Hawaii CZM Program
Coastal Zone Management

HAWAII COASTAL ZONE MANAGEMENT PROGRAM

FEDERAL CONSISTENCY REVIEW

The basic application submittal for CZM Federal Consistency review includes the items listed below. Additional information may be required before and during the review depending on the project.

1. CZM Application Form

2. Detailed Project Description

3. CZM Assessment Form

4. Site Location Map

5. Project Plans or Drawings

6. Copy of the federal permit application or federal grant application - if applicable to the project.

7. Copy of the application for Section 401 Water Quality Certification - if applicable to the project.

8. Supplemental Information

   Include any additional information about the project that will help the review.

   For example: an environmental assessment or environmental impact statement, biological surveys, archaeological and historic surveys, physical and environmental surveys of the project site.

***QUESTIONS* ??? *NEED HELP* ???**

Please call John Nakagawa at 587-2878

SEND APPLICATION TO:

Office of Planning

P.O. Box 2359

Honolulu, Hawaii 96804

Hawaii CZM Program
Coastal Zone Management

HAWAII CZM PROGRAM

APPLICATION FOR CZM FEDERAL CONSISTENCY REVIEW

Project/Activity Title or Description: _____

_____

Location: _____

Island: _____ Tax Map Key: _____

Applicant and Agent Information

1. _____
Name of Applicant

_____
Address

_____
City & State Zip Code

_____
Daytime Phone Fax Number

_____
E-mail Address

2. _____
Name of Agent

_____
Address

_____
City & State Zip Code

_____
Daytime Phone Fax Number

_____
E-mail Address

CZM Consistency Determination or Certification

x Check the type of application below and sign.

☐ I. Federal Agency Activity

CZM Consistency Determination: "The proposed activity will be undertaken in a manner consistent to the maximum extent practicable with the enforceable policies of the Hawaii Coastal Zone Management Program."

Signature _____ Date _____
(Applicant or responsible party)

☐ II. Federal Permit or License (Please sign below)

CZM Consistency Certification: "The proposed activity complies with the enforceable policies of Hawaii's approved management program and will be conducted in a manner consistent with such program."

Signature _____ Date _____
(Applicant or responsible party)

☐ III. Federal Grants and Assistance (Please sign below)

CZM Consistency Certification: "The proposed activity complies with the enforceable policies of Hawaii's approved management program and will be conducted in a manner consistent with such program."

Signature _____ Date _____
(Applicant or responsible party)

Send To: Office of Planning, P.O. Box 2359, Honolulu, Hawaii 96804

Print Form