



Office of Long Island Sound Programs
CT Department of Environmental Protection

DEP Permit Consultation Form For U.S. Army Corps of Engineers Review ATTACHMENT

To the applicant- Prior to the submission of your permit application to the Connecticut Department of Environmental Protection - Office of Long Island Sound Programs (DEP- OLISP), please complete Part I and submit this form to the U.S. Army Corps of Engineers (USACE), Regulatory Division, Attn: Diane M. Ray, 696 Virginia Road, Concord, MA 01742, with a location map of your site and project plans. Once they return the completed form to you, please submit it along with your permit application to the DEP.

Part I: Applicant Information

To be completed by applicant.

1. List applicant information:

Name: _____
Mailing Address: _____
City/Town: _____ State: __ Zip Code: _____
Business Phone: _____ ext. _____ Fax: _____
Contact Person: _____ Title: _____
Email: _____

2. List engineer, surveyor or agent information:

Name: _____
Mailing Address: _____
City/Town: _____ State: __ Zip Code: _____
Business Phone: _____ ext. _____ Fax: _____
Contact Person: _____ Title: _____
Email: _____
Service provided: _____

3. Site location:

Name of site : _____
Street Address or Location Description: _____
City/Town: _____ State: __ Zip Code: _____
Tax Assessor's Reference: Map _____ Block _____ Lot _____

4. Are plans attached? Yes No If yes, provide date of plans: _____

5. Provide or attach a brief, but thorough description of the project:

Part II: To be Completed by US Army Corps of Engineers

This consultation form is required to be submitted as part of an application for a Structures, Dredging & Fill permit (section 22a-361 CGS) and/or Tidal Wetlands permit (section 22a-32 CGS) to the DEP-OLISP. The application has not yet been submitted to the DEP. Please review the enclosed materials with regard to the U.S. Army Corp of Engineers review process pursuant to Section 10 of the Rivers and Harbors Act of 1899 and Section 404 of the Clean Water Act; and provide any comments or recommendations you may have with regard to this proposal. Please call DEP-OLISP at 860-424-3034 to speak with the analyst assigned to the town in which the work is proposed if you have any questions. **Please return the completed form to the applicant.**

COMMENTS/RECOMMENDATIONS:

USACE Application number: _____

Signature of Project Manager

Date

Printed Name of Project Manager