquatic Insect Control
- ☐ Fish Control
- ☐ Incidental Take of Endangered/Threatened Species

☐ I am sending this application to this agency.

2. **US Army Corps of Engineers**

Check all permits that apply:

- ☐ Section 404 Clean Water Act
- ☐ Section 10 Rivers and Harbors Act
- ☐ Nationwide Permit(s) - Identify Number(s):

_____

_____

Preconstruction Notification - ☐ Y / ☐ N

☐ I am sending this application to this agency.

3. **NYS Office of General Services**

Check all permits that apply:

- ☐ State Owned Lands Under Water
  - ☐ Utility Easement (pipelines, conduits, cables, etc.)
  - ☐ Docks, Moorings or Platforms

☐ I am sending this application to this agency.

4. **NYS Department of State**

Check if this applies:

- ☐ Coastal Consistency Concurrence

☐ I am sending this application to this agency.

5. **Name of Applicant** (use full name)		**Applicant** must be: ☐ Owner ☐ Operator ☐ 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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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: ☐ Private ☐ Public ☐ Commercial	Proposed Start Date:	Estimated Completion Date:

Has Work Begun on Project? ☐ Yes ☐ No If Yes, explain.

Will Project Occupy Federal, State or Municipal Land? ☐ Yes ☐ 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 willingly 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 _____

_____ has determined that No Permit is required from this Agency for the project described in this application.

(Agency Name)

Agency Representative: Name (printed) _____ Title _____

Signature _____ Date _____

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