



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)

APPLICATIONS TO	2. US Army Corps of Engineers	3. NYS Office of General Services	4. NYS Department of State
1. NYS Department of Environmental Conservation Check all permits that apply: <input type="checkbox"/> Stream Disturbance <input type="checkbox"/> Excavation and Fill in Navigable Waters <input type="checkbox"/> Docks, Moorings or Platforms <input type="checkbox"/> Dams and Impoundment Structures <input type="checkbox"/> 401 Water Quality Certification <input type="checkbox"/> Freshwater Wetlands <input type="checkbox"/> Tidal Wetlands <input type="checkbox"/> I am sending this application to this agency.	2. US Army Corps of Engineers Check all permits that apply: <input type="checkbox"/> Section 404 Clean Water Act <input type="checkbox"/> Section 10 Rivers and Harbors Act <input type="checkbox"/> Nationwide Permit(s) - Identify Number(s): _____ _____ Preconstruction Notification - <input type="checkbox"/> Y / <input type="checkbox"/> N <input type="checkbox"/> I am sending this application to this agency.	3. NYS Office of General Services Check all permits that apply: <input type="checkbox"/> State Owned Lands Under Water <input type="checkbox"/> Utility Easement (pipelines, conduits, cables, etc.) <input type="checkbox"/> Docks, Moorings or Platforms <input type="checkbox"/> I am sending this application to this agency.	4. NYS Department of State Check if this applies: <input type="checkbox"/> Coastal Consistency Concurrence <input type="checkbox"/> I am sending this application to this agency.

5. Name of Applicant (use full name)	Applicant must be:	6. Name of Facility or Property Owner (if different than Applicant)
Mailing Address	<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):	Post Office City
State Zip Code		State Zip Code
Telephone (daytime) Email		Telephone (daytime) Email

7. Contact/Agent Name	8. Project / Facility Name	Property Tax Map Section / Block / Lot Number
Company Name	Project Location - Provide directions and distances to roads, bridges and bodies of waters:	
Mailing Address	Street Address, if applicable	Post Office City State NY Zip Code
Post Office City	Town / Village / City	County
State Zip Code	Name of USGS Quadrangle Map	Stream/Water Body Name
Telephone (daytime)	Location Coordinates: Enter NYTMs in kilometers, OR Latitude/Longitude	
Email	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: <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 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

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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 _____