FEDERAL CONSISTENCY CERTIFICATION STATEMENT

Printed Name of Applicant(s):	
Applicant Email:	_ Phone:
Agent Name (if applicable):	_ Phone:
To Whom It May Concern:	
This is to certify that I have made application to the U.S. Army Corps of to impact Waters of the United States and that such proposed wor consistent with Georgia's Coastal Management Program.	
I understand I must provide this Consistency Certification Statement application submitted to USACE, to the Georgia Department of Na Division (CRD) before they can begin evaluating my proposed projenforceable policies. I understand additional information may be requ	tural Resources Coastal Resources ect for consistency with Georgia's
Once any required authorizations or permits from CRD have been issufindings by signing this Consistency Certification Statement, CRD muthem to issue any required federal permits or authorizations, or to valid they have already issued. A USACE provisional authorization or permithis Certification Statement signed by CRD.	ust submit it to USACE in order for idate any provisional authorizations
☐ Attached is a copy of my application to USACE (required)	
Signature of Applicant:	Date:
FOR AGENCY INTERNAL USE ONLY: Date Received (Comm USACE Authorization/Permit Number (assigned by USACE):	mencement Date):
USACE Authorization Type (select one): □Individual Permit □Ge	eneral Permit # □NWP #
USACE Project Manager:	
CRD Authorization/Permit Number (assigned by CRD):	
CRD Project Manager:	
CRD HAS REVIEWED AND CONCURS WITH THIS CONSISTENCY CERTIF EXTENT THE USACE AUTHORIZED PROJECT DESCRIPTION IS CONSIST PROJECT DESCRIPTION FOR ANY CRD PERMIT ISSUED FOR THIS PROJ	ENT WITH THE AUTHORIZED
CRD Signature:	Date:

For questions regarding consistency with the Georgia Coastal Management Program, please contact the Federal Consistency Coordinator at (912) 264-7218 or visit www.CoastalGADNR.org.