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|--|--------------------|----------------------------------|--|
| <b>Hri</b>   | Emergency P        | ermit Preconstructio<br>CESAJ-RD | on Notification                              |
| US Army Corps<br>of Engineers®                             |                    |                                  |  |
| Request Recorded Date:                                     |                    | Time:                            |  |
| I. Applicant/Agent Name and A                              | uddress:           |                                  |  |
| II. Applicant Phone/Fax/Electro                            | onic-Mail Informat | <b>ion</b> :<br>Fax:             |  |
| Email:   |                    |                                  |  |
| III. Location of Work:<br>The project/work area is located |                    | , Township                       | , Range                                      |
|  | Florida.           |                                  |  |
| Waterway:  |                    |                                  |  |
| Project Area Street Address:                               |                    |                                  |  |
|  |                    |                                  |  |
|  |                    |                                  |  |
|  |                    |                                  |  |
| IV. Project Activity Description                           | ı/Information and  | Emergency Justification          | : (List previous permits authorized/issued.) |
|  |                    |                                  |  |
|  |                    |                                  |  |
|  |                    |                                  |  |
|  |                    |                                  |  |

| To Be Completed by the Corps<br>V. T&E Species Affected:<br>Determination:  |  |  |  |
|---|--|--|--|
| VI. Adverse impacts to Critical Habitat: Yes No List species: (If yes, agency coordination required.)   |  |  |  |
| VII. Project Located in Designated Critical Resource Water  Yes  No   |  |  |  |
| VII. Will the proposed work cause adverse impacts to historical properties listed in or eligible for listing in the National Register of Historical Places?  Yes No (If yes, agency coordination required.) |  |  |  |
| VIII. Further Action Needed  Yes No. If Yes, Please Describe:   |  |  |  |
| (e.g. X/Y coordinates; self-certifications, and mitigation plans)   |  |  |  |
| X. Final Action:<br>Verbal Authorization Granted<br>Emergency Permit required, coordinate with inspection team  |  |  |  |
| Project Manager:  |  |  |  |