



Initial Review: _____
Updated On: _____
Complete: _____
Official Use Only

Coastal Zone Management Act Federal Consistency Form

This document provides the Delaware Coastal Management Program (DCMP) with a Federal Consistency Determination or Certification for activities regulated under the Coastal Zone Management Act of 1972, as amended, and NOAA's Federal Consistency Regulations, 15 C.F.R. Part 930. Federal agencies and other applicants for federal consistency are not required to use this form; it is provided to applicants to facilitate the submission of a Consistency Determination or Consistency Certification. In addition, federal agencies and applicants are only required to provide the information required by NOAA's Federal Consistency Regulations.

Project/Activity Name: _____

I. Federal Agency or Non-Federal Applicant Contact Information:

Contact Name/Title: _____

Federal Agency Contractor Name (if applicable): _____

Federal Agency: _____
(either the federal agency proposing an action or the federal agency issuing a federal license/permit or financial assistance to a non-federal applicant)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Telephone #: _____

II. Federal Consistency Category:

Federal Activity or Development Project
(15 C.F.R. Part 930, Subpart C)

Federal License or Permit Activity
(15 C.F.R. Part 930, Subpart D)

Outer Continental Shelf Activity
(15 C.F.R. Part 930, Subpart E)

Federal License or Permit Activity which occurs
wholly in another state (interstate consistency
activities identified in DCMP's Policy document)

Federal Financial Assistance
(15 C.F.R. Part 930, Subpart F)

III. Detailed Project Description (attach additional sheets if necessary):

IV. General Analysis of Coastal Effects (attach additional sheets if necessary):

V. Detailed Analysis of Consistency with DCMP Enforceable Policies (attach additional sheets if necessary):

Policy 5.1: Wetlands Management

Policy 5.2: Beach Management

Policy 5.3: Coastal Waters Management (includes wells, water supply, and stormwater management. Attach additional sheets if necessary)

Policy 5.4: Subaqueous Land and Coastal Strip Management

Policy 5.5: Public Lands Management

Policy 5.6: Natural Lands Management

Policy 5.7: Flood Hazard Areas Management

Policy 5.8: Port of Wilmington

Policy 5.9: Woodlands and Agricultural Lands Management

Policy 5.10: Historic and Cultural Areas Management

Policy 5.11: Living Resources

Policy 5.12 Mineral Resources Management

Policy 5.13: State Owned Coastal Recreation and Conservation

Policy 5.14: Public Trust Doctrine

Policy 5.15: Energy Facilities

Policy 5.16: Public Investment

Policy 5.17: Recreation and Tourism

Policy 5.18: National Defense and Aerospace Facilities

Policy 5.19: Transportation Facilities

Policy 5.20: Air Quality Management

Policy 5.21: Water Supply Management

Policy 5.22: Waste Disposal Management

Policy 5.23: Development

Policy 5.24: Pollution Prevention

Policy 5.25: Coastal Management Coordination

VI. JPP and RAS Review (Check all that apply):

Has the project been reviewed in a monthly Joint Permit Processing and/or Regulatory Advisory Service meeting?

JPP

RAS

None

*If yes, provide the date of the meeting(s): _____

VII. Statement of Certification/Determination and Signature (Check one and sign below):

FEDERAL AGENCY CONSISTENCY DETERMINATION. Based upon the information, data, and analysis included herein, the federal agency, or its contracted agent, listed in (I) above, finds that this proposed activity is consistent to the maximum extent practicable with the enforceable policies of the Delaware Coastal Management Program.

OR

FEDERAL AGENCY NEGATIVE DETERMINATION. Based upon the information, data, and analysis included herein, the federal agency, or its contracted agent, listed in (I) above, finds that this proposed activity will not have any reasonably foreseeable effects on Delaware's coastal uses or resources (Negative Determination) and is therefore consistent with the enforceable policies of the Delaware Coastal Management Program.

OR

NON-FEDERAL APPLICANT'S CONSISTENCY CERTIFICATION. Based upon the information, data, and analysis included herein, the non-federal applicant for a federal license or permit, or state or local government agency applying for federal funding, listed in (I) above, finds that this proposed activity complies with the enforceable policies of the Delaware Coastal Management Program and will be conducted in a manner consistent with such program.

| | | | |
|---------------|---------------------|-------|--|
| Signature: | <i>Katie Jester</i> | | |
| Printed Name: | | Date: | |

Pursuant to 15 C.F.R. Part 930, the Delaware Coastal Management Program must provide its concurrence with or objection to this consistency determination or consistency certification in accordance with the deadlines listed below. Concurrence will be presumed if the state's response is not received within the allowable timeframe.

Federal Consistency Review Deadlines:

| | |
|---|---|
| Federal Activity or Development Project (15 C.F.R. Part 930, Subpart C) | 60 days with option to extend an additional 15 days or stay review (15 C.F.R. § 930.41) |
| Federal License or Permit (15 C.F.R. Part 930, Subpart D) | Six months, with a status letter at three months. The six month review period can be stayed by mutual agreement. (15 C.F.R. § 930.63) |
| Outer Continental Shelf Activity (15 C.F.R. Part 930, Subpart E) | Six months, with a status letter at three months. If three month status letter not issued, then concurrence presumed. The six month review period can be stayed by mutual agreement. (15 C.F.R. § 930.78) |
| Federal Financial Assistance to State or Local Governments (15 C.F.R. Part 930, Subpart F) | State Clearinghouse schedule |

OFFICIAL USE ONLY:

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|--|---|----------------|
| Reviewed By: | Fed Con ID: | Date Received: |
| Public notice dates: _____ to _____ | Comments Received: <input type="checkbox"/> NO <input type="checkbox"/> YES <i>[attach comments]</i> | |
| Decision type: <small>(objections or conditions attach details)</small> | Decision Date: _____ | |