



**TOWN OF FALLSBURG  
CODE ENFORCEMENT OFFICE**

Member: New York State Building Officials Conference, Inc.

5250 Main Street  
South Fallsburg, NY 12779  
(845) 434-8811  
Fax: (845) 434-5883

TO: *PROJECT DEVELOPERS*  
FROM: *TOWN OF FALLSBURG PLANNING BOARD*  
SUBJECT: *PLACEMENT ON PLANNING BOARD AGENDAS*  
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All Planning Board Meetings are held on the second Thursday of each month beginning at 7:00 pm. The meetings are held at 12 Laurel Avenue, South Fallsburg. The Senior Center across from Fallsburg Lumber.

In order to appear at a scheduled meeting of the Town of Fallsburg Planning Board, ALL of the following information must be on file in the Code Enforcement Office, **NO LATER THAN FIFTEEN (15) DAYS PRIOR TO THE DATE OF THE MEETING:** \*\*

1. A written request to be placed on the agenda for all projects and all subsequent Planning Board Meetings (including those in which the Board requests project return at the next scheduled meeting)

**NO VERBAL REQUESTS WILL BE ACCEPTED**

2. Completed Site Plan and/or Subdivision and/or Special Permit Application (depending upon project) submitted. (12 copies - first page only)
3. Subdivision (Survey) Map and/or Site Plan Map both requiring a minimum of 10' contour intervals. 12 copies of overall plan. Three (3) copies of technical drawings.
4. Environmental Assessment Form (SEQRA) submitted. (12 copies)
5. Applicable Fees, as follows:

Conceptual Review . . .	\$100.00
Preliminary Plat . . .	\$100.00 plus \$50.00 per lot
Final Plat . . . . .	\$100.00 plus \$50.00 per lot
Site Plan . . . . .	\$50.00 filing fee plus \$50.00 per residential dwelling or site or \$25.00 per 1,000 s.f.
Special Permit . . . .	\$50.00 filing fee plus \$25.00 per unit or site or site or \$25.00 per 1,000 square foot
6. List of Adjoining Property Owners Located Within 300' of Property Line (500' for Special Permit). (1 copy)
7. All packets must be put together with one each of #2, #3 and #4 and clipped together as a packet. Do not submit 12 copies of each item separately. They must each form a packet to be submitted to each Board member.
8. For all subdivision approvals and special permits, a public hearing is mandatory. Legal Notices must be mailed Certified to all adjoining property owners located within 300' of the property line (500' for Special Permit). Legal Notice will be provided by the Code Enforcement Office. Mailings are the responsibility of the applicant or representative thereof. **Notices must be mailed no more than ten and no less than five days from the date of the meeting.** Certified slips must be submitted at the meeting for which application is scheduled; they will subsequently be filed with the application in the Code Enforcement Office.

\*\* Due to the large number of applicants received, it is imperative that all of the above items be received on schedule. Failure to include any given item(s) will result in removal from agenda.

The meeting now begins at 7:00. No new items will be heard after 10:00 pm.

**APPLICATION FOR SITE PLAN APPROVAL  
TOWN OF FALLSBURG**

Date: \_\_\_\_\_

Zone: \_\_\_\_\_ Total Acres of Site \_\_\_\_\_ SBL #: \_\_\_\_\_

Name of Proposed Development: \_\_\_\_\_

Applicant Name, Address, Phone _____ _____ _____	Architect/Engineer/Surveyor Name, Address, Phone _____ _____ _____
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Owner (if different): \_\_\_\_\_

Ownership Intentions: \_\_\_\_\_

Location of Site: \_\_\_\_\_

Type and Number of Units:

_____ Single Family	_____ Multi Family	_____ Condominium
_____ Apartments	_____ Mobile Homes	_____ Other

Explain: \_\_\_\_\_

Will the development be phased? \_\_\_\_\_

**Fee Schedule  
(All Fees Must Be Paid Prior To Appearance)**

Conceptual Review: \$100.00  
(All projects may be first presented as conceptual)

Site plan Approval: \$100.00 review plus \$100.00 per residential dwelling unit or \$50.00 per 1,000 s.f.

**Total Fee Amount Due: \$** \_\_\_\_\_ **Total Paid: \$** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application for Site Plan Approval  
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\_\_\_\_\_ Date of first submission to Planning Board

\_\_\_\_\_ Site endorsed with written approval from appropriate agencies, i.e., sewer district, highway department., County Planning Board, DEC.

\_\_\_\_\_ Public notification of adjoining landowners

\_\_\_\_\_ Public Hearing Advertised

\_\_\_\_\_ Public Hearing Held

\_\_\_\_\_ Offer of dedication to the public of all Highways, Streets or Parks shown on plan(s)

\_\_\_\_\_ Copies of any private restrictions/agreements, or other documents showing the manner in which areas are reserved by deed covenant

SEQRA Action Type: \_\_\_\_\_ Short Form \_\_\_\_\_ Long Form \_\_\_\_\_ EIS

Declaration of Significance \_\_\_\_\_

\_\_\_\_\_ Amount of Performance Bond set by Planning Board (if required)

\_\_\_\_\_ Date Received

Form of Bond approved by Municipal Attorney \_\_\_\_\_  
Bonding or Surety Company \_\_\_\_\_  
Approved by Municipal Governing Body \_\_\_\_\_  
Security other than Bonding or Surety \_\_\_\_\_  
Company \_\_\_\_\_  
Approved by Municipal Governing Body \_\_\_\_\_

Site Plan Signed \_\_\_\_\_  
Lapse date for filing with County Clerk -- \_\_\_\_\_  
60 days from Approval Date \_\_\_\_\_

Notice Received from County Clerk of \_\_\_\_\_  
Filing of Site Plan \_\_\_\_\_  
Bond Released by Municipal Governing Body \_\_\_\_\_

Hook Up Fees: \_\_\_\_\_ In District \_\_\_\_\_ Out of District

SITE PLAN REVIEW CHECKLIST

	Site Location Map
	Date
	North Arrow
	Name of Adjoining Property Owners for Subdivisions and Land Usage
	Boundary Lines
	Soil & Groundwater Tests (Perc if applicable)
	Map of entire holdings on tract if proposed development is only part of applicant's holdings
	Street Layout with names & widths of existing & proposed streets
	Street Grades
	Street Elevations
	Site Distances
	Street Access to Adjoining Properties
	Sidewalks
	Location of Parking Areas
	Storm Sewers, Catch Basins & Culverts
	Signage
	Fire Hydrants
	Walkway or Other Easements
	Right of Way Widths
	Proposed Park/Playgrounds/Open Space (Ownership & Maintenance)
	Topography (Contour Intervals)
	Dimension & Area of Lot
	Dimension & Bearings of Angles of all Property
	Location & Size of Existing Utilities
	Location & Size of Rock Outcrop, Streams, Special Vegetative Growth & Other Significant Natural & Man Made Features
	Erosion Control Plan
	Street Trees
	Street Lighting Standards
	Water Lines
	Sanitary Sewer System
	Proposed Restrictive Requirements
	Location of any Town Lines, Sewer/Water District Lines, Special District Boundaries, etc.
	Building Separation Distances

PROJECT I.D. NUMBER
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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**

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

<p>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.  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>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.  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>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:</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>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:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p>
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>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</p>

**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.

<p><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.</p> <p><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 <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> provide on attachments as necessary, the reasons supporting this determination:</p>	
<p>_____</p> <p style="font-size: small;">Name of Lead Agency</p>	
<p>_____</p> <p style="font-size: small;">Print or Type Name of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="font-size: small;">Title of Responsible Officer</p>
<p>_____</p> <p style="font-size: small;">Signature of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="font-size: small;">Signature of Preparer (If different from responsible officer)</p>
<p>_____</p> <p style="font-size: small;">Date</p>	