

REQUEST FOR PROJECT SITE APPROVAL
NAVMC 11069 (REV. 5-95) (EF) (PREVIOUS EDITIONS WILL NOT BE USED)
 SN: 0109-LF-065-1100

PROJECT NUMBER	ACTIVITY UIC	SPECIAL AREA
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TO: COMMANDANT OF THE MARINE CORPS (CODE LFL)

(4700)

SECTION A
FOR USE BY REQUESTER

FROM				
CATEGORY CODE AND PROJECT TITLE		TYPE OF FUNDING	COST (000)	PROGRAM YEAR
PROJECT DESCRIPTION		REMARKS		
TYPE OF MAP		DATE	REQUESTED BY (Typed name and signature)	DATE

SECTION B
REVIEW AND ANALYSIS

ANALYSIS (Place a check in box opposite each item. Y=Yes; N=No; NA=Not Applicable)										DATE RECEIVED		
Y	N	NA	PROJECT SITING CONSIDERATION				Y	N	NA	PROJECT SITING CONSIDERATION		
			a. COMPATIBLE WITH ACTIVITY PLANNED DEVELOPMENT GOALS							e. COMPLIES WITH THE FOLLOWING		
			b. DEMONSTRATES SOUND PLANNING PRINCIPLES							(1) AMMUNITION AND EXPLOSIVES		
			c. MEETS MINIMUM PLANNING AND SITING CRITERIA							(2) ELECTROMAGNETIC RADIATION		
			d. REVISES PRIOR SITE APPROVAL							(3) AIRFIELD SAFETY		
NEPA ENVIRONMENTAL ANALYSIS (CHECK APPROPRIATE BOX)									(4) NOISE INTENSITY			
<input type="checkbox"/> CATEGORICAL EXCLUSION DECISION MEMORANDUM									(5) LASER SAFETY			
<input type="checkbox"/> EA FONSI									(6) RADIOACTIVES MATERIALS			
<input type="checkbox"/> EIS RECORD OF DECISION									(7) NATURAL RESOURCES			
									(8) CULTURAL/HISTORICAL			
									(9) INSTALLATION RESTORATION			
REFERENCE												
CRITERIA CERTIFICATION(S) REQUESTED (Check)										DATE		
<input type="checkbox"/> DDES		<input type="checkbox"/> NAVORDCTR		<input type="checkbox"/> SPAWAR		<input type="checkbox"/> NAVAIR		<input type="checkbox"/> OTHER:				
DATE CERTIFICATION(S) RECEIVED												
_____		_____		_____		_____		_____		_____		
DDES		NAVORDCTR		SPAWAR		NAVAIR		OTHER				
ACTION						APPROVAL						
<input type="checkbox"/> APPROVE		<input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> HQMC		<input type="checkbox"/> LOCAL				
REMARKS												
APPROVING OFFICIAL (Typed name and signature)										DATE		
OTHER APPROVAL REQUIRED												
<input type="checkbox"/> AIRFIELD SAFETY WAIVER				<input type="checkbox"/> FINAL EXPLOSIVES SAFETY REVIEW				<input type="checkbox"/> STATE HISTORIC PRESERVATION				
<input type="checkbox"/> SECTION 7 CONSULTATION				<input type="checkbox"/> CORPS OF ENGINEERS				<input type="checkbox"/> PERMITS _____				

*Requires approval of a major change to the master plan prior to site approval.