

## **Appendix B: Category 1 Self-Verification Form**

New England District

Submit this form **a minimum of two weeks before** work commences to the following address. Call (802) 872-2893 with any questions.

## **U.S. Army Corps of Engineers**

New England District, Regulatory Division Vermont Project Office 11 Lincoln Street, Room 210 Essex Junction, Vermont 05452

Fax: 802 879-7638

Katrina.l.sedney@usace.army.mil

Permittee:								
Permittee Address:								
City, State & Zip Code:								
Phone(s) and Email:								
Work Locations/Address:								
City, State & Zip Code:								
Latitude/Longitude coordinates:								
Waterway name:								
Description of Work:								
Work will be done under the follow I. Inland Waters and wetlands: II. Navigable Waters: Area of wetland impact: Area of waterway impact: Length of stream impact: Will American Recovery and Reinv	a	b b _ square _SF _ linear	c c feet (SF	d d	e e	f f	g project?	
Contractor:								
Contractor Address:								
City, State & Zip Code:								
Phone(s) and Email:								
Proposed Work Dates: Start:			Fini	sh:				
Your signature below, as permittee eligibility criteria, and conditions o							the terms,	
Permittee Signature:					Date	e:		