



**Project Design Criteria Checklist for the U.S. Army Corps of Engineers Jacksonville District's Programmatic Biological Opinion  
Summary Checklist (Must be submitted with all projects)**

**Permitting Agency's Internal Use Only:**

Date checklist sent to NMFS  
(MM/DD/YY)

Reviewer Last Name

Application #  
(for Corps: SAJ-XXXX-XXXXX)

Checklist Version<sup>1</sup>

Indicate the agency issuing the permit/authorization.

Yes No Is this a re-verification, edit, or modification to a consultation previously submitted under JaxBO?

If yes to above, enter date of previous Tier II consultation

If another NMFS programmatic BO was used for the proposed project, please select name of programmatic BO used.

The Corps Project Manager or Delegated Authority has reviewed and confirmed that the proposed project meets all PDCs. It is the responsibility of the reviewer to ensure the proposed project complies with all the applicable PDCs. Please enter initials of reviewer.

Project Street Address

Latitude (decimal degrees, centroid of the project)

City

Longitude (decimal degrees, centroid of the project. Please include the negative symbol)

County (Florida)

Municipality (Puerto Rico & USVI)

Select all activities used for the entire proposed project:

1 2 3 4 5 6 7 8 9 10 Superseding Process

Geographic Area	Is the project located in the geographic area?		Select DCH Unit	Are Essential Features Present?		If Essential Features are present, enter area of impact
	Yes	No		Yes	No	
Smalltooth Sawfish DCH Limited Exclusion Zones (AP.4)	Yes	No	N/A	Yes	No	N/A
Gulf Sturgeon DCH Migratory Restriction Zones (AP.4)	Yes	No	N/A	Yes	No	N/A
Atlantic Sturgeon DCH Exclusion Zone (AP.4)	Yes	No	N/A	Yes	No	No activities allowed here!
North Atlantic Right Whales Educational Sign Zones (AP.4)	Yes	No	N/A	Yes	No	N/A
U.S. Caribbean Sea Turtle Critical Habitat Restriction Zones (AP.4)	Yes	No	N/A	Yes	No	N/A
Bryde's Whale Exclusion Zone (AP.4)	Yes	No	N/A	Yes	No	No activities allowed here!
Smalltooth sawfish DCH	Yes	No		Yes	No	LF of Red Mangroves SF of shallow euryhaline water
Gulf sturgeon DCH	Yes	No		Yes	No	SF of essential features
Loggerhead sea turtle (NWA DPS) DCH <sup>2</sup>	Yes	No		Yes	No	SF of essential features
Green sea turtle (NA DPS) DCH	Yes	No	N/A	Yes	No	SF of essential features
Hawksbill sea turtle DCH	Yes	No	N/A	Yes	No	SF of essential features
Leatherback sea turtle DCH	Yes	No	N/A	Yes	No	SF of essential features
Staghorn and elkhorn (Acropora) coral DCH	Yes	No		Yes	No	No impacts to essential features allowed.
Johnson's seagrass DCH	Yes	No		Yes	No	SF of essential features
North Atlantic right whale DCH	Yes	No		Yes	No	SF of essential features
Atlantic sturgeon DCH	Yes	No		Yes	No	No activities allowed here!

Is the Project in or near areas with mangroves, seagrasses, corals, or hard bottom habitat? Does it comply with PDCs for Mangroves, Seagrasses, Corals, and Hard Bottom for All Projects (AP.3)

Resource	Present in the project footprint?		Square Feet of Impact
Mangroves	Yes	No	
Nonlisted Seagrass	Yes	No	
Johnson's Seagrass	Yes	No	
Listed Corals	Yes	No	
Nonlisted Corals	Yes	No	
Hardbottom	Yes	No	

SF of Overwater Impacts (area of structure over/above the water surface, e.g., docks or canopies)

SF of Total In-water Impacts (area of substrate that is permanently changed below MHW, e.g., by seawall, riprap, or cross-sectional area of piles)

Yes Applicant agrees to adhere to PDCs for *In-Water Activities* (AP.1) as described in AP.7 through AP.11

Yes Applicant agrees to perform all activities during daylight hours (AP.6).

Yes No Is the project within the boundary of the Florida Keys National Marine Sanctuary (FKNMS)?

Yes If within the boundaries of FKNMS, received NOAA authorization?

To be completed by applicant or agent if permit is issued by a delegated authority (FDEP, Miami-Dade, etc.) Please enter full name of applicant or applicant's representative:

\_\_\_\_\_ The applicant or applicant's representative ensures the project complies with the PDCs and all information in this form and individual checklist(s) is correct

Comments:

<sup>1</sup> Checklist Version: Select 1 if it is the first time you are submitting the consultation. Select 2 if you made an error or the project has changed and you need to resubmit the checklist.  
<sup>2</sup> The project may be located in two different Loggerhead DCH Units. Select all that apply. If there are more than two, please add to the Comments section.