

**SHORELINE MANAGEMENT PERMIT APPLICATION
ELEVATED WALKWAYS OR STAIRWAYS**

Date: _____

A. Administrative Information

APPLICANT/AGENT (Primary Contact):

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

PLANS PREPARED BY:

Name: _____

Address: _____

Phone: _____

Email: _____

OWNER (If Different):

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

ATTORNEY (if applicable):

Name: _____

Address: _____

Phone: _____

Email: _____

Latest Deed Recorded: _____

Location of Site (Street Address): _____

Does the site front a Private, Village, State or County Road? _____ If so, name of road: _____

Tax Map Description: District: _____ Section: _____ Block: _____ Lot(s): _____

Current Zoning Classification (Check one): R-1 R-2

State & Federal Permits Required (List type & appropriate department): _____

Has an EAF Part 1 been filed with the application: _____ Date: _____

B. Existing Site Conditions

1. Shoreline Type

Select the pre-approved shoreline type in accordance with the Classification of Shoreline Type form Section D sign off (Attach the completed Classification of Shoreline Type Section D sign off for reference):

High Bluff Medium/Low Bluff Marsh/Beach Shoreline

2. Existing Elevated Walkways or Stairways

a. Is an existing elevated walkway or stairway present at the site? (Check one): Yes No

If yes, please answer questions B.2.b. – B.2.c. below and attach photographic documentation of the existing elevated walkway or stairway. If no, skip to Question B.4.: Tidal Elevations.

b. Please indicate the action that is incorporated in the proposed design of the existing elevated walkway or stairway. (Check one):

Repair/Restoration/Reconstruction Relocation Full Replacement Other

If Other, briefly explain: _____

c. Please answer the following cost estimation questions and attach a Notarized Affidavit of Cost document for each cost estimation below (if applicable).

i. Is a Notarized Affidavit of Cost document included as an attachment to this application?

(Check one): Yes No If yes, what is the notarized date: _____

ii. Estimated full replacement cost of existing elevated walkway/stairway: \$ _____

iii. Estimated cost of the proposed repair/restoration/reconstruction work to the existing elevated walkway/stairway: \$ _____

iv. Perform the following calculation given the cost values stated above and that are verified by the attached Notarized Affidavit of Cost documents:

$$(B. 2. c. iii \div B. 2. c. ii.) \times 100 = \underline{\hspace{2cm}} \%$$

v. Please check the appropriate box based on the answer calculated in question B.2.c.iv.

- Major Repairs (Greater than 50%) Minor Repairs (Less than 50%)

3. Permit History

If there is an existing elevated walkway/stairway at the site, please answer the contents of question B.3. below. If an elevated walkway/stairway is not present at the site, skip to Question B.4.: Tidal Elevations.

- a. What is the federal, state, and local permit history of the project site and/or attach photographic documentation and/or a site survey of pre-March 2022 installation of the existing elevated walkway/stairway (Continue to project narrative statement, if necessary).

Name of Agency: _____

Permit Authorization Number: _____

Date Issued: _____

Name of Permittee/Certificate Holder: _____

- b. Photographic documentation and/or site survey of pre-March 2022 installation of the existing elevated walkway/stairway is attached (Check one): Yes No

4. Tidal Elevations

Provide site elevations for High Tide Line (HTL), Mean High Water (MHW), and Mean Low Water (MLW) in NAVD 88.

HTL = _____

MHW = _____

MLW = _____

5. Existing Site Description

- a. Briefly describe the existing conditions of the shoreline at the project site (ex. erosion along shoreline, existing flood and erosion solution present (if applicable), existing stairway condition (if applicable), description of existing vegetation, etc.). Provide a minimum of three (3) photographs showing the existing site conditions and resources found on site. (Continue to project narrative statement if necessary): _____

- b. If a high, medium, or low bluff is present at the site, provide the elevations for the crest, toe, and slope of the bluff in NAVD 88 (Provide the same elevations as stated on the Confirmation of Shoreline Type form).

Crest El. = _____ Toe El. = _____ Slope = _____

C. Proposed Site Design

1. Proposed Elevated Walkway or Stairway

- a. Please indicate the proposed work associated with the elevated walkway/stairway (Check all that apply).

- New Elevated Walkway/Stairway (If checked answer question C.1.b.)
 Repairs to an Existing Elevated Walkway/Stairway

- b. If a new elevated walkway/stairway is proposed, is it associated with a concurrent Site Plan Application? (Check one): Yes No

If yes, please answer the below questions to correlate the concurrent Site Plan Application and Shoreline Protection Permit Application:

- i. Applicant Name: _____
ii. Location of Site (Street Address): _____
iii. Submittal Date of Site Plan Application & Shoreline Protection Permit Application (must be submitted on the same date): _____

2. Proposed Project Description (Continue to project narrative statement if necessary)

- a. Describe the proposed work to the shoreline in a detailed narrative. (ex. stairway/walkway design dimensions, structure material, overall height, etc.): _____

- b. Describe, in detail, the construction activities necessary to perform the proposed work. Include construction methods, equipment, site access, staging of materials/equipment, etc.): _____

- c. Describe the temporary and/or permanent impacts to the existing vegetation that may be removed/disturbed as a result of the proposed work. State how the impacted vegetation will be replaced/mitigated: _____

- d. Describe how the proposed work has been designed to not likely cause a measurable increase in erosion at the project site or at other locations: _____

- e. Describe the proposed sediment and erosion control measures that will be used during construction to protect the natural resources in the vicinity of the proposed work: _____

- f. Anticipated start date and length of time needed to complete construction: _____

- g. Estimated cost of proposed project and attach a Notarized Affidavit of Cost document to verify cost: _____

D. Support Documentation Attached

- | | | |
|---|------------------------------|-----------------------------|
| 1. Application Form (12 copies) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Short Environmental Assessment Form (12 copies) ** | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Project Narrative Statement (12 copies) ** | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Site Photographs – (Three (3) minimum) (12 copies) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Shoreline Management Permit Application Fee for Major Repairs to Existing Stairs (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Shoreline Solution Consultant Review Fee for Major Repairs to Existing Stairs (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Shoreline Management Permit Application Fee for Stand Alone Stairs (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Shoreline Solution Consultant Review Fee for Stand Alone Stairs (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Building Permit Fee for Minor Repairs to Existing Stairs (if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Authorization Form from Property Owner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Agent Authorization Form from Property Owner (if required) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Current Certificate of Occupancy / copy of deed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Vicinity Map of Project Site (Min Scale: 1:24,000) (12 copies) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Existing Survey / Site Plan & Cross Sections (12 stamped originals) *
(Signed and Sealed by a Licensed Surveyor or Professional Engineer Licensed in the State of New York, as appropriate) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Proposed Survey / Site Plan & Cross Sections including naturalized buffer (12 copies) *
(Signed and Sealed by a Professional Engineer or Architect Licensed in the State of New York, as applicable for elevated walkways/stairways) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. NYS DEC Permit with Stamped DEC Approved Plan (12 copies) *
(if applicable, or a letter of non-jurisdiction) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. USACE Permit with Verification Letter (12 copies) *
(if applicable, or a letter of non-jurisdiction) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Notarized Affidavit of Cost – Elevated Walkway/Stairway (Two, if applicable) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Notarized Affidavit of Cost – Proposed Project | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Confirmation of Shoreline Type Section D Sign Off | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Pre-March 2022 Photographic Documentation and/or Site Survey (12 Copies, if applicable) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Digital Copy of All Application Materials (PDF Format on a Thumb Drive) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Only 3 copies are required if an existing Elevated Walkway/Stairway is undergoing MINOR repairs

**Documentation is NOT required if an existing Elevated Walkway/Stairway is undergoing MINOR repairs

I hereby depose and certify that all the above statements of information and all statements and information contained in the supporting documentation and drawings attached hereto are true and correct.

Owner's Signature

STATE OF _____)

ss:

COUNTY OF _____)

On the _____ day of _____, in the year _____, before me personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed this instrument.

Notary Public