

**DETERMINATION OF CONSISTENCY WITH WASHINGTON'S
COASTAL ZONE MANAGEMENT PROGRAM FOR
FEDERAL AGENCY ACTIVITIES**

Federal Application Number: _____

Federal Agency: _____

Project Description: _____

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

This action under CZMA§307(c)(1) is for a project that 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 (SMA):

- Is outside of SMA jurisdiction
- Applied for a 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:

- Project is SEPA exempt
- 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 have determined that this project is consistent to the maximum extent practicable with the enforceable policies of Washington's approved coastal zone management program.

(Signature) _____ Date _____