## NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Bureau of Flood Protection and Dam Safety 625 Broadway, Albany, New York 12233-3504 P: (518) 402-8185 | F: (518) 402-9029 www.dec.ny.gov

## COASTAL EROSION HAZARD AREA DESIGNATION APPEAL FORM

<u>Please Note</u>: All supporting documentation for the basis of the appeal is the responsibility of the appellant. All fees associated with Coastal Erosion Management Permits and Coastal Erosion Hazard Area Appeals were rescinded as of April 1, 1994.

## **CONTACT INFORMATION**

Landowner Name Street Address		Appeal Representative (If different than Landowner) Name Street Address							
					City	State Zip	City	State	Zip
					Telephone	Email	Telephone	Email	
PROJECT INFOR	MATION								
Address of Subject	t Property								
County Real Prop	erty Tax Map: Municipality	Section	Block	Lot					
Coastal Erosion Hazard Area Map: Municipality		Ма	Map Sheet No						

## **BASIS FOR APPEAL**

As per 6 NYCRR Part 505.10(e), the sole acceptable basis for an erosion hazard area designation appeal is technical information indicating that: (1) the long-term average annual rate of shoreline recession was incorrectly established; or (2) the subject area was erroneously identified as a natural protective feature area. In the area below, please summarize the basis for your appeal. If more space is needed, please feel free to attach additional sheets.

If you are including any additional documentation in support of your appeal, please check off those items, as listed below. All documentation submitted with this appeal form becomes the property of the New York State Department of Environmental Conservation and will not be returned. Please email the completed form and related documentation to the Coastals@dec.ny.gov or mail to the Division of Water, Coastal Section at the address listed above.

I hereby acknowledge that I have read this appeal form and the information and documentation presented is accurate and true to the best of my knowledge.

Signature of Landowner

Date

Signature of Appeal Representative



