



APPLICATION FOR CZM FEDERAL CONSISTENCY REVIEW

Project/Activity Title or Description: _____

Location: _____

Island: _____

Tax Map Key: _____

Applicant or Agency

Agent or Representative for Applicant

Name of Applicant or Agency

Agent or Representative for Applicant

Mailing Address

Mailing Address

City / State / Zip Code

City / State / Zip Code

Phone

Phone

E-mail Address

E-mail Address

CZM Consistency Determination or Certification

✓ Check the applicable type of federal action below and sign.

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 _____

Federal Permit or License

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 _____

Federal Grants and Assistance

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 _____

Mail Application To: Office of Planning, State of Hawaii, P.O. Box 2359, Honolulu, Hawaii 96804