

2019 Design/Implementation Block Grant  
DEC Technical Staff Project Approval

Project Name:

WPD ID #:

DEC Staff Name, Title:

Approval to proceed with the project

Approval with conditions to proceed with the project

If this option is selected, please provide conditions here:

Denied approval to proceed

Design review check-ins will be required at the following level(s) of design:

10% Design

30% Design

60% Design

90% Design

Other (Please specify): \_\_\_\_\_

No Check-in Required

General Comments (If Applicable):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_