



**CERTIFICATION OF CONSISTENCY WITH WASHINGTON'S
COASTAL ZONE MANAGEMENT PROGRAM FOR
FEDERALLY LICENSED/PERMITTED ACTIVITIES**

Federal Application Number: _____

Applicant: _____

Project Description: _____

(attach site plans, location (county/city), and proximity to waterbody (name)) or JARPA Application

This action under CZMA§307(c)(3) is for a project, which will take place within Washington's coastal zone, or which will affect a land use, water use, or natural resource of the coastal zone. *(The coastal zone includes Clallam, Grays Harbor, Island, Jefferson, King, Kitsap, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum and Whatcom counties.)*

The project complies with the following enforceable policies of the Coastal Zone Management Program:

1. **Shoreline Management Act:**
 Is outside of SMA jurisdiction
 Applied for shoreline permit # _____ being reviewed by _____
 Has a valid shoreline permit # _____ issued by _____ on _____
 Has received an SMA Exemption # _____ issued by _____ on _____

2. **State Water Quality Requirements:**
 Does not require water quality permits
 Applied for water quality certification
 Has received water quality certification # _____ issued on _____
 Applied for stormwater permit # _____ issued on _____
 Has received stormwater permit # _____ issued on _____

3. **State Air Quality Requirements:**
 Does not require air quality permits
 Applied for Air Quality permit # _____ being reviewed by _____
 Has an Air Quality permit # _____ issued by _____ on _____

4. **State Environmental Policy Act:** SEPA Lead Agency is: _____
 Project is exempt from SEPA
 SEPA checklist submitted date _____
 SEPA decision issued/adopted DNS MDNS EIS Other _____ date _____
 NEPA decision adopted by SEPA # _____ date _____
 Lead agency to satisfy SEPA _____

Public Notice for this proposed project was provided through:

- notice mailed to interested parties using _____ mailing list on _____ (date)
- publication in _____ (newspaper) on _____ (dates)
- other (include dates) _____

Therefore, I certify that this project complies with the enforceable policies of Washington's approved coastal zone management program and will be conducted in a manner consistent with such program.

(Signature) _____ Date _____

If you require this publication in an alternate format, please contact the Shorelands and Environmental Assistance Program at 360-407-6096, or TTY (for the speech or hearing impaired) 711 or 800-833-6388.