

Office of General Services Department of State



## JOINT APPLICATION FORM

For Permits for activities activities affecting streams, waterways, waterbodies, wetlands, coastal areas, sources of water, and endangered and threatened species.

You must separately apply for and obtain Permits from each involved agency before starting work. Please read all instructions.

1. Applications To:		
>NYS Department of Environmental Conservation	Check here to confirm you sent th	nis form to NYSDEC.
Check all permits that apply: Dams and Impound- Stream Disturbance ment Structures	Tidal Wetlands  Wild, Scenic and	Water Withdrawal
Excavation and Fill in 401 Water Quality Navigable Waters Certification	Recreational Rivers  Coastal Erosion	Incidental Take of Endangered /
Docks, Moorings or Freshwater Wetlands Platforms	Management	Threatened Species
>US Army Corps of Engineers	Check here to confirm you sent the	nis form to USACE.
Check all permits that apply:  Section 404 Clean Wa	iter Act Section 10 Rive	rs and Harbors Act
Is the project Federally funded? Yes No	e dia daglika are i care men.	n salt si ye. I
If yes, name of Federal Agency:		
General Permit Type(s), if known: 42, 7		
Preconstruction Notification: Yes No		
>NYS Office of General Services	Check here to confirm you sent the	nis form to NYSOGS.
Check all permits that apply:  State Owned Lands Under Water  Utility Easement (pipelines, conduits, cables, etc.)  Docks, Moorings or Platforms		
>NYS Department of State	Check here to confirm you sent the	nis form to NYSDOS.
Check if this applies: Coastal Consistency Concu	rence	
2. Name of Applicant	Taxpayer ID (if applicant is NOT	an individual)
Town of Haverstraw	13-6007298	
Mailing Address	Post Office / City	State Zip
One Rosman Road	Garnerville	NY 10923
Telephone (845) 429-2200 Email superv	sor@townofhaverstraw.org	
Applicant Must be (check all that apply): ✓ Owner		
, application (circon an anal apply).	✓ Operator Lessee	
	✓ Operator Lessee	
3. Name of Property Owner (if different than Applicant) Same	✓ Operator Lessee	
3. Name of Property Owner (if different than Applicant)	✓ Operator Lessee  Post Office / City	State Zip
3. Name of Property Owner (if different than Applicant) Same		State Zip
3. Name of Property Owner (if different than Applicant) Same		State Zip
3. Name of Property Owner (if different than Applicant) Same Mailing Address		State Zip

JOINT APPLICATION FORM – Continued. Submit this completed page as part of your Application.

4. Name of Contact / Agent	
A. Vincent Agovino	State Zin
Mailing Address	Post Office / City State Zip
326 43rd Place East	Sea Isle City NJ 08243
Telephone 609-478-8119 Email acerco	onsulting@yahoo.com
5. Project / Facility Name	Property Tax Map Section / Block / Lot Number:
Haverstraw Recreation complex	SEC 10, BL 4, LOT 1.1, BL 5, LOT 7
Project Street Address, if applicable	Post Office / City State Zip
Chapel Street	V of West Haverstraw NY 10993
Provide directions and distances to roads, intersections, brid	lges and bodies of water
NE Corner of Central Highway & Chapel Street	
☐ Town ☐ Village ☐ City County	Stream/Waterbody Name
West Haverstraw Rockland	Cedar Pond Brook
Project Location Coordinates: Enter Latitude and Longitude	
Latitude: 41 • 12 ' 46.58 "	Longitude: 73 • 59 ' 39.36 "
<ul> <li>any additional information on other pages. Attach plans on <ul> <li>a. Purpose of the proposed project:</li> <li>Construction of a municipal recreational facility including playin improvements.</li> </ul> </li> <li>b. Description of current site conditions:  The above lots total approximately 25 acres. The parcel has not mainly by a disturbed field and a successional hardwood forest canopy. The wetland areas contain most of the herbaceous are photographs and the existing vegetation, the site has had little.</li> <li>c. Proposed site changes:  The site will be graded to allow construction of the recreational working conditions and storm water runoff. Vegetation will be a site of the proposed of the plant of the plan</li></ul>	ng fields, trails, accessory buildings, parking and infrastructure to permanent structures within its boundaries. It is dominated t with minimal herbaceous and shrub growth beneath the and shrub growth. Based on a review of historic aerial or no disturbance in the past.
construction. Successional tree growth will be removed. Recre-	
d. Type of structures and fill materials to be installed, and coverage, cubic yards of fill material, structures below o Rock Outlet Protections and stormwater piping will be consist of Approx 3 CY per outfall totaling 9 CY of cut/dredging Total disturbance area is approximately 2,995 SF (NWP 7) and Outlet protection will be constructed of between 4" and 6" d50 or coverage.	ordinary/mean high water, etc.): of the following disturbances and materials: d 1,345 SF (NWP 42) clean crushed stone and associated geofabric.
e. Area of excavation or dredging, volume of material to be	
9 CY of material to be removed and placed into the above-ground	and dasin berms
	es, explain below.
Timing of the proposed cutting or clearing (month/year)	, ,
Number of trees to be cut: 515 Acre	reage of trees to be cleared: Approx 7.5 Acre

Standard machinery (loadei	rs, excavators, backhoe, graders, pan) and work methods will be utilized.
. Describe the planned s	equence of activities:
1. Soil erosion and sedimer Installation of drainage & ut	nt control measures - 2 wk. / 2. Site & tree clearing - 5 wk. / 3. Excavation and earthwork - 4 wk. / 4 ilities - 10 wk. / 5. Installation of retaining walls and pedestrian bridges, curbing, parking areas, llation of site features (playground, turf field, splash pad) - 10 wk. / 7. Installation of buildings, site
Pollution control metho	ds and other actions proposed to mitigate environmental impacts:
Standard silt and soil erosion	on control measures will be utilized including staked silt fencing and hay bales. No other pollution is ags throughout the site to offset vegetation loss.
Erosion and silt control	methods that will be used to prevent water quality impacts:
	on control measures will be utilized including staked silt fencing and hay bales.
	A substitution of the subs
	ced in scope to minimize the impact to wetlands. Only those disturbance activities permitted under conducted and will be within the limits of those permits.
Proposed use:	Private  Public  Commercial
ո. Proposed Start Date։ [/	ASAP Estimated Completion Date: 1 year
. Has work begun on pro	oject? Yes If Yes, explain below.
Will project occupy Fed	deral, State, or Municipal Land?
	d owned by the Town of Haverstraw, formerly owned by the State of New York.
	, USACE, OGS or DOS Permit / Application numbers for activities at this location:
none	
Yes If Yes, list	
Lead approvala/SEOR rea	uired. No zoning changes required.

JOINT APPLICATION FORM - Continued. Submit this completed page as part of your Application.

<ol> <li>Signatures.         Applicant and Owner (If different) must sign the application.         Append additional pages of this Signature section if there are multiple.     </li> </ol>	Itiple Applicants, Owners or Contact/Agents.
I hereby affirm that information provided on this form and all attack my knowledge and belief.	hments submitted herewith is true to the best of
Permission to Inspect - I hereby consent to Agency inspection of Agency staff may enter the property without notice between 7:00 may occur without the owner, applicant or agent present. If the prowith an unlocked gate, Agency staff may still enter the property, a site physical characteristics, take soil and vegetation samples, sk failure to give this consent may result in denial of the permit(s) so	am and 7:00 pm, Monday - Friday. Inspection operty is posted with "keep out" signs or fenced Agency staff may take measurements, analyze etch and photograph the site. I understand that
False statements made herein are punishable as a Class A misde Penal Law. Further, the applicant accepts full responsibility for all and by whomever suffered, arising out of the project described her the State from suits, actions, damages and costs of every name addition, Federal Law, 18 U.S.C., Section 1001 provides for a find not more than 5 years, or both where an applicant knowingly a material fact; or knowingly makes or uses a false, fictitious or frau	damage, direct or indirect, of whatever nature, rein and agrees to indemnify and save harmless and description resulting from said project. In e of not more than \$10,000 or imprisonment for and willingly falsifies, conceals, or covers up a
Signature of Applicant	
Herrary The Comment	Date 3/5/20
Applicant Must be (check all (hat apply): V Owner V Op	perator Lessee
Printed Name	Title
Howard Phillips	Supervisor
	Cupervisor
Signature of Owner (if different than Applicant)	Date
Signature of Owner (if different than Applicant)  Printed Name	Date  Title
Signature of Owner (if different than Applicant)	Date
Signature of Owner (if different than Applicant)  Printed Name  Signature of Contact / Agent	Date  Title  Date , ,
Signature of Owner (if different than Applicant)  Printed Name  Signature of Contact / Agent	Date  Title  Date  3/6/2020
Signature of Owner (if different than Applicant)  Printed Name  Signature of Contact / Agent  Printed Name	Title  Date  3/6/2020  Title  Managing Member, Acer Consulting Assoc.
Signature of Owner (if different than Applicant)  Printed Name  Signature of Contact / Agent  Printed Name  A. Vincent Agovino	Date  Title  Date  3/6/2020  Title  Managing Member, Acer Consulting Assoc.
Signature of Owner (if different than Applicant)  Printed Name  Signature of Contact / Agent  Printed Name  A. Vincent Agovino  DETERMINATION OF NO PER Agency Application N	Date  Title  Date  3/6/2020  Title  Managing Member, Acer Consulting Assoc.
Signature of Owner (if different than Applicant)  Printed Name  Signature of Contact / Agent  Printed Name  A. Vincent Agovino  DETERMINATION OF NO PER Agency Application in the Agency for the project described in this application. Agency Representative:	Title  Date  3/6/2020  Title  Managing Member, Acer Consulting Assoc.  MIT REQUIRED  Number 7-4090  ency Name) has determined that No Permit is attion.
Signature of Owner (if different than Applicant)  Printed Name  Signature of Contact / Agent  Printed Name  A. Vincent Agovino  DETERMINATION OF NO PER Agency Application in the second	Date  Title  Date  3/6/2020  Title  Managing Member, Acer Consulting Assoc.

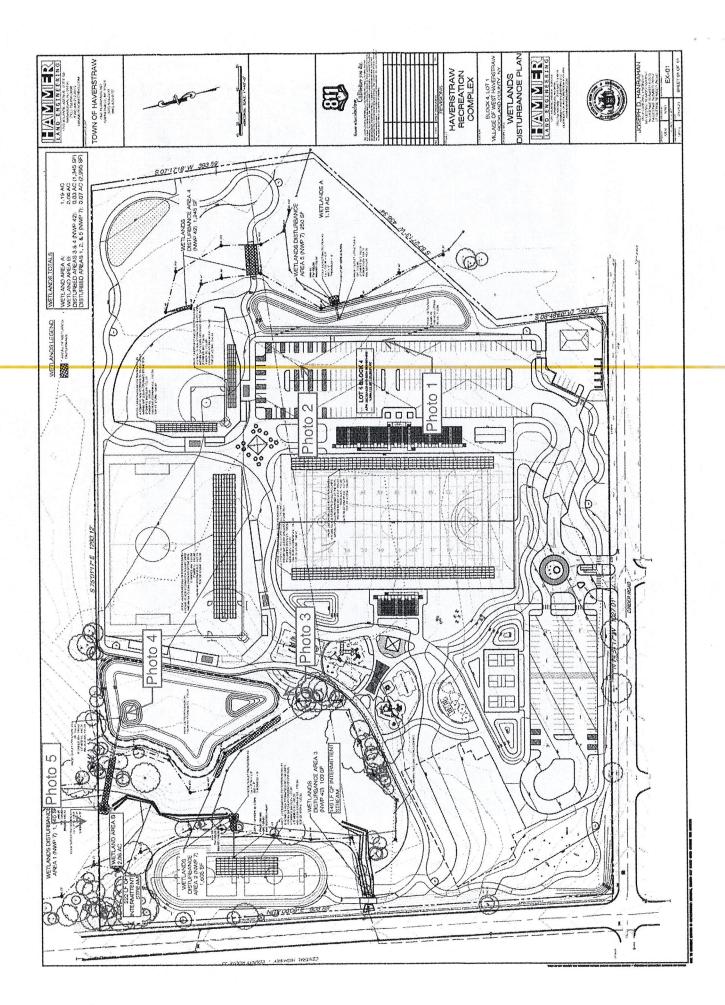




Photo 1: Looking northeast across the field toward Wetland A and the Disturbances Areas 4 & 5 for outfall, bridge and field.



Photo 2: Easterly view across the field toward Wetland A and the Disturbances Areas 4 & 5 for outfall, bridge and field.

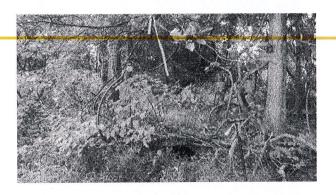


Photo 3: Looking north at Wetland B and Disturbance Area 2.



Photo 4: Northerly view into the wetlands Disturbance Area 1



Photo 5: Looking South at the channel near Disturbance Area 1

Chapel Street & Central Highway Village of West Haverstraw, NY

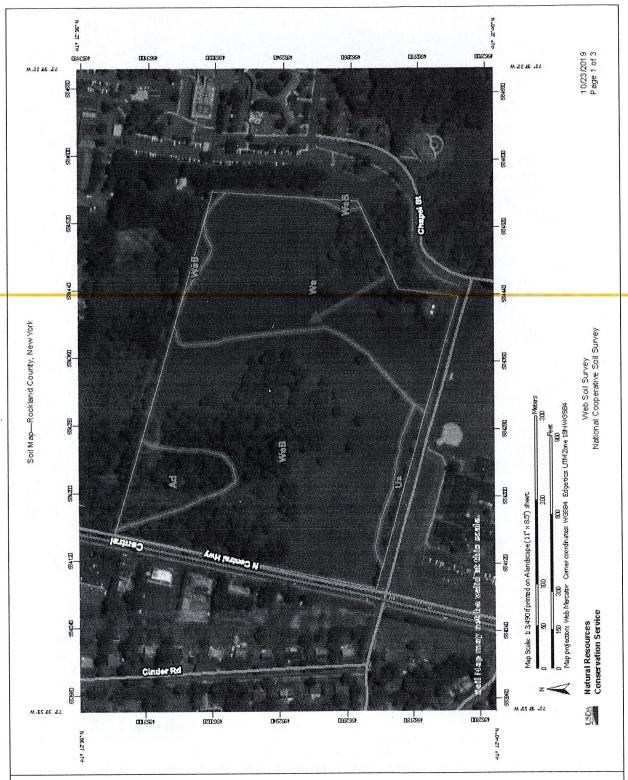


Figure 4: Site Location on USDA WebSoil Map. Scale as shown

Prepared by: Acer Consulting Associates, LLC

October 16, 2019