



JOINT APPLICATION FORM

For Permits/Determinations to undertake activities affecting streams, waterways, waterbodies, wetlands, coastal areas and sources of water withdrawal.



New York State

You must separately apply for and obtain separate Permits/Determinations from each involved agency prior to proceeding with work. Please read all instructions.

US Army Corps of Engineers (USACE)

<p>APPLICATIONS TO 1. NYS Department of Environmental Conservation</p> <p>Check all permits that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Stream Disturbance</td> <td><input type="checkbox"/> Coastal Erosion Management</td> </tr> <tr> <td><input type="checkbox"/> Excavation and Fill in Navigable Waters</td> <td><input type="checkbox"/> Wild, Scenic and Recreational Rivers</td> </tr> <tr> <td><input type="checkbox"/> Docks, Moorings or Platforms</td> <td><input type="checkbox"/> Water Withdrawal</td> </tr> <tr> <td><input type="checkbox"/> Dams and Impoundment Structures</td> <td><input checked="" type="checkbox"/> Long Island Well</td> </tr> <tr> <td><input type="checkbox"/> 401 Water Quality Certification</td> <td><input type="checkbox"/> Aquatic Vegetation Control</td> </tr> <tr> <td><input type="checkbox"/> Freshwater Wetlands</td> <td><input type="checkbox"/> Aquatic Insect Control</td> </tr> <tr> <td><input type="checkbox"/> Tidal Wetlands</td> <td><input type="checkbox"/> Fish Control</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Incidental Take of Endangered/Threatened Species</td> </tr> </table> <p><input checked="" type="checkbox"/> I am sending this application to this agency.</p>	<input type="checkbox"/> Stream Disturbance	<input type="checkbox"/> Coastal Erosion Management	<input type="checkbox"/> Excavation and Fill in Navigable Waters	<input type="checkbox"/> Wild, Scenic and Recreational Rivers	<input type="checkbox"/> Docks, Moorings or Platforms	<input type="checkbox"/> Water Withdrawal	<input type="checkbox"/> Dams and Impoundment Structures	<input checked="" type="checkbox"/> Long Island Well	<input type="checkbox"/> 401 Water Quality Certification	<input type="checkbox"/> Aquatic Vegetation Control	<input type="checkbox"/> Freshwater Wetlands	<input type="checkbox"/> Aquatic Insect Control	<input type="checkbox"/> Tidal Wetlands	<input type="checkbox"/> Fish Control		<input type="checkbox"/> Incidental Take of Endangered/Threatened Species	<p>2. US Army Corps of Engineers</p> <p>Check all permits that apply:</p> <p><input type="checkbox"/> Section 404 Clean Water Act</p> <p><input type="checkbox"/> Section 10 Rivers and Harbors Act</p> <p><input type="checkbox"/> Nationwide Permit(s) - Identify Number(s): _____</p> <p>Preconstruction Notification - <input type="checkbox"/> Y / <input type="checkbox"/> N</p> <p><input type="checkbox"/> I am sending this application to this agency.</p>	<p>3. NYS Office of General Services</p> <p>Check all permits that apply:</p> <p><input type="checkbox"/> State Owned Lands Under Water</p> <p><input type="checkbox"/> Utility Easement (pipelines, conduits, cables, etc.)</p> <p><input type="checkbox"/> Docks, Moorings or Platforms</p> <p><input type="checkbox"/> I am sending this application to this agency.</p>	<p>4. NYS Department of State</p> <p>Check if this applies:</p> <p><input type="checkbox"/> Coastal Consistency Concurrence</p> <p><input type="checkbox"/> I am sending this application to this agency.</p>
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5. Name of Applicant (use full name) Hallets Astoria LLC		Applicant must be: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Lessee (check all that apply)
Mailing Address One Bryant Park		
Post Office City New York	Taxpayer ID (If applicant is NOT an individual): 47-1425713	
State NY	Zip Code 10036	
Telephone (daytime) 212-257-6600	Email jdrescher@durst.org	

6. Name of Facility or Property Owner (if different than Applicant)	
Mailing Address	
Post Office City	
State	Zip Code
Telephone (daytime)	Email

7. Contact/Agent Name Joseph Mahon	
Company Name Moretrench American Corporation	
Mailing Address 51 Smart Ave	
Post Office City Yonkers	
State NY	Zip Code 10704
Telephone (daytime) 914-423-1331	
Email JMahon@moretrench.com	

8. Project / Facility Name Hallets Point		Property Tax Map Section / Block / Lot Number Tax Block 915 Lot 6	
Project Location - Provide directions and distances to roads, bridges and bodies of waters: Project is bounded by 26th Ave to the North, 2 St to the East, 1 St to the West and private property to the South in Queens, NY.			
Street Address, if applicable 1-02 26th Ave		Post Office City Queens	State Zip Code NY 11102
Town / Village / City Astoria		County Queens	
Name of USGS Quadrangle Map Central Park NY-NJ		Stream/Water Body Name East River	
Location Coordinates: Enter NYTMs in kilometers, OR Latitude/Longitude			
NYTM-E	NYTM-N	Latitude 40° 46' 35"	Longitude -73° 56' 6"

For Agency Use Only	DEC Application Number:	USACE Number:
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JOINT APPLICATION FORM - PAGE 2 OF 2
Submit this completed page as part of your Application.

9. **Project Description and Purpose:** Provide a complete narrative description of the proposed work and its purpose. Attach additional page(s) if necessary. Include: description of current site conditions and how the site will be modified by the proposed project; structures and fill materials to be installed; type and quantity of materials to be used (i.e., square ft of coverage and cubic yds of fill material and/or structures below ordinary/mean high water) area of excavation or dredging, volumes of material to be removed and location of dredged material disposal or use; work methods and type of equipment to be used; pollution control methods and mitigation activities proposed to compensate for resource impacts; and where applicable, the phasing of activities. **ATTACH PLANS ON SEPARATE PAGES.**

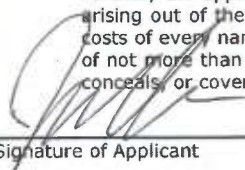

Temporary dewatering for the construction of a new multi story building. See enclosed site maps.

Proposed Use: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Commercial	Proposed Start Date: 10/1/15	Estimated Completion Date: 10/1/16
Has Work Begun on Project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain.		
Will Project Occupy Federal, State or Municipal Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please specify.		

10. List Previous Permit / Application Numbers (if any) and Dates:
N/A

11. Will this project require additional Federal, State, or Local Permits including zoning changes? Yes No If yes, please list:
NYCDEP BWSO & BCS Permits

12. **Signatures.** If applicant is not the owner, both must sign the application.
I hereby affirm that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. Further, the applicant accepts full responsibility for all damage, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agrees to indemnify and save harmless the State from suits, actions, damages and costs of every name and description resulting from said project. In addition, Federal Law, 18 U.S.C., Section 1001 provides for a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both where an applicant knowingly and willingly falsifies, conceals, or covers up a material fact; or knowingly makes or uses a false, fictitious or fraudulent statement.

	Jonathan Drescher	Authorized Signatory of the sole member's managing member	8/6/2015
Signature of Applicant	Printed Name		Date
	Joseph Mahon	Assistant Engineer	8/3/15
Signature of Owner	Printed Name	Title	Date
Signature of Agent	Printed Name	Title	Date

For Agency Use Only **DETERMINATION OF NO PERMIT REQUIRED**

Agency Project Number _____
 _____ has determined that No Permit is required from this Agency for the project described in this application.
 (Agency Name)

Agency Representative: Name (printed) _____ Title _____
 Signature _____ Date _____