ZONING BOARD OF APPEALS APPLICATION

INSTRUCTIONS:

1. SUBMISSION:

   A. Applicants are encouraged to refer to Town Zoning Ordinance for complete requirements and procedures.

   B. All submissions shall include (See Sec. 308-32C)

      1. Seven (7) copies of dimensional scaled graphics, supportive and related details providing information required in the Zoning Ordinance.

      2. A completed Short Environmental Assessment Form

      3. Appropriate Fees (See Town Fee Schedule)

2. REVIEW & APPROVALS:

   A. Application shall be received by Town, County, and State Boards and Departments as appropriate and recommendations shall be made to the Zoning Board of Appeals. Costs incurred by any review shall be borne by the applicant.

   B. Public Hearings shall be scheduled by the Board for special permits, use variances and area variances.

Application form is on the reverse side of this document

ZONING BOARD OF APPEALS APPLICATION
Town of Marion, NY

For Town Use:

Application #_____ Application Fee: $50.00 ☐ Public Hearing Fee: $50.00 ☐

Tax Parcel: _____ Zone: _____

APPLICANT'S NAME: _____ **PHONE:** _____

ADDRESS: _____

PROPERTY LOCATION FOR REQUEST: _____

TYPE OF REQUEST SOUGHT: (Check one or more boxes, as appropriate)

SPECIAL PERMIT..... ☐ AREA VARIANCE.. ☐ APPEAL..... ☐

SPECIAL CONDITIONS... ☐ USE VARIANCE.... ☐ INTERPRETATION... ☐

BELOW, PROVIDE A BRIEF EXPLANATION, SETTING FORTH THE INTEPRETATION CLAIMED OR THE REQUEST SOUGHT, AND SPECIFY THE GROUNDS ON WHICH THE REQUEST IS CLAIMED AND SHOULD BE GRANTED:

_____

_____

_____

LIST PERTINENT PROVISIONS OF ZONING ORDINANCE: _____

_____

_____

PLANNING BOARD REVIEW: _____ ZONING BOARD OF APPEALS MEETING: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

AGRICULTURAL DATA STATEMENT

INSTRUCTIONS:

This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval, requiring municipal review, that would occur on property within 500 feet of a farm operation located in a NYS Department of Agriculture & Markets certified Agricultural District.

Application form is on the reverse side of this document

AGRICULTURAL DATA STATEMENT – TOWN OF MARION, NY

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

APPLICANT'S NAME: (If different from owner) _____

APPLICANT'S ADDRESS: _____

1. **Type of application:** Special Use Permit ..... ☐ Site Plan Approval ..... ☐
   Use Variance ..... ☐ Subdivision Approval ..... ☐

2. **Description of proposed project:** _____

3. **Location of project:** Address: _____
   Tax Map Number: _____

4. **Is this parcel within an Agricultural District** ☐ No ☐ Yes
   (check with your local assessor if you do not know)

5. **If #4 is 'Yes', provide Agricultural District Number:** _____

6. **Is this parcel actively farmed ?** ..... ☐ No ☐ Yes

7. **List all farm operations within 500 feet of your parcel.** *(attach additional sheet if required)*

Name: _____ Address: _____ Is this parcel actively farmed ☐ Yes ☐ No	Name: _____ Address: _____ Is this parcel actively farmed ☐ Yes ☐ No
Name: _____ Address: _____ Is this parcel actively farmed ☐ Yes ☐ No	Name: _____ Address: _____ Is this parcel actively farmed ☐ Yes ☐ No

APPLICANT'S SIGNATURE: _____ DATE: ___/___/___

LAND OWNER'S SIGNATURE *(if different):* _____ DATE: ___/___/___

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:

	NO	YES
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? 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.	☐	☐
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:	☐	☐

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 or controlled by the applicant or project sponsor? _____ acres

4. Check all land uses that occur on, are adjoining or near the proposed action:

5. ☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban)
   ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify):
   ☐ Parkland

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	☐	☐	☐
b. Consistent with the adopted comprehensive plan?	☐	☐	☐

	NO	YES
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?		
If Yes, identify: _____	☐	☐

	NO	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	☐	☐
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?	☐	☐

	NO	YES
9. Does the proposed action meet or exceed the state energy code requirements?		
If the proposed action will exceed requirements, describe design features and technologies:	☐	☐
_____		
_____		

	NO	YES
10. Will the proposed action connect to an existing public/private water supply?		
If No, describe method for providing potable water: _____	☐	☐
_____		

	NO	YES
11. Will the proposed action connect to existing wastewater utilities?		
If No, describe method for providing wastewater treatment: _____	☐	☐
_____		

	NO	YES
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?	☐	☐
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?	☐	☐

	NO	YES
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?	☐	☐
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

	NO	YES
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?	☐	☐
16. Is the project site located in the 100-year flood plan?	☐	☐
17. Will the proposed action create storm water discharge, either from point or non-point sources?	☐	☐
If 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: _____		
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: _____		
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: _____		

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: _____ Date: _____

Signature: _____ Title: _____

PRINT FORM