

# Coastal Zone Management—Washington State

## Checklist for HUD or Responsible Entity

General requirements	Legislation	Regulation
Ensure that projects are consistent with the Washington Coastal Zone Management Program	Coastal Zone Management Act 16 U.S.C. 1451-1464	15 CFR Part 930

**1. Is the project located in Callam, Grays Harbor, Island, Jefferson, King, Kitsap, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum or Whatcom Counties?**

- ☒ No: Stop here. The CZM review is complete. Record your determination on the EA, Statutory Worksheet or HUD Form 4128.
- ☐ Yes: PROCEED to #2

**2. Is the project located on tribal trust lands?**

- ☐ Yes: Tribal Trust land is excluded from the state coastal zone. Proceed to #3.
- ☐ No: PROCEED to #4

**3. Will the project impact the coastal zone beyond the excluded tribal trust land, for example through water runoff from increased impervious surfaces, or increased sediment loads in waterbodies?**

- ☐ Yes: PROCEED to #4
- ☐ No: The Coastal Zone Management review is complete. Document that your project will have no impact on coastal zones outside of the excluded tribal trust land. Record your determination on the Statutory Worksheet , Environmental Assessment form or HUD Form 4128.

**4. Does the project include new construction or major rehabilitation of existing structures?** Major rehabilitation means work that exceeds the categorical exclusion threshold at 24 CFR Part 58.35(a) and therefore requires a full Environmental Assessment.

- ☐ No: STOP here. The Coastal Zone Management review is complete.
- ☐ Yes: PROCEED to #5

**5. Does the project comply with the enforceable policies of the Coastal Zone Management Program?**

- Complete the attached “Certification of Consistency with Washington’s Coastal Zone Management Program,” and send it to the Department of Ecology (DOE) at the following address: Federal Consistency Coordinator, Shorelines & Environmental Assistance Program, Department of Ecology, P.O. Box 47690, Olympia, WA 98504-7690 telephone number: (360) 407-6068 or email it: [ecyrefedpermits@ecy.wa.gov](mailto:ecyrefedpermits@ecy.wa.gov). Be sure to identify the Federal Program, i.e. CDBG, Section 202, SHOP, etc. The Applicant is HUD or the Responsible Entity. The first certification on the form should be signed by the lender or non-profit organization that is developing the project. HUD (under Part 50) or the responsible entity (under Part 58) signs the determination that the action will not affect coastal resources (once it has been determined that the project will comply with all enforceable policies of the CZM Program). Ecology has 6 months to concur with a determination, however, they often do so within two weeks if all of the information is submitted.

- ☐ Yes: STOP here. The Coastal Zone Management Review is complete. ☐ You should have a mechanism in place (i.e. condition to the contract or FIRM Commitment) to assure the recipient has completed all actions prior to releasing funds. Attach a copy of the Certification and Consistency determination. Record your determination on the EA, Statutory Worksheet or 4128.
- ☐ No: If the project will not comply will all enforceable policies as outlined on the Certification of Consistency, work with Department of Ecology to mitigate issues. Do not initiate the Project until CZM has been mitigated.

**DISCLAIMER:** This document is intended as a tool to help HUD Region X grantees and HUD staff complete NEPA requirements. This document is subject to change. This is not a policy statement, and the Coastal Zone Management Legislation and Regulations take precedence over any information found in this document.

CERTIFICATION OF CONSISTENCY WITH WASHINGTON'S  
COASTAL ZONE MANAGEMENT PROGRAM FOR  
FEDERALLY FUNDED ACTIVITIES

Federal Application Number: \_\_\_\_\_  
Applicant: \_\_\_\_\_

Project Description: \_\_\_\_\_

(attach site plans, location (county/city), and proximity to water body (name)).

This action under CZMA§307(c)(3) is for a project, which will take place within Washington’s coastal zone, or which will affect a land use, water use, or natural resource of the coastal zone. *(The coastal zone includes Clallam, Grays Harbor, Island, Jefferson, King, Kitsap, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum and Whatcom counties.)*

The project complies with the following enforceable policies of the Coastal Zone Management Program:  
(Check the box describing the current status of each policy)

Enforceable Policies	State requirements have been met			Additional info must be obtained prior to physical initiation	
	Does not require a certification or permit	Has received an exemption	Has a valid permit or certification	Has applied for a permit or certification	Will apply as appropriate for a permit or certification
1. Shoreline Management Act **					
2. State Water Quality Requirements: a. Water Quality					
	b. Stormwater				
3. State Air Quality Requirements					
4. State Environmental Policy Act:	SEPA Lead Agency is: _____				
Project is exempt from SEPA	()				
Project will comply with SEPA	()				
SEPA checklist submitted	() date _____				
SEPA decision issued/adopted	()DNS ()MDNS ()EIS ()Other _____ date _____				
NEPA decision adopted by	()SEPA # _____ date _____				

**\*\*Public Notice must be provided if the project is within the water or within 200 feet of a Shoreline Management Act water body.**

Public Notice is required for the proposed project? No \_\_\_\_\_ Yes \_\_\_\_\_(identify method below)  
( )notice mailed to interested parties using \_\_\_\_\_ mailing list on \_\_\_\_\_(date)  
( )publication in \_\_\_\_\_(newspaper) on \_\_\_\_\_(dates)  
( )other \_\_\_\_\_(dates) If public notice is required and you have not provided it, CZM staff will publish the notice. You must not initiate the project until you have been notified by CZM.

Therefore, I certify that prior to initiating the project I will obtain applicable permits and certifications as described above and the project will be conducted in a manner consistent with the Coastal Zone Management Program.

(Signature)\_\_\_\_\_ Date \_\_\_\_\_  
(Recipient)

HUD or its designated Responsible Entity concludes this action will not affect coastal resources.

**The physical project will not be initiated until the applicable permits and certifications described above are obtained.**

(Signature)\_\_\_\_\_ Date \_\_\_\_\_  
(HUD or Responsible Entity)

HUD or Responsible Entity email it: <a href="mailto:ecyrefedpermits@ecy.wa.gov">ecyrefedpermits@ecy.wa.gov</a> or mail Form to: Federal Consistency Coordinator Shorelines & Environmental Assistance Program  Department of Ecology P.O. Box 47600 Olympia, WA 98504 Email: <a href="mailto:ecyrefedpermits@ecy.wa.gov">ecyrefedpermits@ecy.wa.gov</a> Phone: (360) 407-6068	Department of Ecology please mail Determination of Consistency to: (Include Phone number of contact)
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