

REFERRAL PACKAGE- MAJOR SUBDIVISION-P.B.

A Major Subdivision is the division of 4 or more splits of land from one parcel. A Minor Subdivision is less than 4 splits.

Required sizes depends on zones

R-1-1 acres 150ft frontage 50' ft. front & back & 20' ft. sides

R-2-1/2 acre 100 ft. frontage 50' ft. front & back & 20' ft. sides

A-2 acres 150 ft. frontage 50 ft. front & back & 20' ft. sides

Required Materials for Placement on Board Agenda

7 copies of all information: 5 for Board members, 1 for Code Enforcement Officer and 1 on file

1. Property Information Sheet

2. Short Form SEQR (part 1 completed by applicant) or long form if considered a type 1 action which means that the subdivision consists of commercial property or a residential subdivision consisting of 10 or more acres. The Code Enforcement Officer will give this long form to applicant.

3. Copy of survey map by certified surveyor containing property dimensions, showing all structures and distances between structures if within 50 ft. Survey map must also contain location of well and approximate location of septic system. Survey should also contain road names and owners of neighboring properties and proposed dimensions of lot splits. Wetlands must be shown.

4. Application for Site Development Plan Approval

5. Map of the Town of Volney with property location highlighted.

6. Copy of a brief statement of applicant's intentions. Why they are making the application.

7. Sample design and dimensions of any commercial outside signage.

*Could require Oswego County Planning Board approval if project falls within 500 ft. of a State or County road or facility. The Planning Board members determine this decision. They will submit a 239 review to Oswego. This usually takes about another month.

**By Local Law, the Planning Board has the authority to impose a fee of \$200 per lot on an approved major subdivision plat when the subdivision does not contain land suitable for a park or parks of adequate size or determines that the location of such park or parks is not otherwise practical.

TOWN OF VOLNEY
CODE ENFORCEMENT OFFICER'S REFERRAL

NAME OF APPLICANT _____ DATE _____

ADDRESS OF APPLICANT _____

IS APPLICANT OWNER OF THE PROPERTY? YES _____ NO _____

TELEPHONE # OF APPLICANT DAY _____ EVE _____ CELL _____

SPECIFIC ADDRESS & LOCATION OF PROJECT _____

PROPERTY IS PRESENTLY ZONED AG _____ R-1 _____ R-2 _____ B-1 _____ IND _____

APPLICATION NUMBER (OR TAX ID NUMBER) _____

INTENTIONS OF APPLICANT _____

DOES PLANS INVOLVE A COMMERCIAL BUSINESS? YES _____ NO _____

YOUR PROJECT CANNOT BE APPROVED BECAUSE IT REQUIRES:

USE VARIANCE _____ AREA VARIANCE _____ SITE PLAN REVIEW _____

SPECIAL USE PERMIT _____ WHY REVIEW IS NEEDED _____

VARIANCE IS NEEDED BECAUSE: _____

CEO based decision on Zoning Ordinance: # _____ Page # _____

ASSEMBLE REQUIRED MATERIAL AND RETURN TO CODE OFFICER AT LEAST 14 DAYS PRIOR TO THE BOARD'S MEETING DATE SO YOUR APPLICATION CAN BE PLACED ON THE BOARD'S AGENDA: REFER TO APPROPRIATE PAGE FOR MORE INFORMATION REGARDING THE PROCESS.

DATE OF NEXT BOARD MEETING _____ ON AGENDA? YES _____ NO _____

NAME OF CHAIRPERSON _____

TELEPHONE # OF CHAIRPERSON (H) _____ (Cell) _____

SIGNATURE OF CODE ENFORCEMENT OFFICER _____

Date _____

TOWN OF VOLNEY
 1445 COUNTY ROUTE 6
 FULTON, NEW YORK 13069
 Tel (315) 598-3803 Fax (315) 598-6839

Property Information Sheet

Applicant Name _____ Application # _____
 Property Address _____ Tax I.D. # _____
 _____ Zoning Dist. _____

Parcel size: Total acres _____ Width (at road) _____ Depth _____

Is location bordering active farms? Yes ___ No ___

Is location of historic importance? Yes ___ No ___

Are there easements on property? Yes ___ No ___

If yes, please describe _____

What shape is the property? _____

Adjoining property information:

DIRECTION	OWNER'S NAME	PHONE	ADDRESS	ZONED
NORTH				
EAST				
SOUTH				
WEST				

Is parcel located within 500 ft of any of the following? Yes ___ No ___

If yes, which _____

- | | |
|--------------------------------|--|
| a) A municipal boundary | d) County or State building |
| b) County or State owned lands | e) Right of way of a County owned or used stream or drainage channel |
| c) County or State road | |

Is property located within a flood plain or floodway? Yes ___ No ___

Explain current use of property _____

Are there existing structures on parcel? Yes ___ No ___ If yes, describe _____

Is parcel primarily wooded? _____ Is public water available? _____ Sewer? _____

Current year owner purchased property (write NA if before 1972) _____

Is this the applicant's first time before the Planning or Zoning Board? Yes ___ No ___

State reason for Variance _____

Will property require review from both Planning and Zoning Boards? _____

WHAT THE TOWN CLERK REQUIRES BEFORE A PUBLIC HEARING NOTICE WILL BE PUBLISHED

A FORM OF REQUEST FOR PUBLIC HEARING SIGNED AND DATED BY CHAIRPERSON & BOARD MEMBERS STATING:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

TELEPHONE # OF APPLICANT HOME _____ WORK _____

SPECIFIC REASON FOR THE PUBLIC HEARING

SPECIFIC ADDRESS WHERE PROJECT IS LOCATED _____

SPECIFIC USE OF PROJECT _____

DATE OF PUBLIC HEARING _____

TIME OF PUBLIC HEARING _____

\$100.00 IS REQUIRED FOR PUBLIC HEARING FEE. A SEPARATE **\$100.00** DEPOSIT IS NEEDED FOR A SIGN THAT HAS TO BE PLACED ON THE PROPERTY OF THE INTENDED PROJECT. THIS DEPOSIT WILL BE RETURNED AFTER THE PUBLIC HEARING AND THE SIGN IS RETURNED IN GOOD CONDITION. IF THE SIGN IS DESTROYED, LOST OR STOLEN, THE **\$100.00** DEPOSIT WILL BE FORFEITED. **The permit/finalized paperwork will not be given until the Public Hearing sign/s has been returned to the Town.**

YOU WILL RECEIVE A RECEIPT FOR THE PUBLIC HEARING AND SIGN DEPOSIT FROM THE TOWN CLERK. THE CHAIRPERSON OF THE BOARDS WILL INSURE YOU GET A COPY OF THE NOTICE THAT WAS PUBLISHED IN THE PAPER.

A COPY OF THE ZONING ORDINANCES OR SUB-DIVISION REGULATIONS CAN BE PURCHASED FROM THE TOWN CLERK FOR A CHARGE OF **\$10.00** IF PICKED UP AND **\$12.00** IF MAILED.

PROJECT ID #

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. 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

PART II - IMPACT ASSESSMENT (To be completed by Lead 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 pattern, 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 CRITICAL ENVIRONMENTAL AREA (CEA)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</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 of 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="text-align: center;">Name of Lead Agency</p>	<p>_____</p> <p style="text-align: center;">Date</p>
<p>_____</p> <p style="text-align: center;">Print or Type Name of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="text-align: center;">Title of Responsible Officer</p>
<p>_____</p> <p style="text-align: center;">Signature of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="text-align: center;">Signature of Preparer (If different from responsible officer)</p>

SEQR STATUS CHECKLIST

(To be filled out and kept on file by Town Clerk or Lead Agency)

CASE DESCRIPTION

Applicant _____ Date _____
Project Name _____ Case No. _____
Location _____ Board _____
Attach Map _____

Local Review Status:

_____ New Zoning Ordinance/Text Amendment _____ Variance
_____ Preliminary Subdivision Plat _____ Special Permit
_____ Final Subdivision Plat _____ Zone Change
_____ Other

INITIAL REVIEW OF ACTION

_____ Exempt, Excluded or Type II Action
(No further SEQR action necessary)
_____ Type I Action
_____ Unlisted Action

LEAD AGENCY DESIGNATION

Lead Agency _____
Involved Agency(ies) _____

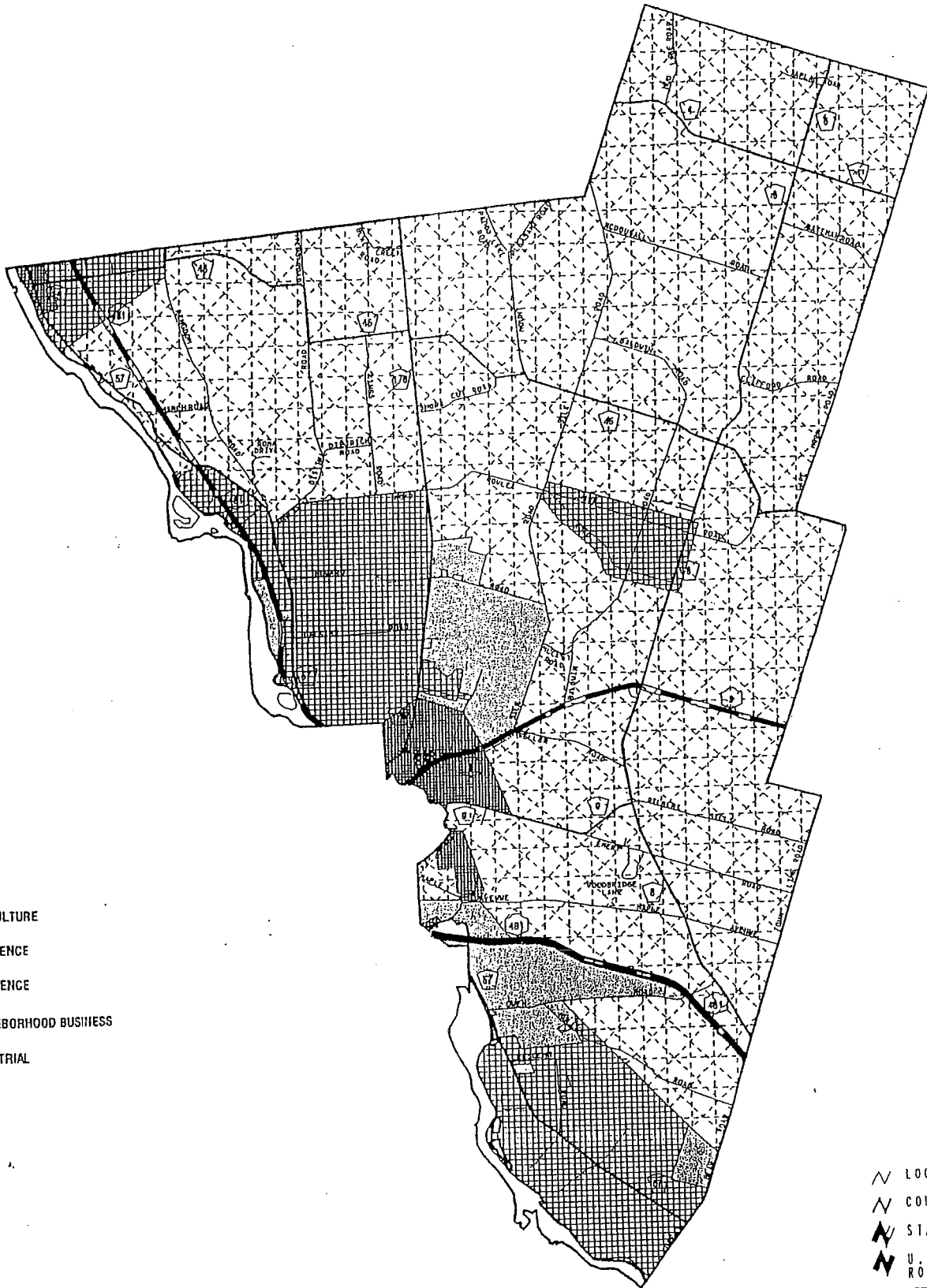
DETERMINATION OF SIGNIFICANCE






_____ Negative Declaration (Agency has reviewed project; it will not have a significant impact on the environment; a DEIS is not needed.)
_____ Positive Declaration (Agency has reviewed project; it may have a significant effect on the environment; a DEIS is required.)
_____ Conditioned Negative Declaration (For Unlisted actions only. Agency has reviewed project; it will not have a significant impact on the environment, provided that specified mitigation measures are undertaken; a DEIS is not needed.)





REASONS FOR DETERMINATION

(Any significant environmental effects should be identified)

EXISTING ZONING



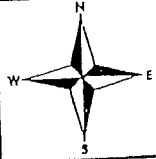
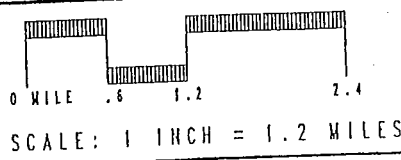
-  A AGRICULTURE
-  R-1 RESIDENCE
-  R-2 RESIDENCE
-  B-1 NEIGHBORHOOD BUSINESS
-  I-1 INDUSTRIAL

-  LOCAL ROADS
-  COUNTY ROADS
-  STATE ROADS
-  U.S. AND INTERSTATE ROADS



PREPARED BY OSWEGO COUNTY
 DEPARTMENT OF PLANNING AND
 COMMUNITY DEVELOPMENT
 DATE: MAY 1998

TOWN OF
 VOLNEY
 ZONING ORDINANCE



PLANNING BOARD PUBLIC HEARING REQUEST FORM

NAME OF APPLICANT _____ DATE _____

ADDRESS OF APPLICANT _____

TELEPHONE # OF APPLICANT _____

REASON FOR PUBLIC HEARING _____

SPECIFIC ADDRESS OF PROJECT _____

SPECIFIC LOCATION OF PROJECT _____

SPECIFIC USE INTENDED FOR PROJECT _____

DATE OF PUBLIC HEARING _____

TIME OF PUBLIC HEARING _____

REFERRED TO OSWEGO COUNTY PLANNING FOR REVIEW YES _____ No _____

SIGNED :

_____ Jim Mirabito

_____ Jerry Sequin—315-591-3978

_____ Larry Rowlee

_____ VICTOR RUNEARE – 315592-7355

_____ Vicki Leroux—315-592-2482