



Application

Exelon Habitat Improvement Project (EXHIP) Program

1. Applicant Name: _____

2. Mailing Address: _____

3. Phone Number/Email: _____

4. Municipality: _____

5. Project Address/Location: _____

6. Tax Parcel ID: _____

7. Watershed/Stream Name: _____

8. Sediment/nutrient/habitat problem description: _____

9. Project Description: _____

10. BMP details – Check all that apply.

<p>Installation of Ag BMPs:</p> <p><input type="checkbox"/> Forested stream buffers</p> <p><input type="checkbox"/> Wetlands creation</p> <p><input type="checkbox"/> Barnyard BMPs</p> <p><input type="checkbox"/> Pasture BMPs</p> <p><input type="checkbox"/> Field BMPs</p> <p><input type="checkbox"/> Other _____</p>	<p>Construction of other HIPs:</p> <p><input type="checkbox"/> Forested stream buffers</p> <p><input type="checkbox"/> Wetlands creation</p> <p><input type="checkbox"/> Riparian buffer maintenance</p> <p><input type="checkbox"/> Stream restoration and maintenance</p> <p><input type="checkbox"/> In-stream habitat improvement and maintenance</p> <p><input type="checkbox"/> Other _____</p>
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11. Ag E&S/Conservation Plan or Manure Management (for Ag BMPs): YES NO

a. Is plan current? YES NO

12. Project Type: _____ New _____ Maintenance





13. Project distance from the stream: _____

14. Total project length (LF): _____

15. Conceptual plans and designs (provide attachments). YES NO

16. Photos showing upstream, downstream, and overall site conditions (provide attachments). YES NO

17. Permits Needed (local, state and federal)? YES NO

18. Permit Type (circle one): GENERAL JOINT WAIVER JOINT

a. Type of General Permit (ex. GP-1): _____

19. Permit Status (circle one): NONE APPLIED OBTAINED

20. List Best Management Practice Names and Codes, quantity, units, and BMP project cost.

Practice Name and Code				District Use Only
	Quantity	Units	Project Cost (\$)	Incentive Payment (\$)
Totals				

21. Applicant Contribution (dollars/in-kind to be leveraged or matched)? YES NO

22. Buffer type (grass or forested) and average width proposed: _____

23. Does project include stream bank fencing? _____

24. Proposed contractor (if known): _____

Applicant Signature

Date

FOR DISTRICT USE:

Application Number: _____ Cooperator Number: _____

Will the District be seeking reimbursement for direct administrative costs for this project? YES NO

Estimated Amount \$ _____

The York County Conservation District has reviewed the application and has made the following determination:

_____ Eligible _____ Not Eligible

District Chairman Signature

Title

Date

