

# **REFERRAL PACKAGE – MINOR SUBDIVISION**

## **PLANNING BOARD**

A Minor Subdivision is the division of up to three plots of land from one parcel.

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**

**8 copies** of all information: 5 for Board members, 1 for Planning Clerk, 1 for Town Clerk and 1 for Code Enforcement Officer .

1. Property Information Sheet
2. Short Form SEQR
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
4. Map of the Town of Volney with property location highlighted.
5. Copy of a brief statement of applicant's intentions. Why they are making the application.
6. Sample design and dimensions of any commercial outside signage.

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 |
| c) County or State road        | used stream or drainage channel      |

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 \_\_\_\_\_

Has the property been subdivided in the last five (5) years? 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:<br>Municipality _____ County _____                                                                                                                                                                                                                                                    |                 |
| 4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)<br><br><br>                                                                                                                                                                                         |                 |
| 5. PROPOSED ACTION IS:<br><input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration                                                                                                                                                                 |                 |
| 6. DESCRIBE PROJECT BRIEFLY:<br><br><br>                                                                                                                                                                                                                                                                   |                 |
| 7. AMOUNT OF LAND AFFECTED:<br>Initially _____ acres      Ultimately _____ acres                                                                                                                                                                                                                           |                 |
| 8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      If No, describe briefly _____                                                                                                                |                 |
| 9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?<br><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<br>Describe: _____ |                 |
| 10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?<br><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?<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                         |                 |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>Applicant/sponsor name: _____ Date: _____<br>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)**

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.

☐ Yes ☐ 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.

☐ Yes ☐ 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)?

☐ Yes ☐ No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

☐ Yes ☐ 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.

- ☐ 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.
- ☐ 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)

# 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)

## 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

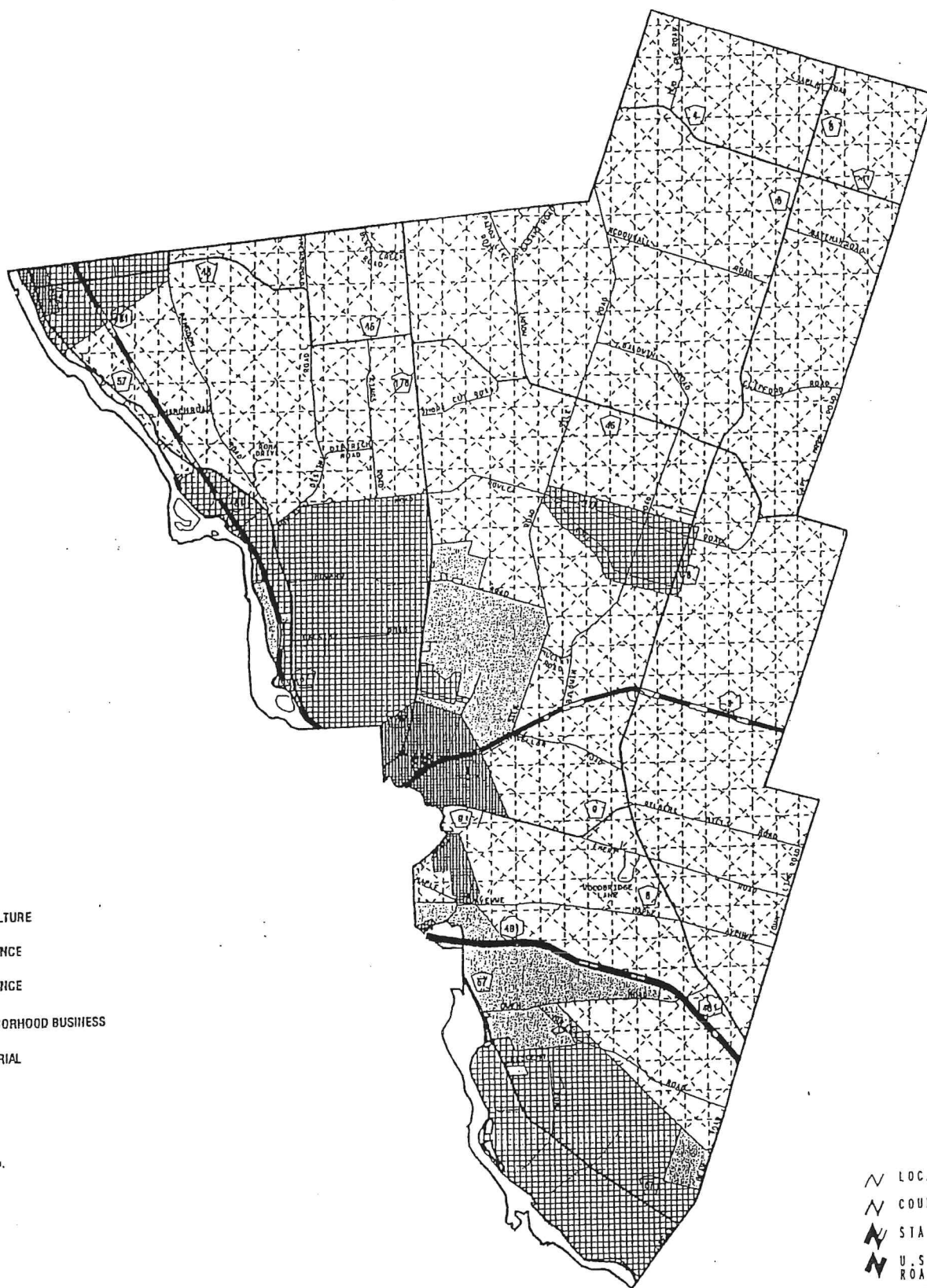
\_\_\_\_\_ Angela King Lamb

\_\_\_\_\_ Larry Rowlee

\_\_\_\_\_ James Tompkins

\_\_\_\_\_ Vicki Leroux—315-592-2482

# 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

