



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. ECAN Zoning Location

- i. Attachment: Location Map
() 1:50,000 location map with corresponding technical description
- ii. Applied area falls within the following zones of ECAN:

ZONE CLASSIFICATION	AREA (Has)	REMARKS
() Core zone,		
() Restricted-use zone		
() Controlled-use zone		
() Traditional-use zone		
() Multiple-use zone		

- iii. Application/Filing Fee paid: Official Receipt No. _____ Date: _____
Certified as to within:

- () Allowable zones : Proceed SEP Clearance Application
- () Non-allowable zones: Not eligible for SEP Clearance
- () Allowable Zones as identified in item II ii: May proceed SEP Clearance Application based on the attached revised map.

Note: All allowable zones are still subject to field validation and further evaluation prior to issuance of SEP Clearance.

PCSDS Technical Staff/GIS Staff

EMED. Chief/Approving Officer

Date