# Use Agency Letterhead

# **State Environmental Policy Act**

## **Determination of NonSignificance**

**Date of Issuance:** [Enter date]

**Lead Agency:** [Enter name of lead agency]

**Agency Contact:** [Enter name of staff contact, email, phone]

**Lead Agency File Number****:** [Enter file number, if applicable]

**Description of Proposal:** [Enter name and description of the proposal. The proposal is the total scope of the project, it is not limited to only a description of the lead agency’s permit decision.]

**Applicant:** [Enter name of proponent and contact information]

**Location of Proposal:** [Enter address, parcel number, or other identifying information]

The lead agency for this proposal has determined that it does not have a probable significant adverse impact on the environment. An environmental impact statement is not required under [RCW 43.21C.030](https://apps.leg.wa.gov/RCW/default.aspx?cite=43.21C.030)(2)(c). This decision was made after review of a completed environmental checklist and other information on file with the lead agency.

**Optional**: [Enter findings of nonsignificance supporting this determination, e.g. identify impacts and applicable regulations that mitigate impacts.]

**This information is available at:** [Enter webpage or document links]

[ ]  There is no comment period for this DNS.

[ ]  This DNS is issued after using the optional process in WAC [**197-11-355**](http://app.leg.wa.gov/WAC/default.aspx?cite=197-11-355). There is no further comment period on the DNS.

[ ]  This DNS is issued under WAC [**197-11-340**](http://app.leg.wa.gov/WAC/default.aspx?cite=197-11-340)(2); the lead agency will not act on this proposal for 14 days from the date of issuance. **Comments must be submitted by:** [Enter **date** and **time** comments due].

**Responsible Official:** [Enter name of SEPA responsible official]

**Position/Title:** [Enter position or title of SEPA responsible official]

**Address:** [Enter agency address]

**Phone:** [Enter phone number of responsible official]

**Email:** [Enter email]

**Signature Date:** [Enter date]

**(Optional)**

[ ]  You may appeal this determination to [name of agency] at [address of agency] no later than [Enter date of appeal deadline] by [method of filing appeal]. You should be prepared to make specific factual objections. Contact [enter contact info] to read or ask about the procedures for SEPA appeals.

[ ]  There is no agency appeal.