A. INSTRUCTIONS (Please print or type all answers)

1. State agencies shall complete this CAF for proposed actions which are subject to Part 600 of Title 19 of the NYCRR. This assessment is intended to supplement other information used by a state agency in making a determination of significance pursuant to the State Environmental Quality Review Act (see 6 NYCRR, Part 617). If it is determined that a proposed action will not have a significant effect on the environment, this assessment is intended to assist a state agency in complying with the certification requirements of 19 NYCRR Section 600.4.

2. If any question in Section C on this form is answered "yes", then the proposed action may affect the achievement of the coastal policies contained in Article 42 of the Executive Law. Thus, the action should be analyzed in more detail and, if necessary, modified prior to either (a) making a certification of consistency pursuant to 19 NYCRR Part 600 or, (b) making the findings required under SEQR, 6 NYCRR, Section 617.11, if the action is one for which an environmental impact statement is being prepared. If an action cannot be certified as consistent with the coastal policies, it shall not be undertaken.

3. Before answering the questions in Section C, the preparer of this form should review the coastal policies contained in 19 NYCRR Section 600.5. A proposed action should be evaluated as to its significant beneficial and adverse effects upon the coastal area.

B. DESCRIPTION OF PROPOSED ACTION

1. Type of state agency action (check appropriate response):
   (a) Directly undertaken (e.g. capital construction, planning activity, agency regulation, land transaction) ____
   (b) Financial assistance (e.g. grant, loan, subsidy) ____
   (c) Permit, license, certification ____

2. Describe nature and extent of action: __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Location of action:
   County ___________ City, Town or Village ___________ Street or Site Description ___________
4. If an application for the proposed action has been filed with the state agency, the following information shall be provided:

(a) Name of applicant:_______________________________________________________________

(b) Mailing address:_________________________________________________________________

(c) Telephone Number:  Area Code (____)________________________________________________

(d) State agency application number:____________________________________________________

5. Will the action be directly undertaken, require funding, or approval by a federal agency?

   Yes _____   No _____  If yes, which federal agency?_______________________________________

C. COASTAL ASSESSMENT (Check either "YES" or "NO" for each of the following questions)

1. Will the proposed activity be located in, or contiguous to, or have a significant effect upon any of the resource areas identified on the coastal area map:

   (a) Significant fish or wildlife habitats? ............................................. YES NO
   (b) Scenic resources of statewide significance? ..................................... YES NO
   (c) Important agricultural lands? ..................................................... YES NO

2. Will the proposed activity have a significant effect upon:

   (a) Commercial or recreational use of fish and wildlife resources? ......................... YES NO
   (b) Scenic quality of the coastal environment? ......................................... YES NO
   (c) Development of future, or existing water dependent uses? ......................... YES NO
   (d) Operation of the State's major ports? .............................................. YES NO
   (e) Land and water uses within the State's small harbors? ............................ YES NO
   (f) Existing or potential public recreation opportunities? .................................... YES NO
   (g) Structures, sites or districts of historic, archeological or cultural significance to the State or nation? .............................................. YES NO

3. Will the proposed activity involve or result in any of the following:

   (a) Physical alteration of two (2) acres or more of land along the shoreline, land under water or coastal waters? ............................................. YES NO
   (b) Physical alteration of five (5) acres or more of land located elsewhere in the coastal area? ............................................................. YES NO
   (c) Expansion of existing public services of infrastructure in undeveloped or low density areas of the coastal area? ................................. YES NO
   (d) Energy facility not subject to Article VII or VIII of the Public Service Law? ............ YES NO
   (e) Mining, excavation, filling or dredging in coastal waters? ............................... YES NO
   (f) Reduction of existing or potential public access to or along the shore? ................. YES NO
   (g) Sale or change in use of state-owned lands located on the shoreline or under water? ................................................................. YES NO
   (h) Development within a designated flood or erosion hazard area? .......................... YES NO
   (i) Development on a beach, dune, barrier island or other natural feature that provides protection against flooding or erosion? .............................. YES NO

4. Will the proposed action be located in or have a significant effect upon an area included in an approved Local Waterfront Revitalization Program? ................................. YES NO
D. SUBMISSION REQUIREMENTS

If any question in Section C is answered "Yes", AND either of the following two conditions is met:

Section B.1(a) or B.1(b) is checked; or
Section B.1(c) is checked AND B.5 is answered "Yes",

THEN one copy of the Completed Coastal Assessment Form shall be submitted to:

New York State Department of State
Division of Coastal Resources
41 State Street, 8th Floor
Albany, New York 12231

If assistance of further information is needed to complete this form, please call the Department of State at (518) 474-6000.

E. REMARKS OR ADDITIONAL INFORMATION

Preparer's Name: ___________________________________________________________
(Please print)
Title: ___________________________ Agency: _______________________________________

Telephone Number: (___)_________________________ Date: ______________________