



ECAN ZONING CERTIFICATION

(This certification is a prerequisite prior to processing of SEP Clearance)

I. Project Information

- i. Type of Project: _____
- ii. Purpose of the project: _____
- iii. Project Proponent:
 Name: _____
 Complete Address: _____
 Authorized Representative: _____
 Contact Number: _____
- iv. Magnitude of Project: _____
 Project Area (Has.): _____
 Project Location: _____

I hereby certify to the accuracy of the foregoing

 Proponent/Authorized Representative

 Date

II. Initial ECAN Assessment / Zoning Certification

- i. Application/Filing Fee paid: Official Receipt No. _____ Date: _____
- ii. Attachment: () 1:50,000 location map with corresponding technical description
 () Land title with technical description
 () Other tennurial instrument (specify): _____
- iii. Applied area falls within the following zones of ECAN:

| Zone Classification | Project Area (in hectares) | | Remarks |
|---|----------------------------|---------------|---------|
| | Allowable | Non-allowable | |
| () Core zone | | | |
| () Restricted-use zone | | | |
| () Controlled-use zone | | | |
| () Traditional-use zone | | | |
| () Multiple-use zone | | | |
| () Coastal Core Zone | | | |
| () Coastal Multiple-use/Transition zone | | | |
| () Coastal Multiple-use/General-use zone | | | |
| () Within Special area: (specify) | | | |
| Total | | | |

Certified as to within:

- () Allowable zones: Proceed SEP Clearance Application
- () Non-allowable zones: Not eligible for SEP Clearance

Note: Project application is subject to field validation/evaluation prior to issuance of SEP Clearance.

PCSDS Technical Staff

Immediate Supervisor/Approving Officer

Date

**Should be accomplished in triplicate copies*