

ARTICLE 5: SUBMISSION REQUIREMENTS

Section 500 - Planning Board Review

All land divisions and subdivisions subject to review as herein defined must be submitted to the Planning Board for their review, accompanied by the materials described in this Article.

Section 510 - Materials To Be Submitted - Land Divisions

1. Name and Address of Applicant, including any professional advisers.
2. A sketch of the proposed land division, showing the projects proposed features including lots, blocks and sites, means of access and egress, and other pertinent features.
3. A description of the current condition of the site including onsite environmental features and surrounding land uses.
4. A description of the proposed uses of the site.

Section 520 – Materials To Be Submitted – Subdivision Preliminary Plat

1. Name and address of subdivider and any professional advisers, including license numbers and seals.
2. Three copies of a map of the property, drawn to scale, at a scale of (1) inch to fifty (50) feet or one (1) inch to one hundred (100) feet, showing:
 - a. Subdivision name, scale, north arrow and date.
 - b. Subdivision boundaries.
 - c. Contiguous properties and names of owners.
 - d. Existing and proposed roads, sidewalks.

- e. Water courses, marshes, wetlands, wooded areas, public facilities and other significant physical features on or near the site.
 - f. Proposed pattern of lots, including lot widths and depths, road layout, and open space.
 - g. Land contours at ten (10) foot intervals, or other suitable indicators of slope.
 - h. Proposed alterations of existing topography.
 - i. The preliminary location and layout of any proposed drainage and community water supply and sewage disposal facilities, if necessary.
3. Copy of tax map(s), showing all parcels effected.
 4. Total acreage of subdivision and number of lots proposed.
 5. Building types, approximate size, approximate cost, and tentative location, (at the discretion of the Planning Board).
 6. All parcels of land proposed to be dedicated to public use and the conditions of such use.
 7. The width and location of any roads or public ways and the width, location, grades and road profiles of all roads or public ways proposed by the developer.
 8. Plans showing sidewalks, road lighting, roadside trees, curbs, water mains, sanitary sewers and storm drains, the character, width and depth of pavements and sub-base, and the location of any underground cables.
 9. Preliminary designs for any bridges or culverts.
 10. The environmental assessment form as required by the state Environmental Quality Review Act (SEQR).
 11. Other information as required by the Planning Board that in their opinion is necessary for a complete understanding of the subdivision proposal.
 12. Completed Subdivision Review Application.

Section 530 - Materials to be Submitted - Subdivision Final Plat

1. The materials described in Section 520 - Items 1 - 10.
2. Three copies of a map, at a scale of 1 inch to 50 ft. or 1 inch to 100 ft., showing the final layout and design of any proposed drainage and community water supply, and sewage disposal facilities.
3. Information regarding the certifications, and, pending or secured permits of any other agency required for the subdivision or any of its elements including, but not limited to, the New York State Department of Transportation, the Jefferson County Highway Department, the New York State Department of Health, the New York State Department of Environmental conservation, and the united States Army Corps of Engineers.
4. A legal survey of the subdivision, prepared by a licensed land surveyor.
5. Other information as required by the Planning Board that in their opinion is necessary for a complete understanding and assessment of the subdivision proposal.

Section 540 - Waiver of Submission Requirements

When an application concerns a subdivision of uncomplicated nature, such as a small subdivision along an existing road that requires no installation of public facilities, the Planning Board may waive certain submission requirements.

Town of Hounsfield Application

Land Division/Land Partition

Land Division Review: _____ Date Received: _____

Applicant: _____ Phone number: _____

Applicant Address: _____

Tax Map: _____ Fee: _____

Location and Size of Proposed Land Division: _____

INITIAL REVIEW OF LAND PARTITION

A. Proposed number of Lots, Blocks, or Sites in Land Division 2-3 4-5 6-7 8-9 10+
If more than 10 Specify: _____

B. Proposed Method of Access To Land Division Existing Road
Specify Name: _____

Proposed Road: _____

C. Environmental Condition of Site
(Please Check All Appropriate Boxes)

Steep Sloping Site: _____

Designated Wetlands: _____

Shoreline Presence if so Body of Water: _____

Rare or Significant Vegetation: _____

Fish and Wildlife Considerations: _____

Soil Types: _____

Other Site Considerations: _____

D. Proposed Method Of Water Services

Municipal Water System

Private Well

E. Proposed Method of Sewage Disposal

Municipal Sewage System

Individual System

If Individual System, can the proposed lot(s) meet dimensional requirements set forth in Appendix 75-A, New York State public Health Law?

Yes

No, Describe _____

F. Proposed use of Land Division (Circle each that applies)

Agricultural Business, Agriculture, Airstrip, Auto Service Station,

Bed & Breakfast, Campground, Dwelling Single Family, Dwelling Two Family,

Dwelling Multi Family, Essential Services, Excavation, Funeral Home,

Industry Heavy, Industry Light, Institutional Use, Junkyard, Kennel,

Individual Mobil Homes, Marina, Mobile Home, Mobile Home Park,

Motel/Hotel, Office, Office Small, Recreation Outdoor, Religious Institution,

Rental Cottages, Restaurant, Retail Large, Retail Small, School,
Shopping Center,

Telecommunication Tower, Townhouses, Travel Trailer Park, Warehouses,

Other:

G. Is there Historical, and/or Archaeological Significance to the Site:

Yes, Describe: _____

No: Other Significant Information Regarding the Site? _____

Applicant(s) Signature: _____

Owner's Signature: _____

Date of Application: _____

(To be filled in by Planning Board Chairperson)

H. Classification of Land Division:

Land Partition, It is the opinion of the Planning Board that this proposed Land Division is unlikely to have any adverse impacts upon the environment, or the Public Health, Safety and Welfare of the Residents of the Town of Hounsfield. Therefore, this so designated Land Partition requires no future review by the Hounsfield Planning Board and may be filed the Land Partition certificate with the Clerk of Jefferson County, New York.

Subdivision, It is the opinion of the Planning Board that this proposed Land Division has the potential, to have adverse impacts upon the environment or Public Health, Safety, and Welfare of the Residents of the Town of Hounsfield. Therefore, this Land Division has been designated as a Subdivision and is subject to further Subdivision Review as required by Regulations.

Reason For Decision: _____

Date: _____

_____, Chairman
Town of Hounsfield Planning Board

617.20
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - 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 address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> 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 EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> 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 in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

Reset

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

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, a negative declaration may be superseded by another involved agency.
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

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.

<input type="checkbox"/> 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.	
<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 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)

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