Town of Byron

Application #_____

Agricultural Data Statement

Date _____

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 Dept. of Ag & Markets certified Agricultural District.

Applicant	Owner if Different from Applicant
Name: _____ Address: _____ _____	Name: _____ 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 (TMP) _____
4. Is this parcel within an Agricultural District? ☐NO ☐ YES (Check with your local assessor if
5. If YES, Agricultural District Number_____ you do not know)
6. Is this parcel actively farmed? ☐ NO ☐ YES
7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: _____ Address: _____ _____ Is this parcel actively farmed? NO YES	Name: _____ Address: _____ _____ Is this parcel actively farmed? NO YES
Name: _____ Address: _____ _____ Is this parcel actively farmed? NO YES	Name: _____ Address: _____ _____ Is this parcel actively farmed? NO YES

_____ _____

Signature of Applicant Signature of Owner (if other than applicant)

Reviewed by: _____ _____

Signature of Municipal Official Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

APPLICATION FOR LAND SEPARATION
TOWN OF BYRON, NEW YORK 14422

Application # _____
Date _____

OWNER:

Name_____
Mailing Address _____

_____

Phone #_____

AUTHORIZED AGENT:
-SUBMIT AUTHORIZING LETTER-

Name_____
Mailing Address _____

_____

Phone # _____

TO BE FILLED IN BY THE APPLICANT

1. Tax Map Parcel # (T.M.P.)_____Property Location _____
2. Provide a brief purpose and description of this land separation _____

_____

_____

3. Provide a sketch plan (6 copies) of the proposed land separation that shall show:
   a. The entire tract of land owned by the owner.
   b. The proposed division (lot) lines.
   c. Any existing or proposed easements, deed restrictions or covenants affecting the tract.

_____ _____
Signature Date

OFFICE USE ONLY

PRELIMINARY:

1. Does parcel front on an existing street? ☐YES ☐NO
2. Does parcel require an extension of municipal facilities? ☐YES ☐NO
3. Does parcel comply with all area requirements? ☐YES ☐NO
4. Current Zoning District _____

If no, list non-conformity _____

_____

4. Fees paid? ☐NO ☐YES if yes, check # _____ Amount _____

ACTION TAKEN BY PLANNING BOARD:

Process this application as a SUBDIVISION☐ Do no answer the remaining questions. Proceed to Subdivision Process.
or LAND SEPARATION☐ Answer the remaining questions.

-Health Department Approval Required? NO☐ YES☐ if YES Conventional☐
Non-Conventional☐

-Parcel Survey Waived? NO☐ YES☐ if YES, state reason. _____

_____

Planning Board APPROVAL☐ DISAPPROVAL☐
APPROVAL with Modifications List Modifications _____

_____

FINAL AUTHORIZATION: Planning Board Approval☐ Disapproval☐

_____ _____
Signature Date

Copy Distribution: Planning Board, Z.E.O., Applicant

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 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:

☐ 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 or 500-year flood plain?	☐	☐
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: _____	☐	☐
21. Is the project located within, or within ½ mile of, a disadvantaged community?	☐	☐
If No, could impacts from the project affect a disadvantaged community?	☐	☐
If Yes to either question in 21, answer the following question.		
a. Identify the potential pollution impacts of the project, either direct or indirect, that may occur within the disadvantaged community (e.g., wastewater discharges, air emissions, noise, odors, solid or hazardous waste generation or management):		

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

Applicant/sponsor/name: _____ Date: _____

Signature: _____ Title: _____