



**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**

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.

APPLICANT(S) NAME: _____ PHONE
NUMBER: _____

ZONE OF PREMISES: _____ SBL #: _____

**TOWN OF FALLSBURG PLANNING BOARD
S. FALLSBURG, NEW YORK**

Application for a Special Permit

TO THE PLANNING BOARD:

A. The undersigned applicant(s), (residing at), (having a principal place of business at): _____

hereby requests a Special Permit for the premises hereinafter described under the provisions of Section _____ of the Zoning Law of the Town of Fallsburg for the following purposes(s):

_____.

B. The applicant(s) alleges that the approval of said Special Permit would be in harmony with the intent and purpose of said Zoning Law, that the proposed use conforms to the standards prescribed therefore in said Law and would not be prejudicial to the character of the neighborhood for the following reasons: _____

_____.

C. The applicant(s) is/are the owner(s), lessee(s), or (otherwise state applicant's interest in premises) _____
_____ of the subject premises consisting of a parcel _____ (sq. ft.) (acres) in area, _____ feet wide and _____ feet deep, located on _____ Street, hamlet of _____, Town of Fallsburg, New York, in a _____ Zoning District as defined by the Zoning Law.

Ten copies of this application should be prepared and submitted to:
Town of Fallsburg Code Enforcement Office,
Railroad Plaza, South Fallsburg, NY.

D. Attached hereto and forming a part of this application are:

1. Site plan showing the following pertinent information:
 - a. Boundaries of the property, building or setback lines, lines of existing streets, location of existing buildings.
 - b. Names of owners of record of all required properties.
 - c. Existing Zoning and special district boundaries.
 - d. Date, Northpoint, Scale, Name and Address of owners of record, engineer, architect or surveyor preparing the site plans.
 - e. The proposed use or uses of lands and/or buildings and proposed location of buildings including any signs, fences, lighting facilities and similar items.
 - f. All means of vehicular access and egress to and from the site onto public streets.
 - g. The location and design of any off street parking or loading areas.
 - h. The location of all existing and proposed water lines, valves and hydrants and of all sewer lines or alternative means of water supply, sewage disposal and treatments.
 - i. The proposed location of direct power and time of proposed outdoor lighting.
 - j. The proposed screening and landscaping.
 - k. The proposed storm water drainage system.
 - l. The location of all uses not requiring a structure.
2. Check made payable to the Town of Fallsburg for the sum of \$75.00.
3. A list of the names and addresses of the owners of properties within 500 feet of the subject premises.

4. Advise that the subject premises are or are not located within 500 feet from:
- a. Any town or village boundary.
 - b. The boundaries of any County or State park or other recreation areas.
 - c. The right-of-way of any County or State parkway, thru-way, expressway or other controlled access highway.
 - d. The right-of-way of any stream or drainage channel owned by the County or for which the County has established channel lines.
 - e. The boundary of any State or County owned lands on which a public building or institution is situated.
5. Advise as to any previous application(s) to the Town Planning Board effecting the subject premises. The date(s) of such previous application(s) and the disposition(s) of such application(s).

E. In addition to meeting the standards required by the Zoning Law, the applicant(s) will provide _____ in order that the public convenience and welfare will be further served.

Dated: _____

Signature of Applicant or Agent

STATE OF NEW YORK
COUNTY OF SULLIVAN:

On the _____ day of _____, 19__, before me came _____, to me known to the individual(s) described in and who executed the foregoing application for a Special Permit and acknowledged that (they) (he) executed the same.

Notary Public

PROJECT I.D. NUMBER

817.20

SEQR

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

OVER

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> </p> <p>C2. Aesthetic agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p> </p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p> </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> </p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p> </p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <p> </p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p> <p> </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 WILL NOT result in any significant adverse environmental impacts AND 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>	