



### JOINT APPLICATION FORM

For Permits for activities affecting streams, waterways, waterbodies, wetlands, coastal areas, sources of water, and endangered and threatened species.

**You must separately apply for and obtain Permits from each involved agency before starting work. Please read all instructions.**

#### 1. Applications To:

##### >NYS Department of Environmental Conservation

☐ Check here to confirm you sent this form to NYSDEC.

Check all permits that apply:

☐ Stream Disturbance

☐ Dams and Impoundment Structures

☐ Tidal Wetlands

☐ Water Withdrawal

☐ Excavation and Fill in Navigable Waters

☐ 401 Water Quality Certification

☐ Wild, Scenic and Recreational Rivers

☐ Long Island Well

☐ Docks, Moorings or Platforms

☐ Freshwater Wetlands

☐ Coastal Erosion Management

☐ Incidental Take of Endangered / Threatened Species

##### >US Army Corps of Engineers

☐ Check here to confirm you sent this form to USACE.

Check all permits that apply: ☐ Section 404 Clean Water Act

☐ Section 10 Rivers and Harbors Act

Is the project Federally funded? ☐ Yes ☐ No

If yes, name of Federal Agency:

General Permit Type(s), if known:

Preconstruction Notification: ☐ Yes ☐ No

##### >NYS Office of General Services

☐ Check here to confirm you sent this form to NYSOGS.

Check all permits that apply:

☐ State Owned Lands Under Water

☐ Utility Easement (pipelines, conduits, cables, etc.)

☐ Docks, Moorings or Platforms

##### >NYS Department of State

☐ Check here to confirm you sent this form to NYSDOS.

Check if this applies: ☐ Coastal Consistency Concurrence

#### 2. Name of Applicant

Taxpayer ID (if applicant is NOT an individual)

Mailing Address

Post Office / City

State

Zip

Telephone

Email

Applicant Must be (check all that apply): ☐ Owner ☐ Operator ☐ Lessee

#### 3. Name of Property Owner (if different than Applicant)

Mailing Address

Post Office / City

State

Zip

Telephone

Email

**For Agency Use Only**

Agency Application Number:

**4. Name of Contact / Agent**

<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Mailing Address		Post Office / City	State	Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	<input type="text"/>	Email	<input type="text"/>		

**5. Project / Facility Name**

Property Tax Map Section / Block / Lot Number:

<input type="text"/>		<input type="text"/>	
Project Street Address, if applicable	Post Office / City	State	Zip
<input type="text"/>	<input type="text"/>	NY	<input type="text"/>

Provide directions and distances to roads, intersections, bridges and bodies of water

<input type="text"/>
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☐ Town ☐ Village ☐ City County Stream/Waterbody Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Project Location Coordinates: Enter Latitude and Longitude in degrees, minutes, seconds:

Latitude: ° ' " Longitude: ° ' "

**6. Project Description:** Provide the following information about your project. Continue each response and provide any additional information on other pages. **Attach plans on separate pages.**

a. Purpose of the proposed project:

<input type="text"/>
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b. Description of current site conditions:

<input type="text"/>
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c. Proposed site changes:

<input type="text"/>
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d. Type of structures and fill materials to be installed, and quantity of materials to be used (e.g., square feet of coverage, cubic yards of fill material, structures below ordinary/mean high water, etc.):

<input type="text"/>
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e. Area of excavation or dredging, volume of material to be removed, location of dredged material placement:

<input type="text"/>
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f. Is tree cutting or clearing proposed? ☐ Yes If Yes, explain below. ☐ No

Timing of the proposed cutting or clearing (month/year):

Number of trees to be cut:  Acreage of trees to be cleared:

g. Work methods and type of equipment to be used:

h. Describe the planned sequence of activities:

i. Pollution control methods and other actions proposed to mitigate environmental impacts:

j. Erosion and silt control methods that will be used to prevent water quality impacts:

k. Alternatives considered to avoid regulated areas. If no feasible alternatives exist, explain how the project will minimize impacts:

l. Proposed use: ☐ Private ☐ Public ☐ Commercial

m. Proposed Start Date:  Estimated Completion Date:

n. Has work begun on project? ☐ Yes If Yes, explain below. ☐ No

o. Will project occupy Federal, State, or Municipal Land? ☐ Yes If Yes, explain below. ☐ No

p. List any previous DEC, USACE, OGS or DOS Permit / Application numbers for activities at this location:

q. Will this project require additional Federal, State, or Local authorizations, including zoning changes?

☐ Yes If Yes, list below. ☐ No

**7. Signatures.**

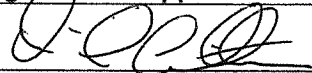
Applicant and Owner (If different) must sign the application. If the applicant is the landowner, the **landowner attestation form** can be used as an electronic signature as an alternative to the signature below, if necessary. Append additional pages of this Signature section if there are multiple Applicants, Owners or Contact/Agents.

I hereby affirm that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief.

Permission to Inspect - I hereby consent to Agency inspection of the project site and adjacent property areas. Agency staff may enter the property without notice between 7:00 am and 7:00 pm, Monday - Friday. Inspection may occur without the owner, applicant or agent present. If the property is posted with "keep out" signs or fenced with an unlocked gate, Agency staff may still enter the property. Agency staff may take measurements, analyze site physical characteristics, take soil and vegetation samples, sketch and photograph the site. I understand that failure to give this consent may result in denial of the permit(s) sought by this application.

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the NYS 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**



Date

11/6/2020

Applicant Must be (check all that apply): ☒ Owner ☐ Operator ☐ Lessee

Printed Name

Sue Sullivan

Title

President and CEO-  
iSER Consulting, LLC / Jaleli, LLC

**Signature of Owner (if different than Applicant)**



Date

11/6/2020

Printed Name

Sue Sullivan

Title

Owner

**Signature of Contact / Agent**



Date

11/6/2020

Printed Name

Amy Bombardieri

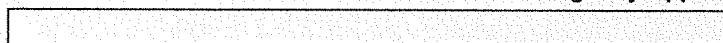
Title

Engineer

**For Agency Use Only**

**DETERMINATION OF NO PERMIT REQUIRED**

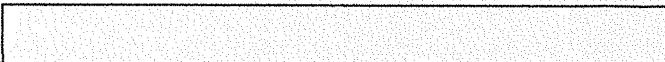
Agency Application Number



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

Agency Representative:

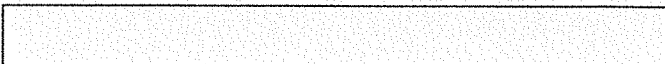
Printed  
Name



Title



Signature



Date

