

Town of Arcadia
Planning Department Application
(315) 331-0919

For Office Use Only	
Application # _____	Date Received _____
Prior # _____	Meeting Date _____
Application Type _____	Outcome _____
SEQR Classification _____	

Project Name: _____

Project Description: _____

Location: (Address, Distance & Direction From Nearest Intersection): _____

Tax Map #: _____ Zoning: _____

Applicant: _____

Address: _____

Phone: _____ Fax: _____

Agent: _____

Address: _____

Phone: _____ Fax: _____

Property Owner: _____

Address: _____

Phone: _____ Fax: _____

Size of Property: _____ (Acres)

<u>Application for</u>	<u>Amount</u>	<u>Check#</u>
_____ Sketch Plan	_____ Application Fee	_____
_____ Subdivision	_____ Engineering Fees	_____
_____ Site Plan Review	_____ Development Review Fee	_____
_____ Re-Subdivision	_____ Other	_____
_____ Administrative Review		
_____ Special Use Permit		

☐ Preliminary Approval Requested ☐ Final Approval Requested

☐ Referred to County Planning Board

Date: _____

Applicant's Signature: _____

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. 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.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			YES
			☐
			☐
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
			☐
			☐
3. 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 _____ acres			
or controlled by the applicant or project sponsor?			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban)			
☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify):			
☐ Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	☐	☐	☐
b. Consistent with the adopted comprehensive plan?	☐	☐	☐
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	☐	☐	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	☐	☐	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	☐	☐	
b. Are public transportation services available at or near the site of the proposed action?	☐	☐	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	☐	☐	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	☐	☐	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	☐	☐	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	☐	☐	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	☐	☐	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	☐	☐	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	☐	☐	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	☐	☐	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: ☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional ☐ Wetland ☐ Urban ☐ Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	☐	☐
16. Is the project site located in the 100-year flood plan?	NO	YES
	☐	☐
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	☐	☐
a. Will storm water discharges flow to adjacent properties?	☐	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	☐	☐

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	☐	☐

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	☐	☐

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	☐	☐

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		

Date: _____

In accordance with New York State Town Law, the Town of Arcadia will use the data in this statement to assist in evaluating the impacts of proposed development projects on farm operations in Agricultural Use Districts.

A. Name of Applicant: _____

Mailing Address: _____

Telephone _____

REQUEST FOR: () Special Use Permit; () Site Plan Approval; () Basic Subdivision Approval;
() Minor Subdivision Approval; () Major Subdivision Approval; () Salvage & Recycling Operation;
() Zoning; () Other _____

B. Description of the proposed project. Please include the location, address and tax account number of the project, its operating characteristics, any known impacts on vegetation, e.g. trees, hedgerows, or other significant natural plant material.

Description: _____

Location of Site: _____

Tax Map #: _____ Zoning District: _____

of Acres in Parcel: _____ # of Acres Involved in this Project: _____

Please indicate what the intentions are for the use of the remainder of the property: _____

Is the project located in an Agricultural District? ____ Yes ____ No

Are there any Agricultural Districts within 500 feet of the project boundary? ____ Yes ____ No

Are there any Agricultural Operations located within 500 feet of the project boundary? ____ Yes ____ No

C. If any of the questions above have been responded to positively, then the applicant must supply a list of names, mailing addresses, and tax account number of any land owners in the Ag District whose property contains active farm operations and whose property line is within 500 feet of the property lien of the land containing the proposed project:

NAME:

ADDRESS:

TAX ACCOUNT #:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

D. Include a copy of a tax map which outlines the property of the proposed project, and any properties identified as containing farm operations within 500 feet of the property of the proposed project. Identify on the tax map(s) all tax parcels so effected.