



**IV. CONTACT INFORMATION**

OWNER

APPLICANT (if different than owner)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**V. PROFESSIONAL ADVISOR(S)**

Type of advisor: \_\_\_\_\_

Type of advisor: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**VI. NOTIFICATION – SURROUNDING PROPERTY OWNERS** *(staff assistance available)*

Write owner name & mailing address of adjacent properties and properties directly across street/highway.

**North Boundary**

Name & Mailing address

Circle: adjacent or across street/highway

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**South Boundary**

Name & Mailing address

Circle: adjacent or across street/highway

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**East Boundary**

Name & Mailing address

Circle: adjacent or across street/highway

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**West Boundary**

Name & Mailing address

Circle: adjacent or across street/highway

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. AGRICULTURAL DATA STATEMENT**

*(Pursuant to NYS Agricultural & Markets Law 25AA §305-a) (See also Town Zoning §148-31C)*

- 1. Is this property within an Agricultural District and contains farm operations?  No  Yes
- 2. Is this property within 500 ft of a farm operation located in an agricultural district?  No  Yes

**If Yes to either question** - provide the name and address of land owners containing farm operations located **within an Agricultural District and within 500 ft** of the application property. This is **NOT** required for applications for **Area Variances**.

*(use additional sheet if more space is needed)*

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Tax Map#: _____	Tax Map#: _____

**VIII. DISCLOSURE OF INTEREST** *(pursuant to NYS General Municipal Law §809)*

- 1. **Every** application, petition or request submitted for a variance, amendment, change of zoning, approval of a 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, address, and the nature and extent of the interest of any state officer and any officer and 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 application) to the extent known to such applicant.
- 2. An officer or employee shall be deemed to have an interest in the applicant when he, his spouse, or their parents, siblings, children, grandchildren or the spouse of any of them:
  - a. Is the applicant, or
  - b. Is an officer, director, partner or employee of the applicant, or
  - c. Legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
  - d. 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.
- 3. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

The **applicant hereby states**, pursuant to the provision of Section 809 of the General Municipal Law, the name, residence and the nature and the extent of the interest of any state officer or employee of the Town of Skaneateles and/or the County of Onondaga with this application.

***If none, insert "none"***

<b>Name</b>	<b>Residence Address</b>	<b>Nature of relationship</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IX. REFERRAL TO COUNTY PLANNING AGENCY:**

**Check appropriate box**

Does this application propose new text or amendments to the Town Comprehensive Plan(s) or zoning regulations?  No  Yes

Is the property within **500 feet** of:

- 1. Town of Skaneateles boundary line?  No  Yes
- 2. state or county thruway/highway/roadway?  No  Yes
- 3. existing or proposed state or county park/recreational area?  No  Yes
- 4. existing or proposed county-owned stream or drainage channel?  No  Yes
- 5. existing or proposed state or county-owned parcel on which a public building or institution is situated?  No  Yes
- 6. a farm operation located in an agricultural district?  No  Yes

**X. LOCATION AND SITE INFORMATION** *(staff assistance available)*

- 1. Is the property fully or partially covered by designated flood hazard area?  No  Yes
- 2. Is the property fully or partially affected by regulated wetlands?  No  Yes
- 3. Is the property fully or partially within the Lake Watershed Overlay District for:
  - Skaneateles Lake?  No  Yes
  - Owasco Lake?  No  Yes
- 4. Is the property fully or partially within the Open Pit Mining Overlay District?  No  Yes
- 5. Is any lake, stream or other watercourse within:
 

*(see Watercourse definition Town Zoning §148-56)*

  - a) 100' of proposed project?  No  Yes
  - b) 200' of proposed project?  No  Yes
- 6. Does any portion of property contain slopes:
  - exceeding 12%?  No  Yes
  - exceeding 30%?  No  Yes
- 7. Is any portion of property limited by any easements?  No  Yes

If yes –specify easement type(s) and holder name(s): \_\_\_\_\_

- 8. What is the existing Zone District(s) on the property: **Check all that apply**
  - Rural and Farming (RF) \_\_\_\_\_
  - Rural Residential (RR) \_\_\_\_\_
  - Highway Commercial (HC) \_\_\_\_\_
  - Hamlet (HM) \_\_\_\_\_
  - Industrial/Research/Office (IRO) \_\_\_\_\_

9. List prior zoning or subdivision actions from the Town of Skaneateles *(staff assistance available)*  
\_\_\_\_\_  
\_\_\_\_\_

10. The property is \_\_\_\_\_ [sq. ft. – acres] and what is its general character of existing use?

- Check all that apply**
- |             |       |                 |       |
|-------------|-------|-----------------|-------|
| Vacant      | _____ | Non-residential | _____ |
| Agriculture | _____ | Commercial      | _____ |
| Residential | _____ | Industrial      | _____ |

§17.20  
**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**

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

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	
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	
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)