



**US Army Corps
of Engineers**®
New England District

VII: Self-Verification Notification Form

Complete all fields (write “none” if applicable) below. Send this form and the existing plans to the address below, fax to (978) 318-8303, or email to cenae-r@usace.army.mil before work within Corps jurisdiction commences unless otherwise specified. The Corps will acknowledge receipt of this form in writing. Please call (978) 318-8338 with questions.

Regulatory Division
U.S. Army Corps of Engineers
New England District
696 Virginia Road
Concord, MA 01742-2751

Permittee: _____
Address, City, State & Zip: _____
Phone(s) and Email: _____

Project Location (provide detailed description if necessary): _____
Address, City, State & Zip: _____
Latitude/Longitude Coordinates (if address doesn't exist): _____
Waterway Name: _____

Contractor: _____
Address, City, State & Zip: _____
Phone(s) and Email: _____

Project Purpose: _____

Work Description: _____

Work will be done under the following activity(s) in Section III, Eligible Activities (check all that apply):

- | | | | | | |
|--------|--------|---------|---------|---------|---------|
| 1_____ | 5_____ | 9_____ | 13_____ | 17_____ | 21_____ |
| 2_____ | 6_____ | 10_____ | 14_____ | 18_____ | 22_____ |
| 3_____ | 7_____ | 11_____ | 15_____ | 19_____ | 23_____ |
| 4_____ | 8_____ | 12_____ | 16_____ | 20_____ | |

(continued on next page)

Aggregate total wetland impact area*: temporary _____ SF permanent _____ SF
Aggregate total waterway impact area*: temporary _____ SF permanent _____ SF
(*leave blank if work involves structures only)

Does your project include any secondary impacts? (See General Condition 3.) Yes _____ No _____
If yes, describe here: _____

Proposed Work Dates: Start: _____ Finish: _____

Your name/signature below, as permittee, confirms that your project a) meets the self-verification criteria and b) that you accept and agree to comply with the applicable terms and conditions in the General Permits for Massachusetts.

Permittee Printed Name: _____

Permittee Signature: _____ Date: _____