

ATTACHMENT N: U.S. ARMY CORPS OF ENGINEERS DEEP PERMIT CONSULTATION FORM

To the applicant- Prior to the submission of your permit application to the Connecticut Department of Energy and Environmental Protection - Office of Long Island Sound Programs (DEEP- 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 DEEP.

Part I: Applicant Information

To be completed by applicant.

1. I	List applicant information:			
1	Name:			
	Mailing Address:			
(City/Town:		State:	Zip Code:
1	Business Phone:	ext.	Fax:	
(Contact Person:	Title:		
I	E-mail:			
	List engineer, surveyor or agent information:			
1	Name:			
ſ	Mailing Address:			
	City/Town:			
E	Business Phone:	ext.	Fax:	
(Contact Person:	Title:		
i	E-mail:			_
	Service provided:			
	Site location:			
1	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 I	f 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 of the Connecticut general Statutes (CGS)) and/or Tidal Wetlands permit (CGS section 22a-32) to the DEEP- OLISP. The application has not yet been submitted to the DEEP. 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 DEEP-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

Part I: Applicant Information (continued)