

**CERTIFICATION OF CONSISTENCY WITH
THE WASHINGTON STATE COASTAL ZONE MANAGEMENT PROGRAM
FOR FEDERALLY LICENSED OR PERMITTED ACTIVITIES**

Federal Project Number: _____

Applicant: _____

Project Description: _____

(attach site plans, location {county/city}, and proximity to waterbody {name})

This action under CZMA §307(c)(3) 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 all parts of 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 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:

notices mailed to interested parties using _____ mailing list on _____ (date).
 publication in _____ (newspaper) on _____ (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 that program.

Signature: _____ **Date:** _____