

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Bureau of Flood Protection and Dam Safety
625 Broadway, Albany, New York 12233-3504
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www.dec.ny.gov

LOCAL COASTAL EROSION HAZARD AREA MANAGEMENT PROGRAM ANNUAL ASSESSMENT FORM

This form is to be filled in by the Coastal Erosion Hazard Area (CEHA) Management Program administrator or enforcement officer.

NYSDEC is required, under 6 NYCRR Part 505.19 (Coastal Erosion Management Regulations), to monitor all certified local Coastal Erosion Hazard Area (CEHA) management programs. In addition to helping NYSDEC evaluate your local CEHA management program, this annual report will tell us if any changes are needed to the CEHA map for your community and allow us to evaluate the effectiveness of CEHA administration locally.

Please fill out this form and return it along with any supplemental information to the New York State Department of Environmental Conservation (NYSDEC), electronically to Coastals@dec.ny.gov, or at the address above. This form can be saved, printed, or submitted by e-mail using the buttons at the bottom of the form. Additional pages for the Regulated Activities section can be found at https://www.dec.ny.gov/docs/water_pdf/cehaformaddpg.pdf.

Community Type (Village, City, Town) Community Name

Address 1

Address 2

City

State Zip
NY

Contact First Name

Last Name

Title

Address 1

Address 2

City

State Zip

Phone

Email

Program Statistics for Calendar Year

Please answer the following questions only for the DEC designated Coastal Erosion Hazard Areas (CEHA) within your community and provide totals for the calendar year noted above.

CEHA Applications Received	Permits issued	Variances Granted	Total Violations
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Program Needs

Check any of the following types of assistance the local CEHA program is in need of:

Interpretation Enforcement Training Other _____

Check any changes that have occurred since the last Community Assessment Visit (CAV), dated

- Local Coastal law/ordinance
(if checked, please send a certified copy of the changed Law or Ordinance.)
- Municipality's corporate limits: Specify location(s)
- Shoreline Accretion
- Erosion: Specify location(s)

Briefly describe any issues or problems you have encountered administering this local program:

Regulated Activities

Please provide information for each permit, variance or violation within CEHA jurisdiction in your municipality since the last CAV held. Use the space below or attach the same information that may already be available in existing reports your municipality currently uses. If additional sheets are required, they can be downloaded from the Department web site at: https://www.dec.ny.gov/docs/water_pdf/cehaformaddpg.pdf

Applicant
First Name

Applicant
Last Name

Location of project
Address

City

Zip

Code

Issued
(MM/DD/YYYY)

Regulated Activity Description

Applicant
First Name

Applicant
Last Name

Location of project
Address

City

Zip

Code

Issued
(MM/DD/YYYY)

Regulated Activity Description

Applicant
First Name

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Last Name

Location of project
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Issued
(MM/DD/YYYY)

Regulated Activity Description

Regulated Activities

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Applicant
First Name

Applicant
Last Name

Location of project
Address

City

Zip

Code

Issued
(MM/DD/YYYY)

Regulated Activity Description

Applicant
First Name

Applicant
Last Name

Location of project
Address

City

Zip

Code

Issued
(MM/DD/YYYY)

Regulated Activity Description

Signature

Name and Title