

TOWN OF WINDHAM
PLANNING BOARD
P.O. Box 96
Hensonville, NY 12439
(518) 734-4170

For office use only:
Application # _____ Fee paid _____
Date of receipt of sketch plan: _____
Official Submission date: _____
First Planning Bd. Meeting after date of
Receipt: (date) _____

APPLICATION FOR REVIEW OF MINOR SUBDIVISION PLAT

Note: An application in it's entirety with fee must be received by the Town Clerk ten (10) days prior to regular Planning Board Meetings. Planning Board Meetings are held on the first and third Thursdays of each month.

1. Name or Title of Subdivision: _____

2. Name of Owner (s): _____
Address: _____

Phone: __ (____) _____ and __ (____) _____

3. If an Agent or if Owner is a Corporation, give name of person acting for and supply a letter of permission to act as such:
Name: _____
Address: _____
Phone: __ (____) _____ and __ (____) _____

4. Licensed Land Surveyor and/or Engineer:
Name of Surveyor: _____
Address: _____

Phone: __ (____) _____ or __ (____) _____
Fax number: __ (____) _____

4. Name of Engineer: _____

Address: _____

Phone: (____) _____ and (____) _____

Fax Number: (____) _____

5. Location of Proposed Subdivision: _____

Tax I.D. # : _____ Liber: _____ Page: _____

Entire Parcel Acreage: _____

Total Area of Subdivision: _____ Number of Lots: _____

Area of Each Lot: A. _____ B. _____

C. _____ D. _____

Linear Feet of New Roadway: _____

6. Are there currently any deed restrictive covenants, easements or other restrictions on the parcel? No _____, Yes _____.

Will there be any deed restrictive covenants, easements, or other restrictions on subdivided property? No _____, Yes _____.

If yes, describe: _____

Attach a copy of deed restrictions and/or covenants and easements

7. Names and Addresses of abutting owners, and owners directly across adjoining streets adjoining streets/roads:

Name: _____ Address: _____

A. _____

B. _____

C. _____

D. _____
E. _____
F. _____
G. _____
H. _____

8. Do you intend to build houses on these lots? No _____, Yes _____
Only sell lots? No _____, Yes _____. If "Yes", attach a statement of the details.
9. Do you intend to subdivide balance of property (if any) in the future? No _____, Yes _____. If yes, when? _____
10. Have you read the Subdivision Regulations of the Town of Windham? No _____, Yes _____.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

APPLICANT CHECK LIST:

- _____ Application submitted within six months of sketch plan review?
- _____ Sketch Plan, (5 copies), 10 days before regular meeting?
- _____ Application fee \$24.00 per lot?
- _____ Compliance with SEQR requirements (EAF or EIS submitted)?
- _____ Five (5) copies of Subdivision Plat?
- _____ Copies of all covenants and deed restrictions submitted?
- _____ Location map with all adjacent property owners identified?
- _____ Contours shown, if required?
- _____ Designated Wetlands and/or Flood Hazard boundaries shown?
- _____ Drainage plan and easements on property and on adjacent property?
- _____ Water supply information and well locations? Adjacent leach field and water source locations?
- _____ Percolation tests as necessary; deep hole locations noted, dates and results?
Septic system designs included (if required)?
- _____ Notification of adjacent landowners?
- _____ Road improvement specifications? Type of road: If public, date of approval: _____
or, if private, copy of road maintenance agreement? Do not include road names for private roads at this time. All road names must be approved by the Town Board. See Town Clerk.
- _____ Utility Easements?
- _____ Special Districts: Is property in any of the following Special Districts?
 - Water District _____ Lighting District _____
 - Fire District _____ Historic District _____
 - Sewer District _____ Other Districts _____
- _____ Public Hearing: Sub-divider notified adjacent landowners of Public Hearing
Public Hearing held: _____ Date: _____

Comments:

Note: No final maps shall be signed until all conditions are fulfilled or modifications made.

Minor Sub-division plat: _____ Date: _____

Approved: _____ Disapproved: _____

Reasons for Disapproval:

Conditions / modifications: _____

Planning Board Chairman Signature: _____

Date: _____

PROJECT I.D. NUMBER

617.20

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.</p> <p><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.</p> <p><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?</p> <p><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?</p> <p><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>	