

Appendix 3: KDFWR Project Proposal Form

CONTACT INFORMATION

Permittee Name: _____
KDFWR SC Permit # _____ Section 10 USFWS Permit # _____
Institution/Company Name (as on KDFWR SC Permit): _____
Address: _____
City: _____ State: _____ Zip: _____
Email address: _____
Phone #: _____

PROPOSED PROJECT OR ACTIVITY INFORMATION

County: _____ Quad: _____
Project location: latitude: _____ longitude: _____

(Please include an 8.5" x 11" topo or aerial map with project/activity location)

Mining Project SMCRA Permit Number: _____
Transportation Project KYTC Item Number: _____
Utility Project: _____
AML Project: _____
Other: _____

Acres of suitable Indiana bat habitat within project/activity area: _____
Is the project/activity linear? Yes: No:
If yes, indicate length of suitable Indiana bat habitat in km (mi): _____
Are caves or portals present? Yes: No:

METHODOLOGY & SURVEY EFFORT

Coordinates of cave/portal (if multiple, please provide locations on project map): latitude: _____ longitude: _____
Name of cave (if known): _____
Estimated Start Date of Fieldwork: _____
Number of Acoustic Nights: _____ Number of Mist Net/Harp Trap Nights: _____
Acoustic analysis software utilized for bat call identification (please ensure you are using the latest version):
BCID EchoClass Kaleidoscope Pro Sonobat
Other _____

Signature

Date

