

NCRCPD In-Lieu Fee Program
Advance Credit Request

Applicant Information:	
Name	
Address	
Telephone	
Email	
Consultant/Agent Information:	
Name	
Address	
Telephone	
Email	
Project Information:	
Project Name or Other Identifier	
Street or Other Descriptive Location, e.g. County, Township	
If known, Project Coordinates	
USGS 8-digit HUC Code	
Project Permit Information: Please note all permit applications that have been or will be submitted and provide applicable additional details requested.	
Level 1 Isolated Wetland Permit	Date: SWIMs#: Ohio EPA Reviewer: Status of Completeness Review:
Level 2 or 3 Isolated Wetland Permit	Date: SWIMs#: Ohio EPA Reviewer: Status of Completeness Review:
Nationwide Permit	Date: NW Permit #: ACOE Application #: ACOE Project Manager: Status of PCN Completeness Review:
404 Permit	Date: ACOE Application #: ACOE Project Manager: Date of Public Notice:
401 Water Quality Certification	Date: SWIMs#: Ohio EPA Reviewer: Status of Completeness Review: Date of Public Notice:

Other				
Wetland Impact Information:				
Forested or Nonforested (AC)	Jurisdictional or Isolated	ORAM Score	Wetland category	Mitigation Ratio
Anticipated Number of Credits: (Sum impacts in acres, multiply by mitigation ratio provided by regulatory agency.) Round up to nearest whole tenth.		Forested:		
		Nonforested:		
Stream Impact Information:				
Impact Length (LF)	Stream Flow (Ephemeral, Intermittent, Perennial)	Designated use and/or existing use	Stream Group (1, 2 or 3) from Table 11-1, Ohio IRT Stream Guidelines	Debit Ratio from Table 11-1, Ohio IRT Stream Guidelines
Anticipated Number of Credits: (Sum impacts in linear feet, multiply by debit ratio provided by regulatory agency.) Round up to nearest whole credit.				
Request Verification:				
I certify that the information contained in this Advance Credit Request is true, complete and accurate to the best of my knowledge and belief. I understand that if advance credits are reserved for my proposed project impacts and are not purchased within the reservation period, the advance credits will no longer be reserved for me.				

Signature of applicant or authorized agent

Date

Email your completed form to Neil Munger, Secretary, NCRCPD (419) 353-1897

nmunger@wcparks.org

March 2017