

**TOWN OF WINDHAM
SITE PLAN REVIEW APPLICATION**

Office use only:

date: _____
application: _____
fee paid: _____
approved: _____
date: _____

1. Project name or title of: _____

2. Project owner (s) name, address and telephone number (attach extra sheets if necessary)
Name (s): _____
Address: _____
_____ Phone: _____

3. If an agent, or if an owner is a corporation, give person acting for:
Name: _____
Address: _____
_____ Phone: _____

4. Licensed Architect, Landscape Architect, Engineer or Surveyor:
Name: _____
Address: _____
_____ Phone: _____

5. Location of Site (Tax lot number, street or other identification): _____

6. Existing Deed Restriction, Covenants, Easements, etc. (Describe generally and attach specific details of restrictions. If none, state none): _____

7. Total area of site: _____ acres _____ square feet
8. Proposed improvements: _____ Commercial _____ Residential
_____ Addition _____ New Construction _____ Renovation
_____ Landscaping _____ Drainage Improvement _____ Other
Explain: _____

9. Areas of existing structure (s) – including all stories: _____
_____ No. of Stories: _____

10. Existing water supply: _____
Proposed water supply: _____

Existing sewage disposal system: _____
Proposed sewage disposal system: _____
(Attach specifications, if required)

11. Name and address of abutting owners, and within 500' of the site (attach list, if needed): _____

12. Have you read the Site Plan Review Regulations? _____ Yes _____ No

13. Is the project in a Special District? _____ Yes, _____ No, _____ Unknown
If yes, what district? _____.

14. Have you had a Sketch Plan conference with the Planning Board within the last six (6) months? _____ Yes, _____ No.

15. The undersigned requests conditional approval of the proposed Site Plan:

Owner's Name: _____

Owner's Signature: _____

Date: _____

16. Fees: Residential - # of residential units _____ x \$25.00 = \$ _____
Commercial - Total square feet _____ x \$.05 per square foot = \$ _____
Driveway - \$25.00
Garage Sales, Lawn Sales and Porch Sales - \$5.00
Clear Cutting a lot - \$25.00
Structural Improvements such as, but not limited to driving ranges and ski trails,
and also for telecommunications - \$100.00

PROJECT I.D. NUMBER

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. IS PROPOSED ACTION: <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) 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 name and permit/approval	
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

TOWN OF WINDHAM
PLANNING BOARD
SITE PLAN REVIEW CHECKLIST

ARTICLE II APPLICATION AND DEFINITIONS

SECTION 2.010 APPLICABILITY OF REVIEW REQUIREMENTS

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| A. Is parcel two (2) acres or greater? | _____ | _____ |
| B. Is improvement construction, alteration or replacement of a one (1) family dwelling or ordinary accessory structure? | _____ | _____ |
| C. Is construction or alteration of agricultural use building on working farm? | _____ | _____ |
| D. Will improvement require only minor grading or grading on less than two (2) acres? | _____ | _____ |
| E. Is improvement ordinary repair, or maintenance, or interior alterations to existing structure? | _____ | _____ |
| F. Is the improvement exterior alterations or addition to existing structure which is less than fifty percent (50%) of existing structure in total floor area? | _____ | _____ |
| G. Is improvement non-structural, agricultural, or gardening use not involving "clear cutting" timber? | _____ | _____ |
| H. Will improvement require clear cutting of less than one-half (1/2) acre? | _____ | _____ |
| I. Is action a garage sale for less than three (3) days and will it take place three (3) times or less in one (1) calendar year? | _____ | _____ |
| J. Is action the sale of agricultural produce or temporary structures related to sale of agricultural produce? | _____ | _____ |
| K. Is action listed above? | _____ | _____ |
| If no, explain action: _____ | _____ | _____ |

(If necessary, attach description of action)

- | | | |
|---|-------|-------|
| L. Is this proposal in any Special District? | _____ | _____ |
| M. Is an entrance approval required from any agency? | _____ | _____ |
| N. Is water approval necessary? | _____ | _____ |
| O. Is sewer allocation required? | _____ | _____ |
| P. Will action require site plan approval? | _____ | _____ |
| If NO, discontinue check list. | _____ | _____ |
| Q. All commercial s must be reviewed - <u>No Exceptions</u> | | |

ARTICLE III SITE PLAN REVIEW

SECTION 3.020 SKETCH PLAN

- | | | |
|--|---------|--------|
| A. Sketch Plan Conference | Checked | Waived |
| Date: _____ | _____ | _____ |
| B. Does Sketch Plan include the following: | | |
| -Statement of action | _____ | _____ |
| -Does rough sketch show: | | |
| -dimension and locations of all | _____ | _____ |
| structures on proposed lot | _____ | _____ |

TOWN OF WINDHAM PLANNING BOARD
SITE PLAN REVIEW CHECKLIST

- | | | |
|---|---------|--------|
| B. Does Sketch Plan include the following: | Checked | Waived |
| -parking area | _____ | _____ |
| -access signs w/ descriptions | _____ | _____ |
| -existing & proposed vegetation | _____ | _____ |
| -planned feature | _____ | _____ |
| -anticipated changes in topography & natural features | _____ | _____ |
| -measures and features to comply with flood hazard and
flood insurance regulations | _____ | _____ |
| C. Will the Board require: | | |
| -Area map | _____ | _____ |
| -Features within two hundred feet (200') of
proposed action boundaries such as: | _____ | _____ |
| -other properties | _____ | _____ |
| -subdivisions | _____ | _____ |
| -streets | _____ | _____ |
| -ROW | _____ | _____ |
| -easements | _____ | _____ |
| -wells | _____ | _____ |
| -septics | _____ | _____ |
| -special districts | _____ | _____ |
| -other pertinent features | _____ | _____ |

Explain others: _____

- | | | |
|----------------------------|-------|-------|
| D. Topography Requirements | | |
| -2' contours | _____ | _____ |
| -5' contours | _____ | _____ |
| -10' contours | _____ | _____ |
| -20' contours | _____ | _____ |

- Water supply system design w/ details _____
- Water supply system construction materials _____
- Locations of fire & other emergency zones including fire hydrants _____
- Location, design and construction materials for all energy district facilities including gas, electric and alternate energy sources _____
- Location, size, design and type of construction of all proposed signs _____
- Location and proposed development of all buffer areas including existing vegetative cover _____
- Location and design of outdoor lighting facilities _____
- Identification of location and amount of building area used for retail sales or similar commercial activities _____
- Landscape plan and planting schedule _____
- Project construction schedule _____
- Record of application for and status of all necessary permits from other governmental agencies _____
- Other elements considered necessary by Planning Board (attach explanation) _____
- Location of wells, sewage disposal systems, on adjoining properties or within two hundred feet (200') of site _____
- Location of existing well or wells on the site _____
- Relationship of the site to any special districts _____
- Environmental Assessment Form (EAF) _____
- Others (attach explanation) _____

Section 3.040 REQUIRED FEE

A.	Number of Residential Units (Number of units) X	_____	\$25.00
	TOTAL FEE:	_____	\$
B.	Commercial - Total Square Feet (per sq. ft.) X	_____	.05
	TOTAL FEE:	_____	\$

Section 3.045 REIMBURSABLE COSTS

A.	Costs incurred	\$ _____
		\$ _____
		\$ _____

Notified Applicant _____ yes _____ no Date: _____

ARTICLE IV REVIEW STANDARDS

Section 4.010 GENERAL STANDARDS AND CONSIDERATIONS

- A. Location, arrangement, size, design and general site

Checked Waived

Section 5.020 PLANNING BOARD DECISION

- A. Date decision must be made:
(15 days after public hearing or 45 days after receipt of complete application for site plan approval) _____
- B. SEQRA Declaration _____
 - Negative _____
 - Positive _____
 - Other (explain) _____
- C. Decision Date Extension: _____
- D. Decision _____
 - Approval _____
 - Approval Date: _____
 - All Fees Paid: _____
 - Outstanding Fees: _____
 - Date all fees paid: _____
 - All reimbursables paid: _____
 - Outstanding reimbursables: _____
 - Date all reimbursables paid: _____ (date)
 - Endorse site plan copy: _____ (date)
 - Endorsed site plan filed by Town Clerk _____ (date)
 - Written statement of approval mailed to Applicant by Certified Mail: (Return Receipt) _____ (date)
 - Approval with modifications _____
 - Approval w/ modification date: _____
(attach modifications required)
 - Written statement of modifications to applicant by certified mail (return receipt) _____ (date)
 - All outstanding modifications complete: _____ (date)
 - All fees paid: _____
 - Outstanding: _____
 - Date all fees paid: _____
 - Endorse site plan copy: _____ (date)
 - Endorse site plan filed by Town Clerk: _____ (date)
 - Written statement of approval mailed to Applicant by Certified Mail, Return Receipt: _____ (date)
 - Disapproval _____
 - Disapproval Date: _____
 - Date filed by Town Clerk: _____
 - written statement of disapproval mailed to applicant by Certified Mail, Return Receipt) _____ (date)

PART II—ENVIRONMENTAL ASSESSMENT (To be completed by Agency) *Planning Board*

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 patterns, 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 CEA?
 Yes No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes 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 and 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

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)

Date