



### JOINT APPLICATION FORM

For Permits for 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 this form to NYSDEC.

Check all permits that apply:

☐ Stream Disturbance

☐ Excavation and Fill in  
Navigable Waters

☐ Docks, Moorings or  
Platforms

☐ Dams and Impound-  
ment Structures

☐ 401 Water Quality  
Certification

☒ Freshwater Wetlands

☐ Tidal Wetlands

☐ Wild, Scenic and  
Recreational Rivers

☐ Coastal Erosion  
Management

☐ Water Withdrawal

☐ Long Island Well

☐ Incidental Take of  
Endangered /  
Threatened Species

##### >US Army Corps of Engineers

☒ Check here to confirm you sent this form to USACE.

Check all permits that apply: ☐ Section 404 Clean Water Act

☐ Section 10 Rivers and Harbors Act

Is the project Federally funded? ☐ Yes ☐ No

If yes, name of Federal Agency: \_\_\_\_\_

General Permit Type(s), if known: NWP # 29

Preconstruction Notification: ☒ Yes ☐ No

##### >NYS Office of General Services

☐ Check here to confirm you sent this 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 this form to NYSDOS.

Check if this applies: ☐ Coastal Consistency Concurrence

#### 2. Name of Applicant

Ketchamtown Land Development LLC

Taxpayer ID (if applicant is NOT an individual)

88-3133973

Mailing Address

264 New Hackensack Rd

Post Office / City

Wappingers Falls

State

NY

Zip

12590

Telephone 845-705-5049

Email Dylan@aguadolandscaping.com

Applicant Must be (check all that apply): ☒ Owner ☐ Operator ☐ Lessee

#### 3. Name of Property Owner (if different than Applicant)

Mailing Address

Post Office / City

State

Zip

Telephone

Email

**For Agency Use Only**

Agency Application Number:

4. Name of Contact / Agent

Michael Nowicki

Mailing Address

PO Box 29

Post Office / City

West Waterford

State Zip

VT

05360

Telephone

203 910-4716

Email

eco1501@aol.com

5. Project / Facility Name

Aquado Property

Property Tax Map Section / Block / Lot Number:

135689-6157-03-070275

Project Street Address, if applicable

Ketchumtown Road

Post Office / City

Wappinger

State Zip

NY

12510

Provide directions and distances to roads, intersections, bridges and bodies of water

☒ Town

☐ Village

☐ City

County

Stream/Waterbody Name

Wappinger

Dutchess

N45046 outline WF-28

Project Location Coordinates: Enter Latitude and Longitude in degrees, minutes, seconds:

Latitude:

41

°

34

'

18.61

"

Longitude:

73

°

55

'

45.07

"

6. Project Description: Provide the following information about your project. Continue each response and provide any additional information on other pages. Attach plans on separate pages.

a. Purpose of the proposed project:

Two lot residential subdivision

b. Description of current site conditions:

wetlands + woods

c. Proposed site changes:

Impact to 2.7 acres of 35.26 acres site.

d. Type of structures and fill materials to be installed, and quantity of materials to be used (e.g., square feet of coverage, cubic yards of fill material, structures below ordinary/mean high water, etc.):

n/a

e. Area of excavation or dredging, volume of material to be removed, location of dredged material placement:

n/a

f. Is tree cutting or clearing proposed?

☐ Yes

If Yes, explain below.

☐ No

Timing of the proposed cutting or clearing (month/year):

Number of trees to be cut:

Acreage of trees to be cleared:

**7. Signatures.**

Applicant and Owner (If different) must sign the application.

Append additional pages of this Signature section if there are multiple Applicants, Owners or Contact/Agents.

I hereby affirm that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief.

Permission to Inspect - I hereby consent to Agency inspection of the project site and adjacent property areas. Agency staff may enter the property without notice between 7:00 am and 7:00 pm, Monday - Friday. Inspection may occur without the owner, applicant or agent present. If the property is posted with "keep out" signs or fenced with an unlocked gate, Agency staff may still enter the property. Agency staff may take measurements, analyze site physical characteristics, take soil and vegetation samples, sketch and photograph the site. I understand that failure to give this consent may result in denial of the permit(s) sought by this application.

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the NYS 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.

**Signature of Applicant**

Date

*Dylan Aguado*

9/27/2022

Applicant Must be (check all that apply): ☒ Owner ☐ Operator ☐ Lessee

Printed Name

Title

Dylan Aguado

Owner

**Signature of Owner (if different than Applicant)**

Date

Printed Name

Title

**Signature of Contact / Agent**

Date

*Michal Kuch*

10/10/22

Printed Name

Title

Michal Nowicki

Biologist

**For Agency Use Only**

**DETERMINATION OF NO PERMIT REQUIRED**

Agency Application Number

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

Agency Representative:

Printed

Title

Name

Signature

Date