



DHEC OCRM State Coastal Zone Consistency (CZC) Certification Request Form

Project Name:

Applicant Information:

Contact Name
Address
Phone #
E-mail

Agent/Engineer Information:

Contact Name
Address
Phone #
E-mail

Site details:

Location/Address:

County:

TMS:

Type of Permit Requested:

(ex. Landfills, Mining, Wastewater, etc.)

Name of Permitting Authority(s):

(ex. DHEC Bureau of Water)

Description of Proposed Activity(s):

● *including total disturbed area, name of and distance to nearest waterbody, and onsite non-jurisdictional wetland impacts and acreage.*

All applicable Project Policy Checklist(s) that apply to the proposed project must be submitted with this request form. (See www.scdhec.gov/environment/ocrm/czc for available Policy Checklists)

Submitted By: _____ Date: _____