Village of Dannemora

Planning Board

121 EMMONS STREET • P.O. BOX 566
DANNEMORA, NEW YORK 12929
(518) 492-7000 • FAX (518) 492-7548

APPLICATION FOR SPECIAL PERMIT

For Village Clerk's Use:
Zoning Permit Number:_____
Date Received:_____

Applicant's Name:
_____

Date:_____

_____
(Applicant's signature)

1. Attach this form and the site plan to the Zoning Permit application form.

2. Submit **two** (2) copies of a site plan, drawn to scale, which clearly shows the following:

a. boundaries and dimensions of the property

b. identification of bordering properties, and names of the property owners

c. any known easements or rights—of—way

d. all nearby roads and streets

e. dimensions of all existing and proposed buildings and structures, including building height

f. front yard, rear yard and side yard measurements (front yards are measured from the, edge of the shoulder of the road)

g. all proposed driveways, entries, exits and Internal circulation of traffic

h. the location and arrangement of off—street parking

i. plans for provision of water and sewer services

j. natural features on the site, including any wet areas, steep slopes or mature. trees.

k. proposed landscaping and vegetative plantings

1. location of drainage ditches

m. an indication of which direction the land slopes

n. scale and north arrow

o. any additional information as directed by the Planning Board

3. Describe the proposed development in detail (For multi—family dwellings state the number of units, size of units, number of bedrooms, and number of parking spaces provided. For non-residential uses indicate total floor area, sales area, number of parking spaces provided, anticipated amount of traffic generated and so forth.)

NOTE: It is recommended that the applicant meet with the Planning Board prior to filing this application In order to determine if any additional information will be required.

PROJECT ID NUMBER

617.20
APPENDIX C
STATE ENVIRONMENTAL QUALITY REVIEW

SEQR

SHORT ENVIRONMENTAL ASSESSMENT FORM

for UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT / SPONSOR	2. PROJECT NAME
3.PROJECT LOCATION: Municipality	County

4. PRECISE LOCATION: Street Addess and Road Intersections, Prominent landmarks etc - or provide map

5. IS PROPOSED ACTION : ☐ New ☐ Expansion ☐ Modification / alteration

6. DESCRIBE PROJECT BRIEFLY:

7. AMOUNT OF LAND AFFECTED:
Initially acres Ultimately acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS?
☐ Yes ☐ No If no, describe briefly:

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.)
☐ Residential ☐ Industrial ☐ Commercial ☐ Agriculture ☐ Park / Forest / Open Space ☐ Other (describe)

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local)
☐ Yes ☐ No If yes, list agency name and permit / approval:

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
☐ Yes ☐ No If yes, list agency name and permit / approval:

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION?
☐ Yes ☐ No

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

Applicant / Sponsor Name Date:

Signature_____

If the action is a Costal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
☐ Yes ☐ No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
☐ Yes ☐ No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? (If yes, explain briefly:
☐ Yes ☐ No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? If yes explain:
☐ Yes ☐ No

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question d of part ii was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

☐ Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

*The following was adopted by the Planning Board on 5/20/2004:

A **complete** application must be received by the Village Office ten (10) days prior to the Planning Board's regularly scheduled meeting in order to be reviewed by the Planning Board at that meeting and determine if the application needs to be referred to the Clinton County Planning Board for their review; then a public hearing will be scheduled for the next monthly meeting.