

Town of Spafford

1984 Route 174
Skaneateles, NY 13152
Tel. (315) 673-4144
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Web site: townofspafford.com

| |
|---|
| For Office Use Only Application # _____ Date Received _____ |
|---|

APPLICATION FOR:

- Lot/Boundary Line Adjustment
- Subdivision

1. NAME OF APPLICANT: _____
2. MAILING ADDRESS: _____
3. TELEPHONE NUMBER: _____
4. E-MAIL ADDRESS: _____
5. TAX MAP ID # OF PROPERTY: _____
6. EXACT LOCATION OF PROPERTY: _____

7. APPLICANT'S SIGNATURE: _____
8. AGENCY REPRESENTATIVE SIGNATURE: _____

PLANNING BOARD ACTION

1. Date accepted for processing by the Intake Agent _____, 20__
2. Date sent to County Planning _____, 20__
3. Date of public hearing _____, 20__
4. Date of Board Decision _____, 20__
5. Plat approved Disapproved or Approved with the following modifications:

6. Last date for filing applications for approval of final Plat _____, 20__

Chairman of Town of Spafford Planning Board

APPLICATION FOR APPROVAL OF PLAT

A.
Developer/Applicant: _____ Tract Name (if applicable): _____

Address: _____

Phone Number: _____ E-Mail: _____

Attorney: _____

Address: _____

Phone Number: _____ E-Mail: _____

Planner/Surveyor: _____

Address: _____

Phone Number: _____ E-Mail: _____

B.
DRAWINGS SUBMITTED AS PART OF THIS APPLICATION ARE:

- a. Preliminary Plat DRAWING # _____ DATE _____
- b. Street Profiles DRAWING # _____ DATE _____
- c. Topographic Survey DRAWING # _____ DATE _____
- d. Name of Plat _____

C.
TO THE PLANNING BOARD, TOWN OF SPAFFORD, NEW YORK:

The Application for Approval of the Plat of _____
(Please print name and address of Applicant) _____
respectfully states:

1. Applicant is owner/purchaser under contract of the subject property which is located at (please provide street address, if none, give a general description of location) _____ Attach legal description.
2. Applicant acquired the subject property on _____, 20____, or if not owner, provide the name(s) and address(es) of the owner(s) of record of the subject property:
3. The zoning district in which the subject property is located is: _____
4. The current land use of the subject property is: _____
5. The subject property is located within the territorial limits of the _____ Volunteer Fire Department.
6. The name of the school district in which the subject property is located is: _____
7. Upon information and belief, the names and addresses of all adjoining owners and the current zoning classification of each adjoining parcel are as follows:

| NAME | ADDRESS | ZONING |
|------|---------|--------|
|------|---------|--------|

NORTH: _____

EAST: _____

SOUTH: _____

WEST: _____

8. Applicant proposes to file the final plat in _____ phases as shown on the submitted drawing. (Subject to Planning Board Approval).
9. In the event that all required documents are not furnished to the Planning Board at the time of submission of this application, the applicant hereby agrees that he/she waives any and all rights which might otherwise occur to him/her by virtue of Section 276 of the Town Law of the State of New York.
10. Applicant further consents to the appropriate Planning Board action either revoking any approval which may be granted hereinafter or obtaining necessary injunctive relief in the event applicant fails to abide by any conditions or restrictions contained herein or imposed hereafter by the Town of Spafford.

DATE: _____, 20____

(Individual Signature)

(Corporate Signature)

By: _____
(Officer)

(Mailing Address of Applicant)

(Telephone Number)

STATE OF NEW YORK }
COUNTY OF ONONDAGA } ss.:

On this _____ day of _____, 20____, before me personally came and appeared _____, to me sworn/known to be the person described in and who executed the foregoing Application for Approval of Plat, and he/she duly acknowledged to me that he/she executed the same.

(NOTARY PUBLIC)

STATE OF NEW YORK }
COUNTY OF ONONDAGA } ss.:

On this _____ day of _____, 20____, before me personally came and appeared _____, to me sworn/known and who by me duly sworn, did depose and say that he/she is the _____ of _____, the corporation described in and which executed the foregoing Application for Approval of Plat, that he/she knows the seal of said corporation; that one of the seals affixed to said instrument is such seal; that it was so affixed by order of the directors of said corporation and that he/she signed his/her name thereto by like order.

(NOTARY PUBLIC)

TOWN OF SPAFFORD
DISCLOSURE AFFIDAVIT

This affidavit is a part of and must be completed and attached to every application, petition, request, submitted for a variance, amendment, change of zoning, approval of plat, exemption from a plat or official map, license or permit.

STATE OF NEW YORK }
COUNTY OF ONONDAGA }ss.:

1. _____ being duly sworn, deposes and says that he/she is :
_____ (applicant, petitioner, corporation officer, property owner, etc.)

2. That deponent has read and is familiar with the provisions of the General Municipal Law Section 809 which states:
 - a. Every application, petition, or request submitted for a variance, amendment, change of zoning, approval of plat, exemption from a plat or official map, license or permit, pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality or of a municipality of which such municipality is a part, in the person, partnership or association making such application, petition or request, (hereinafter called the applicant) to the extent known to such applicant.
 - b. For the purpose of this action an officer or employee shall be deemed to have an interest in the applicant when he/she, his/her spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them
 - i. Is the applicant, or
 - ii. Is an officer, director, partner, or employee of the applicant, or
 - iii. Legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
 - iv. Is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request
 - c. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.
 - d. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.
 - e. That no Town of Spafford officer, employee or a relative of either, as defined in Section 809 of General Municipal Law has any interest in this application, petition, or request.

-OR-

If a Town of Spafford officer, employee, relative of either as defined in Section 809 of General Municipal Law has any interest in this application, petition, or request, give the full particulars in the following paragraph.

Signature: _____

Dated: _____

INDIVIDUAL ACKNOWLEDGEMENT

STATE OF NEW YORK }
COUNTY OF ONONDAGA }ss.:

_____, being duly sworn, deposes and says that he/she is the applicant/petitioner in this application/petition; that he/she has read the foregoing affidavit and knows the contents thereof; that the same is true to the knowledge of the deponent, except as to matters therein stated to be alleged on information and belief, and that as to those matters he/she believes them to be true.

Subscribed to before me this _____ day of _____, 20__

(Signature of applicant/petitioner, etc.)

Notary Public

CORPORATE ACKNOWLEDGEMENT

STATE OF NEW YORK }
COUNTY OF ONONDAGA }ss.:

_____, being duly sworn, deposes and says that he/she is the _____ of _____, the corporation named in the within entitled application/petition; that he/she has read the foregoing affidavit and knows the contents thereof; that the same is true to his/her own knowledge, except as to matters therein stated to be alleged on information and belief, and that as to those matters he/she believes them to be true.

Subscribed to before me this _____ day of _____, 20__

(Signature of applicant/petitioner, etc.)

Notary Public

AGRICULTURAL DATA STATEMENT

This statement is required by Section 283-a of the New York State Town Law for any proposed project that would occur (a) on property within an agricultural district containing a farm operation, or (b) on property with boundaries within 500 feet of a farm operation located in an agricultural district.

Name of applicant: _____

Mailing address: _____

Description of the proposed project: _____

Project site address: _____

Project site tax map number: _____

The project is located:

- within an agricultural district containing a farm operation, or
- on property with boundaries within 500 feet of a farm operation located in an agricultural district

Number of acres involved with project: _____

Is any portion of the project site currently being farmed?

- Yes. If yes, how much? _____ Acres or _____ Square Feet
- No.

Please identify the name and address of any owner of land within the agricultural district, which land contains farm operations and is located within 500 feet of the boundary of the property upon which the project is proposed.

Please attach a copy of the current tax map showing the site of the proposed project relative to the location of farm operations identified in Item H above.



FARM NOTE

Prospective residents should be aware that such farm operations may generate dust, odor, smoke, noise, vibration and other conditions which routinely result from agricultural activities.

Name and Title of Person Completing Form

Date

617.20
Appendix B
Short Environmental Assessment Form

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.

| <u>Part 1 - Project and Sponsor Information</u> | | | |
|--|--|------------|--------------------------|
| 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. <u>Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?</u> | | | 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 |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| 2. <u>Does the proposed action require a permit, approval or funding from any other governmental Agency?</u> | | | NO |
| If Yes, list agency(s) name and permit or approval: | | | YES |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| 3.a. <u>Total acreage of the site of the proposed action?</u> _____ acres | | | |
| b. <u>Total acreage to be physically disturbed?</u> _____ acres | | | |
| c. <u>Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?</u> _____ acres | | | |
| 4. <u>Check all land uses that occur on, adjoining and near the proposed action.</u> | | | |
| <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 | | | |

| | NO | YES | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 5. Is the proposed action, a. <u>A permitted use under the zoning regulations?</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Consistent with the adopted comprehensive plan?</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Is the proposed action consistent with the predominant character of the existing built or natural landscape?</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</u> If Yes, identify: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. a. <u>Will the proposed action result in a substantial increase in traffic above present levels?</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are public transportation service(s) available at or near the site of the proposed action? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <u>Does the proposed action meet or exceed the state energy code requirements?</u> If the proposed action will exceed requirements, describe design features and technologies: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <u>Will the proposed action connect to an existing public/private water supply?</u> If No, describe method for providing potable water: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <u>Will the proposed action connect to existing wastewater utilities?</u> If No, describe method for providing wastewater treatment: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. a. <u>Does the site contain a structure that is listed on either the State or National Register of Historic Places?</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the proposed action located in an archeological sensitive area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. a. <u>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?</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. <u>Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:</u> <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. <u>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?</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. <u>Is the project site located in the 100 year flood plain?</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. <u>Will the proposed action create storm water discharge, either from point or non-point sources?</u> If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| 18. <u>Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</u> If Yes, explain purpose and size: _____ _____ _____ | NO | YES |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. <u>Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</u> If Yes, describe: _____ _____ _____ | NO | YES |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. <u>Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</u> If Yes, describe: _____ _____ _____ | NO | YES |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE | | |
| Applicant/sponsor name: _____ Date: _____ | | |
| Signature: _____ | | |

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. 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. <u>Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Will the proposed action result in a change in the use or intensity of use of land?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>Will the proposed action impair the character or quality of the existing community?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <u>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?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>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?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Will the proposed action impact existing:</u> a. public / private water supplies? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. public / private wastewater treatment utilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <u>Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <u>Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No, or small impact may occur | Moderate to large impact may occur |
|--|-------------------------------|------------------------------------|
| 10. <u>Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <u>Will the proposed action create a hazard to environmental resources or human health?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. 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) |