

Town of Beekmantown

**County of Clinton
571 Spellman Road
West Chazy, NY 12992**

**Application to Planning Board For
Review and Approval of Subdivision**

(INSTRUCTIONS ON PAGE 3)

1. Date _____ APPLICATION #: _____

2. Applicant (Subdivider): _____

Address: _____

Phone: _____

3. (Owner if different):Name: _____

Address: _____

Phone: _____

4. Plans Prepared by (Licensed Land Surveyor or Engineer):

Name: _____

Address: _____

Phone: _____

Title of Plans: _____

Drawing No.: _____

Date of Plans: _____

No. Of Sheets: _____

5. Location of Land to be subdivided:

Street Address: _____

Tax No. Of Parcel(s): _____

6. Existing or Proposed Easements and any Proposed covenants (Use sheet if necessary)

7. Total site area (square feet or acres) _____

8. Has this parcel been previously subdivided? _____

9. Proposed type of Development:

A) Single Family Residential:

Conventional - No. of Lots _____

Modular-No. of Lots _____

Single; Double-wide or other Manufactured Housing - No. of Lots _____

B) Commercial - No. of Lots _____

C) Industrial - No. of Lots _____

10. Have you prepared a Master Plan: _____

11. Current Zoning Classification _____

12. Current land use of site (commercial, residential, undeveloped, etc.)

13. Current condition of site (building, brush, etc.) _____

14. For subdivision involving extension of public street or utilities:

A) Start of construction and duration _____

B) Will development be staged? _____ If Yes, explain: _____

15. List any requested exceptions to the requirements of the Subdivision Ordinance: _____

16. The undersigned hereby requests approval by the Planning Board of the above identified subdivision plan:

Signature _____

Print _____

INSTRUCTIONS

1. TYPE OR PRINT NEATLY. COMPLETE ALL BLANKS.

- A. SUBMIT COMPLETED APPLICATION, COPY OF DEED, ONE LOCATION MAP, (TAX MAP), SKETCH PLAN, SURVEY/SUBDIVISION PLAT, EXISTING AND PROPOSED CONDITIONS, DETAILS AND ALL INFORMATION AS REQUIRED BY THE SUBDIVISION ORDINANCE.**
- B. IN THE CASE OF A MAJOR SUBDIVISION, PLEASE SUBMIT APPLICABLE CLINTON COUNTY HEALTH DEPT. PERMITS OR APPLICATION FOR APPLICABLE PERMITS.**
- C. THE APPLICATION WILL BE RE VIEWED BY THE ZONING ENFORCEMENT OFFICER FOR COMPLETENESS AND VERIFICATION THAT ALL REQUIRED INFORMATION IS PROVIDED.**
- D. AFTER REVIEW AND ACCEPTANCE THE APPLICATION WILL BE RETURNED AND THE APPLICANT IS TO SUBMIT ELEVEN (11) COPIES OF THE APPROVED APPLICATION AND REQUIRED INFORMATION LISTED UNDER ITEM A. THE ELEVEN (11) SETS ARE TO BE INDIVIDUALLY BOUND (BY CLIPS, ETC.) AND ARE TO BE NO LARGER THAN 9" X 12" (FOLD PLANS AS NECESSARY).**

2. SUBMIT FIRST COMPLETED APPLICATION AND ATTACHMENTS TO:

**SUSAN PROCTOR
TOWN OF BEEKMANTOWN
PLANNING BOARD
TOWN OFFICE
571 SPELLMAN ROAD
WEST CHAZY, NY 12992
(518) 563-4650**

- 3. ALL APPLICATIONS AND ACCOMPANYING DOCUMENTS MUST BE SUBMITTED TO THE TOWN OF BEEKMANTOWN BY THE 15th OF THE MONTH PRIOR TO THE DATE SAID APPLICATION IS TO BE HEARD, WHICH IS THE NEXT MONTH'S REGULAR MONTHLY MEETING.**

4. FEE SCHEDULE: (Please note the remaining lands constitute a lot)

- | | | | |
|------------|---------------------------------|----------------|----------------|
| A.) | MINOR SUBDIVISION (1-4) | \$25.00 | PER LOT |
| B.) | MAJOR SUBDIVISION (5-UP) | \$50.00 | PER LOT |
| C.) | SITE PLAN REVIEW | \$50.00 | PER LOT |

5. ATTENDANCE BY APPLICANT OR REPRESENTATIVE WITH WRITTEN AUTHORIZATION FROM APPLICANT IS REQUIRED AT THE PLANNING BOARD MEETING FOR ANY ACTION TO BE TAKEN.

NOTE: A SUBDIVISION REVIEW REQUEST CANNOT BE PLACED ON THE PLANNING BOARD AGENDA UNTIL THE ZONING ENFORCEMENT OFFICER CERTIFIES THE SUBMITTAL IS COMPLETE AND CONTAINS ALL THE INFORMATION IS REQUIRED.

APPLICATION FEE: _____ APPLICATION NO.: _____

STATUS OF SUBDIVISION: _____ SKETCH PLAN (PRELIMINARY)

(WITH THE APPLICATION _____ FINAL PLAN

A COPY OF THE SUBDIVISION ORDINANCE IS AVAILABLE UPON REQUEST

Certified as to:

Compliance with Zoning Ordinance: _____
Zoning Enforcement Officer

Completeness of Application: _____
Zoning Enforcement Officer

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:
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.			<input type="checkbox"/>
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:			<input type="checkbox"/>
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:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
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	
	<input type="checkbox"/>	<input type="checkbox"/>	
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: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> 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
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		

Project:

Date:

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Project:

Date:

**Short Environmental Assessment Form
Part 3 Determination of Significance**

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.	
<input type="checkbox"/> 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.	
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)