# TOWN OF CLAY TOWN BOARD- 2024 CALENDAR

## **ZONE CHANGE and SPECIAL PERMITS**

This schedule requires receipt of a <u>complete</u> application by the *File by date*. Meeting this filing schedule does not guarantee that the item will be on the following agenda. New items for the following agenda are determined by the Town Supervisor after review of the already scheduled workload.

Applicant's	OCPB*	<b>MEETING DATE</b>
	Town filing for	7:30 P.M.
File by date	OCPB meeting	7.30 F.IVI.
DI. 1 00 D D 5	(For Town	
BY 4:00 P.M:	reference only)	
4/1	4/5 – 4/17	May 6, 2024
4/19	4/26 - 5/8	May 20, 2024
5/10	5/17 - 5/29	June 3, 2024
5/31	6/7 – 6/18	June 17, 2024
6/21	6/28 - 7/10	<b>July 15, 2024</b>
7/12	7/19 – 7/31	August 19, 2024
8/2	8/9 - 8/21	September 4, 2024
8/23	8/30 – 9/11	September 16, 2024
9/13	9/20 - 10/2	<b>October 7, 2024</b>
9/13	9/20 – 10/2	October 21, 2024
10/4	10/11 -10/23	November 6, 2024
10/25	11/1 -11/13	<b>November 18, 2024</b>
11/15	11/22 – 12/4	December 2, 2024
11/15	11/22 -12/4	<b>December 16, 2024</b>

<sup>\*</sup>Onondaga County Planning Board

# Please read instructions!!

Incomplete applications will NOT be processed.

# Submittal requirements for a **ZONE CHANGE**:

Legal requirements for a Zone Change approval are located in the Town of Clay Zoning Code, Section 230-24 C.(3).

# **INSTRUCTIONS:**

File the required documents listed below with the Planning Department, Town of Clay, 4401 State Route 31, Clay, New York 13041 by the deadline date as shown on the Town Board calendar, which is provided with this packet.

1	Check list: (documents required)
	ONE (1) Original complete application for the Zone Change including legal description, Disclosure Affidavit, deed, Environmental Form, zone change map and survey and  FOUR (4) copies of the complete original application for the Zone Change including legal description, Disclosure Affidavit, deed, Environmental Form, Zone Change Map and Survey.
	FIFTEEN COPIES (24" x 36" in size and MUST BE FOLDED) of the Zone Change Map drawn to scale indicating major landmarks and roads leading to major highways, which should include:  A Title Block listing the name of the zone change, date, and scale.  A map Legend indicating significant features of the property (acreage, utilities, etc.)  The zoning classification of the site and all adjacent properties.  All existing easements and/or restrictions of record including rights-of-way, fully dimensioned;  All roads, watercourses, wooded acres, wetlands, (DEC and Corps of Engineers), flood plains
	(based on F.E.M.A maps), and other significant natural or manmade features.  All property lines shown with dimensions.  FIFTEEN (15) ADDITIONAL COPIES of the survey of the property, dated within six (6) months of submission.
	<b>FIFTEEN (15) ADDITIONAL COPIES</b> of the <b>Environmental Assessment Form (EAF)</b> (Separate download) For all commercial project, all Industrial Projects, all Residential projects over 10 acres the Full EAF is required. For Residential projects under 10 acres the short EAF is required.

FEES: Payment must accompany the filing of this application for a Petition for a Change of Zone.

**Zone Change Petition Fee:** <u>\$400.00</u>

An electronic copy (pdf format) of the application (flash drive or email) must be submitted.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

You will not be on an Agenda until this checklist is complete

# **ENVIRONMENTAL ASSESSMENT FORM**

# MUST BE SUBMITTED WITH <u>ALL</u> APPLICATIONS

All Commercial Projects -Use Full Environmental

Assessment Form

All Industrial Projects - Use Full Environmental

Assessment Form

Residential Projects -Over 10 Acres -Use Full Environmental

Assessment Form

Residential Projects -Under 10 Acres -Use **Short** Environmental

Assessment Form

Routi	ing (1) Commissioner of Pl (2) Town Clerk (3) Town Board Attor (4) City County Plann (5) Town Supervisor	ney	Tax Map #	Case #	
PRO	JECT NAME				
PRO	JECT LOCATION				
Emai	il	P	hone	<u> </u>	
PRO Maili	PERTY OWNER(s) (if I	not applicant)		Phone #	
Maili	SON/FIRM REPRESEN ing Address	(if appl	icable, please check one:		_
	ID USE: ent Use of Land	Total Acres_			
Pres	ent Zoning:	F	Requested Zoning:		
		<u>ACTION</u>	ON PETITION		
1. I	Date Petition and Fee re	ceived by Commissioner:		20	
2. 1	Planning Board Action:	(a) Date of Filing		20	
		(b) Date of Hearing		20	
		(c) Date of Recommen	dation	20	
3.	Date Petition referred to	County Planning		20	
4.	4. Date recommendation received from County Planning		ning	20	
5.	5. Date of Public Hearing to be <i>called</i> by the Town Bo		Board	20	
6.	6. Date of Public Hearing to be <i>heard</i> by the Town Be		Board	20	
7.	Date of Town Board dec			20	
8.	Application <i>granted</i> Date of notification to P			20	

# TO THE TOWN BOARD OF THE TOWN OF CLAY:

	The Petition of, residing at
res	pectfully states:
1.	The Petitioner is the (owner) (purchase under contract) of certain property located  at:
2.	The name of the school district in which the subject premises is located is:
3.	The Petitioner requests that the Zoning Ordinance of the Town of Clay, be amended, and the Zoning Map of the Town of Clay be to reclassify and change the zone of the subject premises from District to District.
4.	The Petitioner hereby declares, for the purpose of reliance thereon by the Town of Clay, that the full particulars of the Petitioner's proposed use of the subject premises for the next five (5) years, if this change of zone is granted, are as follows: (Preliminary plat or site plan will be required upon request by the Planning Board.)
5.	The proposed change of zone will not be materially detrimental to the public welfare nor to other property in the neighborhood because:
6.	There are no nonconforming uses or structures on the subject premises and have been none during the last six (6) months preceding this Petition, except as follows: (Specify exact date when nonconforming use or structure was commenced.)
7.	The subject premises (are) (are not) located within 500 feet of the town line of the Town of Clay.

8. The subject premises (are) (are not) located within 500 feet of the boundary of the

Village of North Syracuse.

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- 9. The subject premises (are) (are not) located within 500 feet of any existing or proposed County or State park or other recreation area.
- 10. The subject premises (are) (are not) located within 500 feet of any right-of-way of any existing or proposed County or State parkway, thruway, expressway, road or highway.
- 11. The subject premises (are) (are not) located within 500 feet of any existing or proposed right-of-way of any stream or drainage channel owned by the County or for which the County has established channel rights.
- 12. The subject premises (are) (are not) located within 500 feet from the existing or proposed boundary of any County or State owned land on which a public building or institution is situated.
- 13. The proposed zone change (does) (does not) affect property within the protectively zoned area of a housing project authorized under the Public Housing Law.
- 14. The Petitioner hereby consents to Board action reverting the subject premises to its original zoning classification if the Town Board subsequently determines that any statement contained in this Petition or any statement made by the Petitioner at the public hearing called to consider the said Petition is materially false and was not made in good faith, the Petitioner further consents to Board action reverting the subject premises to its original zoning classification in the event that the Petitioner fails to abide by any conditions or restrictions contained herein or imposed hereafter by the Town Board.
- 15. Petitioner further waives any or all rights otherwise afforded to him under provisions of The Zoning Ordinance of the Town of Clay upon the granting of the change of zone requested herein.

Dated:	_, 20	Dated:	, 20	
(Individual Signature)		(Individual Signature)		
(Entity Name)		(Entity Name)		
By:(Officer)	(Title)	By:(Officer)	(Title)	
(Mailing Address of Applicant)		(Mailing Address of Applicant)		
Telephone Number		Telephone Number	Me	

#### TOWN OF CLAY

#### DISCLOSURE AFFIDAVIT

This affidavit is a part of and must be completed and attached to every application, petition, request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit.

	STATE OF NEW YORK )
	COUNTY OF ONONDAGA) ss.:
	OF )
I.	, being duly sworn, deposes and says that (s)he is:
	(applicant, petitioner, corporation officer, property owner, etc.)

- II. That deponent has read and is familiar with the provisions of the General Municipal Law, Section 809 which states:
  - A. Every application, petition or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, pursuant to the provisions or any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality is a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.
  - B. For the purpose of this action an officer or employee shall be deemed to have an interest in the applicant when (s)he, his/her spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:
    - 1) is the applicant, or
    - 2) is an officer, director, partner or employee of the applicant, or
    - 3) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
    - 4) is a party to an agreement with such an applicant, express or implied, whereby (s)he may receive any payment or other benefit, whether or not for services rendered, or contingent upon the favorable approval of such application, petition or request.
  - C. Ownership of less than five percent (5%) of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.
  - D. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

	mployee or relative of either as defined in Section 809 any interest in this application, the full particulars are et.	
Date:,20	Date:,20	
(Individual Signature) (Print Name)	(Individual Signature) (Print Name)	_
(Entity Name)	(Entity Name)	_
By (Officer) (Title)	By (Officer) (Title)	
(Mailing address of applicant)	(Mailing address of applicant)	_
(Telephone Number) (Fax Number)	(Telephone Number) (Fax Number)	_ er)
STATE OF NEW YORK ) ) SS:		
) SS: COUNTY OF ONONDAGA )		
public in and for said state , and, and me on the basis of satisfactory evidence to	in the year 20, before me, the undersigned, a personally appeared personally known to me or proper the individual whose name is subscribed to the within Petitoral the personal subscribed to the per	roved to
acknowledged to me that he/she/they executhe Petition, the individual or the persons under the Petition and the persons under the Petition and the persons under the Petition and the Petition an	ted the same in her capacity, and that by his/her/their signatu bon behalf of which the individual acted executed the instrum	ire(s) or ient.

That no Town of Clay officer, employee or a relative of either, as defined in Section 809

General Municipal Law has any interest in this application.

III.

# <u>PETITION FOR A ZONE CHANGE</u>:

	<b>Date</b>	
(I / We)premises known as:		being owner of
ADDRESS(ES):		
TAX MAP NUMBER(S)		
·-	<u>-</u> <u>-</u> <u>-</u>	<del></del>
APPLICANT NAME:		
FOR A CHANGE OF ZONE TO:		
FOR THE PURPOSE OF:		
SIGNATURE		

# Full Environmental Assessment Form Part 1 - Project and Setting

### **Instructions for Completing Part 1**

Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

#### A. Project and Applicant/Sponsor Information.

11. 110 Joet and 12 phicans of possion 1 more and 2				
Name of Action or Project:				
Project Location (describe, and attach a general location map):				
Brief Description of Proposed Action (include purpose or need):				
Name of Applicant/Sponsor:	Telephone:			
**	E-Mail:			
Address:				
		Zip Code:		
City/PO:	State:	Zip Code:		
Project Contact (if not same as sponsor; give name and title/role):	Telephone:			
	E-Mail:			
Address:				
	I Gt-t-	Zip Code:		
City/PO:	State:	Zip Code.		
Property Owner (if not same as sponsor):	Telephone:			
	E-Mail:			
Address:	•			
City/PO:	State:	Zip Code:		
City/1 O.				

## B. Government Approvals

		If Yes: Identify Agency and Approval(s) Required	Application	n Date
or Village Board of Trustees  City, Town or Village		Kequired	Application Date (Actual or projected)	
	]Yes∏No			
Planning Board or Commission	]Yes∐No ı			
Village Zoning Board of Appea				
Other local agencies	]Yes□No			
County agencies	]Yes□No			
Regional agencies	]Yes∏No			
. State agencies	JYes∐No			
. Federal agencies	∐Yes∐No			
Coastal Resources.  i. Is the project site within a Coastal Resources.	Coastal Area, o	or the waterfront area of a Designated Inland Wa	aterway?	□Yes□No
ii. Is the project site located in iii. Is the project site within a C	a community	with an approved Local Waterfront Revitalizatin Hazard Area?	on Program?	☐ Yes□No ☐ Yes□No
C. Planning and Zoning				
C.1. Planning and zoning action				
only approval(s) which must be a  • If Yes, complete section	granted to ena as C, F and G.	mendment of a plan, local law, ordinance, rule of ble the proposed action to proceed? mplete all remaining sections and questions in P		□Yes□No
C.2. Adopted land use plans.				
where the proposed action wo	uld be located'	llage or county) comprehensive land use plan(s)? Pecific recommendations for the site where the p		□Yes□No □Yes□No
o. Is the site of the proposed acti Brownfield Opportunity Area or other?)	on within any (BOA); desig	local or regional special planning district (for exnated State or Federal heritage area; watershed r	kample: Greenway; management plan;	□Yes□No
If Yes, identify the plan(s):				
c. Is the proposed action located or an adopted municipal farm If Yes, identify the plan(s):	l wholly or pa	rtially within an area listed in an adopted munici on plan?	ipal open space plan,	∐Yes∐No

C.3. Zoning	
a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. If Yes, what is the zoning classification(s) including any applicable overlay district?	∐Yes∐No
b. Is the use permitted or allowed by a special or conditional use permit?	□Yes□No
c. Is a zoning change requested as part of the proposed action?  If Yes,	□Yes□No
i. What is the proposed new zoning for the site?	
C.4. Existing community services.	
a. In what school district is the project site located?	
b. What police or other public protection forces serve the project site?	
c. Which fire protection and emergency medical services serve the project site?	
d. What parks serve the project site?	
D. Project Details	
D.1. Proposed and Potential Development	
a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed components)?	l, include all
b. a. Total acreage of the site of the proposed action? acres	
b. Total acreage to be physically disturbed? acres c. Total acreage (project site and any contiguous properties) owned	
or controlled by the applicant or project sponsor?	
c. Is the proposed action an expansion of an existing project or use?	☐ Yes☐ No
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles square feet)? %	s, housing units,
d. Is the proposed action a subdivision, or does it include a subdivision?	□Yes □No
If Yes,  i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)	
<ul> <li>ii. Is a cluster/conservation layout proposed?</li> <li>iii. Number of lots proposed?</li> <li>iv. Minimum and maximum proposed lot sizes? Minimum Maximum</li> </ul>	□Yes □No
	□Yes□No
e. Will the proposed action be constructed in multiple phases?  i. If No, anticipated period of construction:  months  ii. If Yes:	L Yes INO
<ul> <li>Total number of phases anticipated</li> <li>Anticipated commencement date of phase 1 (including demolition) month year</li> <li>Anticipated completion date of final phase</li> <li>Generally describe connections or relationships among phases, including any contingencies where progressions.</li> </ul>	ress of one phase ma
determine timing or duration of future phases:	

f Door the austin	t include new resid	ontial page?			□Yes□No
ir res, snow num	bers of units propo		75h 17h	Malting Family (form or more)	
	One Family	Two Family	Three Family	Multiple Family (four or more)	
Initial Phase					
At completion				· ·	İ
of all phases					
g. Does the propo	sed action include	new non-residentia	l construction (incl	uding expansions)?	□Yes□No
If Yes,			·		
i. Total number	of structures				
ii. Dimensions (	in feet) of largest pr	roposed structure:	height;	width; andlength	
iii. Approximate	extent of building	space to be heated	or cooled:	square feet	
					□Yes□No
n. Does the propo	sed action include	construction or oth	er activities that wi	Il result in the impoundment of any	
	s creation of a water	r suppiy, reservoir,	pond, lake, waste	agoon or other storage?	
If Yes,					
i. Purpose of the	impoundment:	. 1		Ground water Surface water stream	Cothon on orifin
ii. If a water imp	oundment, the princ	cipal source of the	water:	Ground water Surface water stream	ns Louier specify:
70 7 7		6: 1.1/		1.1	
iii. If other than v	vater, identify the ty	/pe of impounded/o	contained liquids ar	id their source.	
	. 0.7			1711 17 6	
iv. Approximate	size of the propose	d impoundment.	Volume:	million gallons; surface area:height;length	acres
v. Dimensions o	t the proposed dam	or impounding str	ucture:	height;length	
vi. Construction	method/materials f	for the proposed da	m or impounding s	tructure (e.g., earth fill, rock, wood, con-	crete):
		<del> </del>			
D.2. Project Op	erations				
a Door the prope	cod action include	ony execution mi	ning or dredging	luring construction, operations, or both?	Yes No
					. [ 100]
		ation, grading or in	statiation of utilitie	s or foundations where all excavated	
materials will r	emain onsite)				
If Yes:	0.4				
i. What is the pi	rpose of the excava	ation or dredging?		to be removed from the site?	
ii. How much ma	iterial (including ro	ck, earth, sediment	s, etc.) is proposed	to be removed from the site?	
<ul><li>Volume</li></ul>	(specify tons or cu	bic yards):			
<ul> <li>Over wl</li> </ul>	nat duration of time	?			•
iii. Describe natu	re and characteristi	cs of materials to b	e excavated or dred	lged, and plans to use, manage or dispos	e of them.
					· · · · · · · · · · · · · · · · · · ·
iv. Will there be	onsite dewatering	or processing of ex	cavated materials?		☐Yes☐No
If yes, descri	be.	•			
y What is the to	otal area to be dredo	red or excavated?		acres	
v. What is the n	novimum eree to be	svorked at any one	time?	acres	
vi. What is the h	Latinum arca wood	worked at any one	or drodging?	feet	
			or mending:	1661	Yes No
	avation require blas				
ix. Summarize si	te reciamation goal				
b. Would the pro	posed action cause	or result in alterati	on of, increase or d	lecrease in size of, or encroachment	Yes No
	ing wetland, waterl				
If Yes:		,,,,	0		
i Identify the	wetland or waterho	dy which would be	affected (by name	water index number, wetland map num	her or geographic
				water index number, wettand map num	or paopreh
describition):					
1					

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placemer alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in squa	at of structures, or tree feet or acres:
iii. Will the proposed action cause or result in disturbance to bottom sediments?  If Yes, describe:	□Yes □No
iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?  If Yes:	□Yes□No
acres of aquatic vegetation proposed to be removed:	
expected acreage of aquatic vegetation remaining after project completion:	
• purpose of proposed removal (e.g. beach clearing, invasive species control, boat access):	
proposed method of plant removal:	
if chemical/herbicide treatment will be used, specify product(s):	
v. Describe any proposed reclamation/mitigation following disturbance:	
c. Will the proposed action use, or create a new demand for water? If Yes:	☐Yes ☐No
i. Total anticipated water usage/demand per day: gallons/day	
ii. Will the proposed action obtain water from an existing public water supply?	□Yes□No
If Yes:	
Name of district or service area:	
Does the existing public water supply have capacity to serve the proposal?	□Yes□No
• Is the project site in the existing district?	☐ Yes ☐ No
Is expansion of the district needed?	☐Yes☐ No
	☐Yes☐No
	☐Yes ☐No
iii. Will line extension within an existing district be necessary to supply the project?  If Yes:	
Describe extensions or capacity expansions proposed to serve this project:	
Source(s) of supply for the district:	
iv. Is a new water supply district or service area proposed to be formed to serve the project site?	☐ Yes☐No
If, Yes:	
Applicant/sponsor for new district:	
Date application submitted or anticipated:	
Proposed source(s) of supply for new district:	
v. If a public water supply will not be used, describe plans to provide water supply for the project:	
v. If a paorite water supply was needed, asserted plants to provide a supply to the paorite pa	
vi. If water supply will be from wells (public or private), what is the maximum pumping capacity:	gallons/minute.
d. Will the proposed action generate liquid wastes?	□Yes□No
If Yes:	
<ul> <li>i. Total anticipated liquid waste generation per day: gallons/day</li> <li>ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe al</li> </ul>	l components and
approximate volumes or proportions of each):	
	TT TOTAL
iii. Will the proposed action use any existing public wastewater treatment facilities?	□Yes □No
If Yes:	
Name of wastewater treatment plant to be used:	
Name of district:	FIX7FIXT.
Does the existing wastewater treatment plant have capacity to serve the project?	☐Yes☐No
• Is the project site in the existing district?	☐Yes ☐No
• Is expansion of the district needed?	□Yes □No

Do existing sewer lines serve the project site?	∐Yes∐No
• Will a line extension within an existing district be necessary to serve the project?	∐Yes∐No
If Yes:	
Describe extensions or capacity expansions proposed to serve this project:	
Describe extensions of expansions proposed to serve and project.	
	□Yes□No
Will a new wastewater (sewage) treatment district be formed to serve the project site?	
If Yes:	
Applicant/sponsor for new district:	
Date application submitted or anticipated:	
• What is the receiving water for the wastewater discharge?	ifing proposed
If public facilities will not be used, describe plans to provide wastewater treatment for the project, including spec	Hymig proposed
receiving water (name and classification if surface discharge or describe subsurface disposal plans):	*
ni. Describe any plans or designs to capture, recycle or reuse liquid waste:	
e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point	□Yes□No
sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point	
source (i.e. sheet flow) during construction or post construction?	
if Yes:	
i. How much impervious surface will the project create in relation to total size of project parcel?	
Square feet or acres (impervious surface)	
Square feet or acres (parcel size)	
ii. Describe types of new point sources.	
u. Describe types of new point sources.	
iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent p groundwater, on-site surface water or off-site surface waters)?	
If to surface waters, identify receiving water bodies or wetlands:	
Will stormwater runoff flow to adjacent properties?	□Yes□No
iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?	□Yes□No
f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel	□Yes□No
combustion, waste incineration, or other processes or operations?	
If Yes, identify:	
i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)	
1. Mobile Sources during project operations (e.g., nearly equipment, near of derivery venicles)	
ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)	
iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)	
Well	☐Yes ☐No
g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit,	
or Federal Clean Air Act Title IV or Title V Permit?	
If Yes:	□Yes□No
i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet	
ambient air quality standards for all or some parts of the year)	
ii. In addition to emissions as calculated in the application, the project will generate:	
Tons/year (short tons) of Carbon Dioxide (CO <sub>2</sub> )	
Tons/year (short tons) of Nitrous Oxide (N <sub>2</sub> O)	
Tons/year (short tons) of Perfluorocarbons (PFCs)	
Tons/year (short tons) of Sulfur Hexafluoride (SF <sub>6</sub> )	
Tons/year (short tons) of Carbon Dioxide equivalent of Hydroflourocarbons (HFCs)	
Tons/year (short tons) of Hazardous Air Pollutants (HAPs)	

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)?  If Yes:  i. Estimate methane generation in tons/year (metric):	∏Yes∏No
ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to electricity, flaring):	generate heat or
i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as	☐Yes ☐No
quarry or landfill operations?	
If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust):	1
j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services?	∐Yes∐No
If Yes:	
<ul> <li>i. When is the peak traffic expected (Check all that apply):  Morning  Evening  Weekend</li> <li>Randomly between hours of to</li> <li>ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump truck)</li> </ul>	eks):
ii. 101 commissional activities only, projected name of or auton angles and spec (e.g., see a see	
D 1	
iii. Parking spaces: Existing Proposed Net increase/decrease	□Yes□No
<ul><li>iv. Does the proposed action include any shared use parking?</li><li>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing</li></ul>	—
vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? vii Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles?	
viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes?	∏Yes∏No
k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy?	∐Yes∐No
If Yes:  i. Estimate annual electricity demand during operation of the proposed action:	
i. Estimate aimual electricity demand during operation of the proposed action.	
<ul><li>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via griother):</li></ul>	d/local utility, or
iii. Will the proposed action require a new, or an upgrade, to an existing substation?	∐Yes∐No
l. Hours of operation. Answer all items which apply.	
i. During Construction: ii. During Operations:	
Monday - Friday:      Monday - Friday:	
Saturday:     Saturday:	<del></del>
• Sunday: • Sunday:	
Holidays:     Holidays:	

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both?  If yes:	□Yes□No
i. Provide details including sources, time of day and duration:	
ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen?  Describe:	□Yes□No
n. Will the proposed action have outdoor lighting?	□Yes□No
If yes:  i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:	
ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen?  Describe:	□Yes□No
o. Does the proposed action have the potential to produce odors for more than one hour per day?  If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures:	□Yes□No
p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage?  If Yes:  i. Product(s) to be stored  ii. Volume(s) per unit time (e.g., month, year)  iii. Generally, describe the proposed storage facilities:	□Yes□No
<ul> <li>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation?</li> <li>If Yes:  i. Describe proposed treatment(s):</li> </ul>	☐ Yes ☐No
ii. Will the proposed action use Integrated Pest Management Practices?	☐ Yes ☐No
r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)?  If Yes:	
i. Describe any solid waste(s) to be generated during construction or operation of the facility:	
• Construction: tons per (unit of time) • Operation: tons per (unit of time)	
Operation: tons per (unit of time)  ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid wasted.  Construction:	
Construction:	
Operation:	
<ul> <li>iii. Proposed disposal methods/facilities for solid waste generated on-site:</li> <li>Construction:</li> </ul>	
Operation:	

s. Does the proposed action include construction or modifica	tion of a solid waste m	anagement facility?	☐ Yes ☐ No
If Yes:			1 10111
i. Type of management or handling of waste proposed for	the site (e.g., recycling	or transfer station, composting,	landfill, or
other disposal activities):			
<ul> <li>ii. Anticipated rate of disposal/processing:</li> <li>Tons/month, if transfer or other non-com</li> </ul>	hyatian/tharmal treatme	ant or	
m / 'C 1 / 1 1		ent, or	
iii. If landfill, anticipated site life:			
t. Will the proposed action at the site involve the commercia		gtorage or disposal of hazardo	us TVes TNo
waste?	i generation, treatment,	storage, or disposar or nazardo	
If Yes:			
i. Name(s) of all hazardous wastes or constituents to be get	nerated, handled or mar	naged at facility:	
ii. Generally describe processes or activities involving haza	irdous wastes or constit	uenis:	
iii. Specify amount to be handled or generatedtons/	month/		
iv. Describe any proposals for on-site minimization, recycli	ing or reuse of hazardou	is constituents:	· · · · · · · · · · · · · · · · · · ·
v. Will any hazardous wastes be disposed at an existing of	fsite hazardous waste fo	acility?	☐Yes ☐No
If Yes: provide name and location of facility:			
•			
If No: describe proposed management of any hazardous was	stes which will not be se	ent to a hazardous waste facility	:
E. Site and Setting of Proposed Action			
E. Site and Setting of Froposed Action			
E.1. Land uses on and surrounding the project site			
a. Existing land uses.			
i. Check all uses that occur on, adjoining and near the project site.			
☐ Urban ☐ Industrial ☐ Commercial ☐ Residen	tial (suburban) 🔲 Rı		
Forest Agriculture Aquatic Other (s	pecify):		
ii. If mix of uses, generally describe:			
b. Land uses and covertypes on the project site.			
Land use or	Current	Acreage After	Change
Covertype	Acreage	Project Completion	(Acres +/-)
Roads, buildings, and other paved or impervious			
surfaces			
• Forested			
Meadows, grasslands or brushlands (non-			
agricultural, including abandoned agricultural)			
Agricultural     (includes active anabards field greenhouse etc.)			
(includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
777 1 1 (6 1			
Non-vegetated (bare rock, earth or fill)			
• Other			
Describe:			

c. Is the project site presently used by members of the community for public recreation?  i. If Yes: explain:	□Yes□No
d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site?  If Yes,  i. Identify Facilities:	∏Yes∏No ઼
e. Does the project site contain an existing dam?  If Yes:  i. Dimensions of the dam and impoundment:  • Dam height:	∐Yes∐No
<ul><li>ii. Dam's existing hazard classification:</li><li>iii. Provide date and summarize results of last inspection:</li></ul>	
f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility.	□Yes□No lity?
If Yes:  i. Has the facility been formally closed?	□Yes□ No
If yes, cite sources/documentation:	
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility:	
iii. Describe any development constraints due to the prior solid waste activities:	
g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? If Yes:	□Yes□No
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurr	
h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site?	☐Yes☐ No
If Yes:  i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site  Remediation database? Check all that apply:	∐Yes∐No
<ul> <li>☐ Yes - Spills Incidents database</li> <li>☐ Yes - Environmental Site Remediation database</li> <li>☐ Neither database</li> </ul> Provide DEC ID number(s): Provide DEC ID number(s):	
ii. If site has been subject of RCRA corrective activities, describe control measures:	
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database?  If yes, provide DEC ID number(s):	□Yes□No
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s):	

v. Is the project site subject to an institutional control limiting property uses?		∐Yes□No
If yes, DEC site ID number:		
• Describe the type of institutional control (e.g., deed restriction or easement):		
Describe any use limitations:		
<ul> <li>Describe any engineering controls:</li> <li>Will the project affect the institutional or engineering controls in place?</li> </ul>		☐Yes ☐No
		I tes Tivo
Explain:		
E.2. Natural Resources On or Near Project Site		
a. What is the average depth to bedrock on the project site?	feet	
b. Are there bedrock outcroppings on the project site?		☐Yes ☐No
If Yes, what proportion of the site is comprised of bedrock outcroppings?	%	
c. Predominant soil type(s) present on project site:	%	
	%	
	%	
d. What is the average depth to the water table on the project site? Average: feet		
e. Drainage status of project site soils: Well Drained: % of site		
Moderately Well Drained: % of site		
Poorly Drained% of site		
f. Approximate proportion of proposed action site with slopes: 0-10%:	% of site	
☐ 10-15%:	% of site	
☐ 15% or greater:	% of site	
g. Are there any unique geologic features on the project site?		□Yes□No
If Yes, describe:		
h. Surface water features.		
i. Does any portion of the project site contain wetlands or other waterbodies (including stream	ms, rivers,	∐Yes∐No
ponds or lakes)?		□NZ□NT.
ii. Do any wetlands or other waterbodies adjoin the project site?		□Yes□No
If Yes to either i or ii, continue. If No, skip to E.2.i.	Co donol	□Yes□No
iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by a state or local agency?	my rederar,	LT LES LINO
iv. For each identified regulated wetland and waterbody on the project site, provide the follo	wing information:	
Streams: NameC	lassification	
Lakes or Ponds: Name	lassification	
Wetlands: Name A	pproximate Size	
Wetland No. (if regulated by DEC)		□Yes □No
v. Are any of the above water bodies listed in the most recent compilation of NYS water quawaterbodies?	mty-mpaired	T res Trvo
If yes, name of impaired water body/bodies and basis for listing as impaired:		
i. Is the project site in a designated Floodway?	<u> </u>	□Yes □No
j. Is the project site in the 100-year Floodplain?		☐Yes ☐No
k. Is the project site in the 500-year Floodplain?		∐Yes ∐No
1. Is the project site located over, or immediately adjoining, a primary, principal or sole source.	ce aquifer?	☐Yes ☐No
If Yes:	*	<del></del> -
i. Name of aquifer:		

n. Identify the predominant wildlife species that occupy or use the pr	roject site:	
	• 0	□Yes □No
n. Does the project site contain a designated significant natural community Yes:  i. Describe the habitat/community (composition, function, and basis)		
ii. Source(s) of description or evaluation:		
iii. Extent of community/habitat:		
• Currently:	acres	
Following completion of project as proposed:		
• Gain or loss (indicate + or -):	acres	
o. Does project site contain any species of plant or animal that is listed endangered or threatened, or does it contain any areas identified as If Yes:  i. Species and listing (endangered or threatened):	habitat for an endangered or threatened spe	ecies?
<ul> <li>p. Does the project site contain any species of plant or animal that is special concern?</li> <li>If Yes:</li> </ul>	listed by NYS as rare, or as a species of	□Yes□No
i. Species and listing:		
q. Is the project site or adjoining area currently used for hunting, trapp If yes, give a brief description of how the proposed action may affect	ping, fishing or shell fishing? that use:	∐Yes∐No
E.3. Designated Public Resources On or Near Project Site		
a. Is the project site, or any portion of it, located in a designated agric Agriculture and Markets Law, Article 25-AA, Section 303 and 30 If Yes, provide county plus district name/number:	4?	∐Yes ∐No
b. Are agricultural lands consisting of highly productive soils present <i>i</i> . If Yes: acreage(s) on project site?	t?	∐Yes∐No
ii. Source(s) of soil rating(s):		
<ul> <li>c. Does the project site contain all or part of, or is it substantially con Natural Landmark?</li> <li>If Yes: <ul> <li>i. Nature of the natural landmark:</li> <li>ii. Provide brief description of landmark, including values behind of</li> </ul> </li> </ul>	Geological Feature	
d. Is the project site located in or does it adjoin a state listed Critical If Yes:  i. CEA name:		∐Yes∐No
** *		
ii. Basis for designation:  iii. Designating agency and date:		

e. Does the project site contain, or is it substantially contiguous to, a build which is listed on the National or State Register of Historic Places, or to Office of Parks, Recreation and Historic Preservation to be eligible for If Yes:	hat has been determined by the Commissio	Yes No oner of the NYS ces?
i. Nature of historic/archaeological resource: Archaeological Site	☐ Historic Building or District	
ii. Name:		
f. Is the project site, or any portion of it, located in or adjacent to an area archaeological sites on the NY State Historic Preservation Office (SHP	designated as sensitive for O) archaeological site inventory?	∐Yes∏No
g. Have additional archaeological or historic site(s) or resources been ide If Yes:		□Yes □No
<ul><li>i. Describe possible resource(s):</li><li>ii. Basis for identification:</li></ul>		
h. Is the project site within fives miles of any officially designated and puscenic or aesthetic resource?  If Yes:		∏Yes∏No
<ul> <li>i. Identify resource:</li> <li>ii. Nature of, or basis for, designation (e.g., established highway overlocetc.):</li> </ul>		scenic byway,
iii. Distance between project and resource: mi	les.	
<ul> <li>i. Is the project site located within a designated river corridor under the Program 6 NYCRR 666?</li> <li>If Yes: <ul> <li>i. Identify the name of the river and its designation:</li> </ul> </li> </ul>		∏Yes∏No
<ul> <li>i. Identify the name of the river and its designation:</li> <li>ii. Is the activity consistent with development restrictions contained in 6</li> </ul>	SNYCRR Part 666?	∐Yes ∐No
F. Additional Information Attach any additional information which may be needed to clarify you If you have identified any adverse impacts which could be associated with measures which you propose to avoid or minimize them.		npacts plus any
G. Verification I certify that the information provided is true to the best of my knowle	dge.	
Applicant/Sponsor Name	Date	
Signature	Title	