

**Division of Environmental Quality (DEQ)
Application for Environmental Activity Use Limitation (AUL)
And Environmental Institutional Control (IC)**

Date of Request: _____

BIS Property Address: _____

S.B.L.#: _____

GIS SBL ID #: _____

Site Name: _____

Person Requesting the AUL: _____

Zoning: _____

Property Acreage: _____

Property Owner: _____

Reason for AUL: _____

AUL Time Period: _____

AUL Triggers: _____

AUL Applicability: All or Portion of parcel

Internal System for identification of AUL: _____

Environmental Management Plan: Yes or No

Attachments: _____

DEQ Referral Contact: _____

Notice to State (NYSDEC Contact) (Name) _____
(Address) _____
(City/State/Zip) _____

Notice to Grantor: (Name) _____
(Address) _____
(City/State/Zip) _____