


Village of Saranac Lake - Planning Department

39 Main St.
Saranac Lake, NY 12983
Phone (518) 891-4150
www.saranaclakeny.gov

Instructions:

- A complete minor project application must include a plot plan, a Site Plan application is required for major
- Special Use Permit application fee - \$300.00
- SEQR - Short Environmental assessment form, part 1 (attached)
- WAF - Waterfront Assessment Form, section B (attached)
- Incomplete applications will not be placed on the Development Board agenda
- A complete Special Use Permit application requires a public hearing to be held: within 30 days for a minor project, within 62 days for a major project: <https://ecode360.com/31626736>
- Special Use Permit regulations can be found at: <https://ecode360.com/31626712>

SPECIAL USE PERMIT APPLICATION		<input checked="" type="checkbox"/> Major Project	<input checked="" type="checkbox"/> Minor Project
Project Address: 622 Lake Flower Ave, Suite 7		Tax Map #: 32.296-1-1.000	Zoning District: B4
Property Owner Name: Magdi SL Plaza LLC		Applicant Name (if different): North Country Roots, Inc.	
Address: 821 Mirror Lake Dr		Address: PO Box 92	
City: Lake Placid	State: NY	City: Lewis	State: NY
Phone: 518-524-6363	Zip: 12946	Phone: 518-524-9515	Zip: 12950
Email: sayrentals1@gmail.com		Email: eli@northcountryroots.com	

Please provide a written description of the project. The narrative should describe why a variance is requested.

Narrative

Cannabis Dispensary in the North Country. This site, situated at the northern end of the Saranac Lake Plaza is ideally situated near both Saranac Lake and Lake Placid and is located in an existing shopping center with good parking access and multi-modal access to the Village of Saranac Lake. It is within a premises which has been constructed and updated in a manner that allows for similar occupancy with limited construction updates needed. We will be adding a room for on site consumption of cannabis and installing the required odor mitigation equipment outlined in our odor mitigation plan and will be in full compliance with OCMs regulations pertaining to consumption. We believe our dispensary will contribute positively to the surrounding local businesses. The 21+ crowd we will attract will benefit businesses like Blue Line Brewery, Adirondack Wine and Liquor, and the other local restaurants or retailers selling alcohol.

Hours of Operation

Monday - 10AM-9PM Tuesday - 10AM-9PM Wednesday - 10AM-9PM Thursday - 10AM-9PM
Friday - 10AM-9PM Saturday 10AM-9PM Sunday 11AM-7PM

Property Owner Signature(required):

Date: 5/16/23

Applicant Signature(if different):

Date: 5/16/23

Criteria Narrative - Please provide a written description how the proposed use will satisfy the criteria set forth below

(1) Will comply with all provisions and requirements of this chapter and other local laws and regulations, and will be in harmony with the purposes of the zoning district in which it is located and with the general intent and purposes of this code;

North Country Roots is a locally owned business with a focus on operating an adult use cannabis dispensary that will add value to the community through increased commercial traffic flow from cannabis consumers in the tri-county area and by providing necessary tax revenue to the community through sales of cannabis products. The site's look and feel will not change significantly.

(2) Will not be detrimental to adjacent uses;

This site will not be detrimental to adjacent users, but will, in fact, drive additional foot traffic to the site and will increase business for the surrounding businesses.

(3) Will not adversely affect the characteristics of residential neighborhoods in the Village;

The location of this site is in an already busy retail shopping area access mainly by car by residents of the tri-county area and will not negatively impact that area's characteristics.

(4) Multi-modal transportation: the degree to which the goals and objectives of the Village's 2012 Bicycle, Pedestrian and Trail Master Plan are met; furthermore, that the proposed major project will not cause undue traffic congestion, unduly impair pedestrian safety, or overload existing roads considering their current width, surfacing, and condition, will have appropriate parking, and will be accessible to fire, police, and other emergency vehicles;

The location within an existing shopping center which is accessible by car, foot and bike will ensure that the site is accessible to all comers. North Country Roots will install a bicycle rack for temporary bicycle parking ~~and will include a drive-up window for access via car.~~

(5) Will not overload any public water, drainage, or sewer system or any other municipal facility or degrade any natural resource or ecosystem;

This site's use of public systems will be limited to employees only, as there will be no public restrooms available for customers within the facility. The power usage will be limited to standard retail heating and cooling and lighting, so there will be no excess use of power at the location. There may be seasonal use of LED grow lights to provide light source for temporary location of cloned seedlings which will be for sale to home growers of cannabis during the early spring season when planting in the Adirondacks and North Country is appropriate.

Criteria Narrative, continued

(6) Will be suitable for the property on which it is proposed, considering the property's size, location, topography, vegetation, soils, natural habitat, and hydrology, and, if appropriate, its ability to be buffered or screened from neighboring properties and public roads;

This retail shopping plaza is ideal for the situation of our retail adult use dispensary needs.

(7) Will not result in excessive noise, dust, odors, solid waste, or glare, create any other nuisances, or result in the introduction of terrestrial or aquatic invasive species;

Odor from the consumption lounge will be contained and treated on site with multiple air purification systems and odor removal systems. HEPA air purifiers will be placed throughout the store in order to maintain clean and pure air for customers and employees. The consumption room will be closed off from the rest of the store and will have industrial grade smoke and odor removal devices. All air from inside the room will be fully treated and deodorized before exiting the venting system in the consumption room. This includes passing through multiple carbon filters, HEPA filters, UV filters, and Ozone filters. We are confident these professional solutions will ensure no unwanted odors will escape our facility and negatively impact the surrounding public.

(8) Will be subject to such conditions on design and layout of structures, provision of buffer areas, and operation of the use as may be necessary to ensure compatibility with surrounding uses and to protect the natural, historic, and scenic resources of the Village;

There are no design or layout constraints applied except for the need for the placement of exterior security cameras located likely in the same areas they were sited when the location was used for banking purposes.

(9) Will be consistent with the goal of concentrating retail uses in villages and hamlets, avoiding strip commercial development, and locating nonresidential uses that are incompatible with residential use on well-buffered properties; and

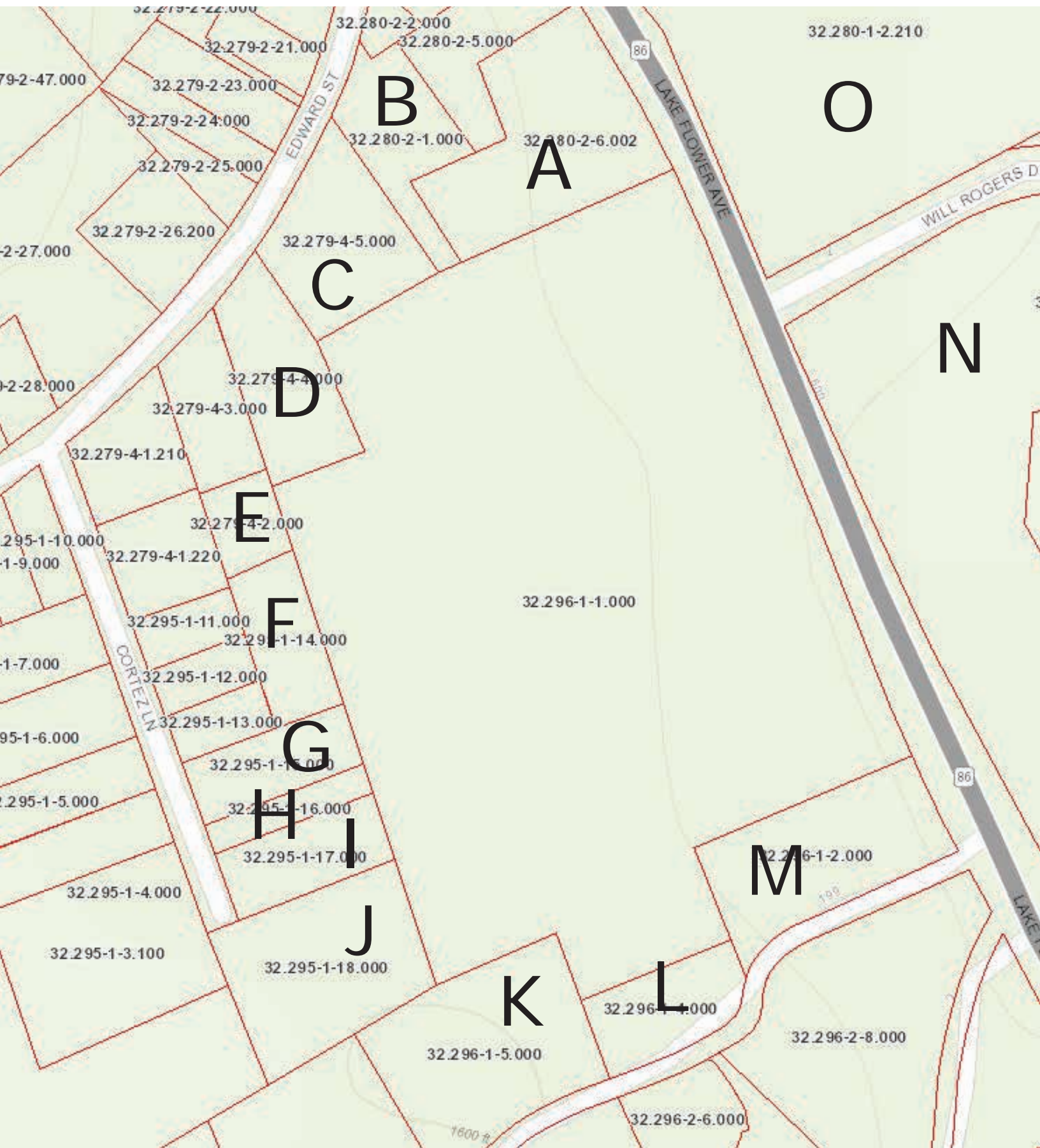
This is an existing strip commercial development and does not increase development, but instead utilizes existing resources in a manner that will drive incremental growth for a retail area which is currently under utilized.

(10) Will have no greater overall impact on the site and its surroundings than would full development of uses of the property permitted by right, considering environmental, social, and economic impacts of traffic, noise, dust, odors, release of harmful substances, solid waste disposal, or glare, or any other nuisances.

This is an excellent site for the needs of the applicant and will not create any negative impact.



622 Lake Flower Ave Suite 7
Tax Map#. 32.296-1-1.000
Zoning District B4



Surrounding Property Owners

- A -Tupper Lake Natl Bank
- B - Tupper Lake Natl Bank
- C - Magdi SL Plaza LLC
- D - Andrew Fraser Colton
- E - Steven LaDue
- F - Steven LaDue
- G -Jason Brill
- H - Lizabeth Pope
- I - Brian Todd
- J - Chairman Properties, LLC
- K - Gary Semo
- L - Chairman Properties, LLC
- M - Winslow Jane LLC
- N - PJ Hyde & Son Inc
- O - Aldi Inc (New York)

Elevate ADK Dispensary Plan/Odor Mitigation

Cannabis Waste Management – All non-cannabis trash/recycling will be secured in a serviced dumpster(s) in the rear of the building. Inside our facility will be a secured room that houses all cannabis products, including any waste. This waste is held in a locked container, with a log containing all pertinent information, including 2 signatures from employees verifying all information is correct and product is stored compliantly. Product shall be stored until the appropriate vendor picks up the waste and disposes of it. This is an OCM compliant practice and is listed here in this section from their regulations.

“Cannabis product waste shall be maintained in a secured waste receptacle or secured area on the licensed premises until the time of disposal.

All exterior cannabis waste receptacles located on the licensed premises shall be locked and secured to prevent unauthorized access.

All disposal of cannabis products must be conducted in compliance with all applicable state and local laws, rules, regulations, and guidance.

Method of Disposal. Cannabis waste may be disposed of using one of the following methods:

- Deliver cannabis waste to a New York State Department of Environmental Conservation permitted solid waste management facility for final disposition.
- Manage disposal on-site by the licensee in accordance with the requirements of the New York State Department of Environmental Conservation.
- Return the cannabis waste to the distributor which sold the product to the licensee.” (Our method)

For Example – We have a damaged product from Canna Cure Farms. That product is sealed by itself in a bag with a note card indicating all relevant information for OCM compliance. It is then logged on the OCM log and signed by 2 employees. The bag is placed inside a locked and secured receptacle that is stored inside our “Secured Room” as indicated in the layout graphic. That product is stored until Canna Cure Farms comes to retrieve it and dispose of it compliantly at their location. Most vendors will be retrieving their products on a bi-weekly or monthly basis, or whenever the next order is delivered. OCM does not have any time restraints, as long as the product is stored compliantly.

Lighting – In addition to our security system that includes IR Cameras for use at night with no light. We will also ensure we have adequate lighting at our back door to ensure all transactions, whether they be receiving or delivering cannabis are well lit and safe for all workers. We will not require any other use of light installation on the exterior of our store and the light will only be on during low light business hours.

Parking- As seen in the aerial photo, there is ample parking space in the plaza. Our side of the plaza currently has no other businesses occupying space, so our store will be the only draw to the empty side of the parking lot.

Entrances and exits are marked on the photo.

Elevate ADK Adult Use Dispensary Odor Mitigation Plan

Our odor control system will have 3 main components.

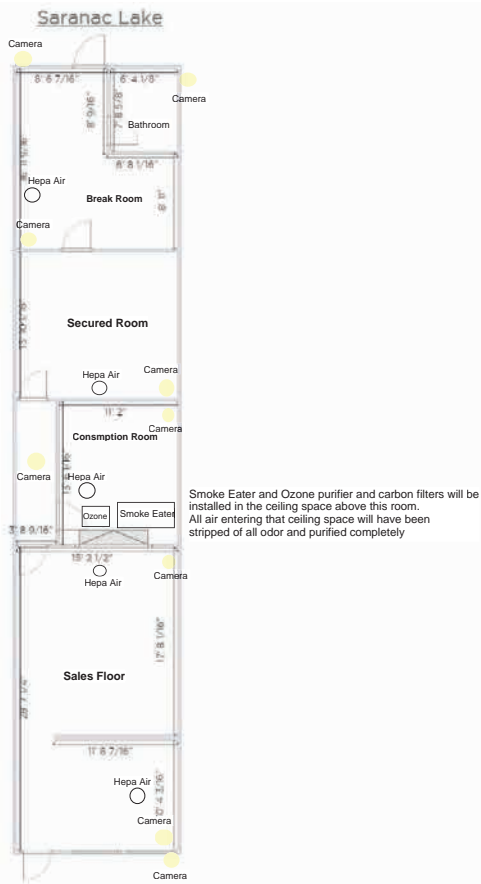
- Multiple HEPA air purifiers placed throughout every room in the building, including 2 on main sales floor “Shark® Air Purifier with True HEPA” x 5 qty
- In the consumption room there will be added ventilation with inline carbon filters that duct to a professional HEPA and Carbon filter smoke eater and air cleaner. “LA2-PRO-HC HEPA & CARBON COMMERCIAL SMOKE EATER AND AIR CLEANER” 1 Unit
- In the same ventilation line there will be a commercial ozone generator/UV purifier that will further clean and deodorize the air. “OdorStop OS6500UV2 Ozone Generator / UV Air Purifier with 6 Ozone Plates, UV Bulb, and Charcoal Filter” 1 Unit

Units inside the consumption room will be installed inside the ceiling above the consumption room as show in the layout graphic. The HEPA air purifiers are ground units that will be placed throughout each room, also shown on the graphic.

Security Plan

622 Lake Flower Ave, Suite 7

Our Security system will include the cameras shown in the graphic, as well as motion sensors in each room, door alarms, a panic button, central monitoring of alarms, and remote monitoring of all cameras. The cameras are IR equipped meaning they will operate in the dark without the use of motion lights. Our security system is fully compliant with all OCM regulations. Further technical information can be found in our security document we submitted.



NCC Systems

Phone: (315) 788-9128
Fax: (315) 788-4728
25646 NYS Route 3
Watertown, NY 13601

Quote

No.: **20710**
Date: **3/9/2023**

Prepared for:
Adam Hainer
North Country Roots
64 Trafalgar Square
Plattsburgh, NY 12901 USA

Prepared by: Jerry Daoust
Account No.: 23636
Phone: (518) 944-7564
Job: Intrusion and CCTV Project

Quantity	Description
1	PROA7PLUS W/ Wifi and Zwave Module
1	PROLTE-V2 ProSeries LTE Cellular Communications Module, Verizon
1	ProSeries Wireless Indoor Siren
1	Personal Panic Transmitter
2	SIX WIRELESS MOTION DETECTOR
3	ProSeries Two-Way Mini Door/Window Sensor, Wireless
1	16 Channel Flux NVR w/16 channel POE switch
1	8TB Seagate Skyhawk CCTV HDD
3	4K (8 Megapixel), 2.8mm Fixed Lens, Water-proof, Infrared Cylinder IP Camera
5	8MP Fixed Lens IP Turret Camera
1	24" (23.8" Viewable) 1920 x 1080 Full HD LED LCD IPS Adaptive Sync Eye Care Monitor
1	UPS 1500VA LCD POWER SUPPLY
1	9U Wallmount Networking Cabinet 600mm Depth with Fans
1,000	Cat6 Yellow 4P 23G SLD CAT 6 PVC
20	CAT6 Male Crimp Connector
1	Misc. Installation Hardware
1	Professional Installation Charge

Your Price: **\$5,920.71**

Freight: \$74.66

Sales Tax \$479.63

SubTotal: **\$6,475.00**

Total: **\$6,475.00**

Prices are firm until 3/23/2023 Terms: Due Upon Receipt

Prepared by: Jerry Daoust, jdaoust@nccsystems.com

Date: 3/9/2023

NCC Systems Inc. to provide and install a professional series intrusion alarm system and a high-definition network-based camera system. A locking wall-mounted network enclosure will hold the network video server, network equipment, and the UPS battery backup.

NCC Systems

Phone: (315) 788-9128
Fax: (315) 788-4728
25646 NYS Route 3
Watertown, NY 13601

Quote

No.: **20710**
Date: **3/9/2023**

Prepared for:
Adam Hainer
North Country Roots
64 Trafalgar Square
Plattsburgh, NY 12901 USA

Prepared by: Jerry Daoust
Account No.: 23636
Phone: (518) 944-7564
Job: Intrusion and CCTV Project

The intrusion system includes:

- Door contacts for all (3) entry/exit doors
- Motion detection for all interior locations
- Panic button for staff emergencies
- Interior siren for notification
- Battery backup
- 3rd party monitoring through Rapid Response

The camera system includes:

- Coverage for all entry points including parking areas
- Coverage for all interior locations to include sales areas, office areas, and storage
- All cameras will be set to record at full 4K (8MP) resolution for facial and vehicle recognition
- 24" Full HD monitor for local viewing and management
- System comes with advanced analytics capabilities
- System will record for a minimum of 90 days with full remote access
- System will have a UPS battery backup to run camera system for at least 8 hours during power outage

Price includes all parts, labor, freight, misc. install hardware, programming, testing, and one year warranty on all parts/labor.

To begin your order, please sign and date the bottom of the proposal and provide 50% down. If paying by card, please call 315-788-9128. If paying by check, please mail to 25646 State Route 3, Watertown, NY 13601. The final payment is due upon receipt, thank you.

Monitoring Information: Monitoring will be done via AlarmNet Cellular and Rapid Response at \$30 per month.

Due to the COVID-19 pandemic, NCC Systems may experience delays in product availability, shipments and installations. We appreciate your patience during this time and our service department will keep you updated with any changes. Thank you.

Customer Responsibilities: Provide 110VAC power requirements at all head-end and applicable field device locations. Customer is also responsible for providing all required connectivity to their network that includes an open port on the local switch/router and IP addresses. NCC Systems is not responsible for any service outages connected to our system for example, power, phone lines and internet.

Hours of Work and Site Access: This proposal is based upon the assumption that all work will be performed during normal business hours, 7:30 am 4:00 pm Monday Friday. Requirements for work outside of these hours may result in a change order for the additional fees.

Site Conditions: During the initial site survey, all visual attempts were made to verify the field construction with regards to building walls, ceilings, access points, hazardous materials, wire routing, and power. If any conditions vary or existing hardware is not adequate to successfully complete the installation, a field change order may be prepared and delivered to the customer for discussion and approval.

Customer Training: NCC Systems will provide end-user training for all our installations. Basic training includes an operational overview for up to 3 individuals and will be performed in one continuous session, not to exceed 2 hours.

NCC Systems

Phone: (315) 788-9128

Fax: (315) 788-4728

25646 NYS Route 3

Watertown, NY 13601

QuoteNo.: **20710**Date: **3/9/2023**

Prepared for:

Adam Hainer

North Country Roots

64 Trafalgar Square

Plattsburgh, NY 12901 USA

Prepared by: Jerry Daoust

Account No.: 23636

Phone: (518) 944-7564

Job: Intrusion and CCTV Project

If you have any questions or concerns, please do not hesitate to contact us at any time. Thank you again for the opportunity to provide pricing for this project. Please visit us at www.nccsystems.com to review our complete product line and services.

Accepted by: _____ **Date:** _____

Disclaimer

All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be done only upon written orders, and will

become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Our workers are fully covered by Workers' Compensation.

Late Payment Fee: Payments received after the due date are subject to 1.5% per month late fee.



RE: Notification of adult-use retail dispensary license application

License Type: New Establishment

Previous DBA:

License Number:

Dear Municipal Clerk/NYC Community Board:

This serves as notification that I (name) Eli Emery

of (dba) Elevate ADK

have obtained a provisional license from the Cannabis Control Board and intend to file an application for full licensure with the Office of Cannabis Management to open a

☒ retail dispensary

☐ on-site consumption business

in (county name) Essex County
located at:

☐. This business, once the license is approved, shall be

Street: 622 Lake Flower Ave

Unit: Suite 7

Village ☐ of Saranac Lake

Zip code: 12983

The mailing address is (if different from business location):

Street:

Unit: Po Box 92

City/Town/Village: Lewis

State: Zip code: 12950

(As applicable, name of business if different from above) North Country Roots, Inc
has retained the legal services of (attorney or representative)

Name: Brendan Owens

Street: One Cumberland Ave

Unit:

City/Town/Village: Plattsburgh

State: Zip code: 12901

Telephone with area code: (518) 561-4400

If you would like to express an opinion to the Cannabis Control Board please respond to this notification within 30 days by mail to:

Attn: Licensing Division
New York State Office of Cannabis Management
P.O. Box 2071
Albany, NY 12220

Thank you.

Signed

Today's date: 5/16/20

Full Environmental Assessment Form
Part 1 - Project and Setting

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either “Yes” or “No”. If the answer to the initial question is “Yes”, complete the sub-questions that follow. If the answer to the initial question is “No”, proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project: Elevate ADK Dispensary Interior Build		
Project Location (describe, and attach a general location map): 622 Lake Flower Ave, Suite 7		
Brief Description of Proposed Action (include purpose or need): Our project will include minor interior construction of 2 walls to create a secured room for cannabis storage per OCMs regulations. We will install an air purification/odor removal system that is outlined in our Odor Reduction plan. Our project requires no exterior or outdoor construction of any kind, and will have no impact on the surrounding area.		
Name of Applicant/Sponsor: North Country Roots, Inc.	Telephone: 518-524-9515	
	E-Mail: eli@northcountryroots.com	
Address:		
City/PO: PO Box 92 Lewis	State: New York	Zip Code: 12950
Project Contact (if not same as sponsor; give name and title/role): Eli Emery (General Manager)	Telephone: 518-524-9515	
	E-Mail: eli@elevateadk.com	
Address: 82 Loukes Road		
City/PO: Westport	State: New York	Zip Code: 12993
Property Owner (if not same as sponsor): Magdi SL Plaza LLC	Telephone: 518-524-6363	
	E-Mail: sayrentals1@gmail.com	
Address: 821 Mirror Lake Dr		
City/PO: Lake Placi	State: New York	Zip Code: 12993

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Counsel, Town Board, <input type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees		
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Village of Saranac Lake	5/16/2023
c. City, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources.		
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Planning and Zoning

C.1. Planning and zoning actions.

Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? ☐ Yes ☒ No

- If Yes, complete sections C, F and G.
- If No, proceed to question C.2 and complete all remaining sections and questions in Part 1

C.2. Adopted land use plans.

a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? ☒ Yes ☐ No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? ☐ Yes ☐ No

b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) ☐ Yes ☒ No

If Yes, identify the plan(s):

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? ☐ Yes ☒ No

If Yes, identify the plan(s):

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☒ Yes ☐ No
If Yes, what is the zoning classification(s) including any applicable overlay district?

B4 mixed use

b. Is the use permitted or allowed by a special or conditional use permit? ☒ Yes ☐ No

c. Is a zoning change requested as part of the proposed action? ☐ Yes ☒ No

If Yes,

i. What is the proposed new zoning for the site? _____

C.4. Existing community services.

a. In what school district is the project site located? Saranac Lake School District

b. What police or other public protection forces serve the project site?

Saranac Lake Police Department

c. Which fire protection and emergency medical services serve the project site?

Saranac Lake Volunteer Fire Department SARANAC LAKE VOLUNTEER RESCUE SQUAD

d. What parks serve the project site?

None

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Commercial Retail Storefront

b. a. Total acreage of the site of the proposed action? 0.07 acres

b. Total acreage to be physically disturbed? 0 acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 5.2 acres

c. Is the proposed action an expansion of an existing project or use? ☐ Yes ☒ No

i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % _____ Units: _____

d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☒ No

If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)

ii. Is a cluster/conservation layout proposed? ☐ Yes ☐ No

iii. Number of lots proposed? _____

iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____

e. Will the proposed action be constructed in multiple phases? ☐ Yes ☒ No

i. If No, anticipated period of construction: 1 months

ii. If Yes:

- Total number of phases anticipated _____

- Anticipated commencement date of phase 1 (including demolition) _____ month _____ year

- Anticipated completion date of final phase _____ month _____ year

- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

f. Does the project include new residential uses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, show numbers of units proposed.				
	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion	_____	_____	_____	_____
of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes,	
i. Total number of structures _____ ii. Dimensions (in feet) of largest proposed structure: _____ height; _____ width; and _____ length iii. Approximate extent of building space to be heated or cooled: _____ square feet	

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes,	
i. Purpose of the impoundment: _____ ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify: _____ iii. If other than water, identify the type of impounded/contained liquids and their source. _____ iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____	

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) If Yes:	
i. What is the purpose of the excavation or dredging? _____ ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site? • Volume (specify tons or cubic yards): _____ • Over what duration of time? _____ iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. _____ _____ _____ iv. Will there be onsite dewatering or processing of excavated materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe. _____ _____ _____ v. What is the total area to be dredged or excavated? _____ acres vi. What is the maximum area to be worked at any one time? _____ acres vii. What would be the maximum depth of excavation or dredging? _____ feet viii. Will the excavation require blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No ix. Summarize site reclamation goals and plan: _____ _____ _____ _____	

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes:	
i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____ _____ _____	

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will the proposed action cause or result in disturbance to bottom sediments? ☐ Yes ☐ No
If Yes, describe: _____

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation? ☐ Yes ☐ No
If Yes:

- acres of aquatic vegetation proposed to be removed: _____
- expected acreage of aquatic vegetation remaining after project completion: _____
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): _____
- proposed method of plant removal: _____
- if chemical/herbicide treatment will be used, specify product(s): _____

v. Describe any proposed reclamation/mitigation following disturbance: _____

c. Will the proposed action use, or create a new demand for water? ☒ Yes ☐ No
If Yes:

i. Total anticipated water usage/demand per day: _____ 20 gallons/day

ii. Will the proposed action obtain water from an existing public water supply? ☒ Yes ☐ No
If Yes:

- Name of district or service area: Village of Saranac Lake
- Does the existing public water supply have capacity to serve the proposal? ☒ Yes ☐ No
- Is the project site in the existing district? ☒ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☒ No
- Do existing lines serve the project site? ☒ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project? ☐ Yes ☒ No
If Yes:

- Describe extensions or capacity expansions proposed to serve this project: _____
- Source(s) of supply for the district: _____

iv. Is a new water supply district or service area proposed to be formed to serve the project site? ☐ Yes ☒ No
If Yes:

- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- Proposed source(s) of supply for new district: _____

v. If a public water supply will not be used, describe plans to provide water supply for the project: _____

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: _____ gallons/minute.

d. Will the proposed action generate liquid wastes? ☒ Yes ☐ No
If Yes:

i. Total anticipated liquid waste generation per day: _____ 20 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): _____
Sanitary wastewater only

iii. Will the proposed action use any existing public wastewater treatment facilities? ☒ Yes ☐ No
If Yes:

- Name of wastewater treatment plant to be used: Saranac Lake Waste Water Plant
- Name of district: Saranac Lake
- Does the existing wastewater treatment plant have capacity to serve the project? ☒ Yes ☐ No
- Is the project site in the existing district? ☒ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☒ No

<ul style="list-style-type: none"> • Do existing sewer lines serve the project site? _____ • Will a line extension within an existing district be necessary to serve the project? _____ <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ _____ _____ 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? _____</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____ 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge or describe subsurface disposal plans): _____ _____ _____</p>		
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____ _____ _____</p>		
<p>e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? _____</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p style="padding-left: 20px;">_____ Square feet or _____ acres (impervious surface)</p> <p style="padding-left: 20px;">_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources. _____ _____</p> <p>iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)? _____ _____</p> <ul style="list-style-type: none"> • If to surface waters, identify receiving water bodies or wetlands: _____ _____ • Will stormwater runoff flow to adjacent properties? _____ 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? _____</p>		
<p>f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? _____</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____</p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____ _____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? _____</p> <p>If Yes:</p> <p>i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) _____</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ Tons/year (short tons) of Carbon Dioxide (CO₂) • _____ Tons/year (short tons) of Nitrous Oxide (N₂O) • _____ Tons/year (short tons) of Perfluorocarbons (PFCs) • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆) • _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs) • _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs) 		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>			
<p>i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>			
<p>j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Randomly between hours of _____ to _____.</p> <p>ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____</p> <p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____</p> <p>iv. Does the proposed action include any shared use parking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p> <p>vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____</p> <p>iii. Will the proposed action require a new, or an upgrade, to an existing substation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 9-4 • Saturday: _____ 9-4 • Sunday: _____ None • Holidays: _____ 9-4 </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 10-9 • Saturday: _____ 10-9 • Sunday: _____ 11-7 • Holidays: _____ 11-7 </td> </tr> </table>		<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 9-4 • Saturday: _____ 9-4 • Sunday: _____ None • Holidays: _____ 9-4 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 10-9 • Saturday: _____ 10-9 • Sunday: _____ 11-7 • Holidays: _____ 11-7
<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 9-4 • Saturday: _____ 9-4 • Sunday: _____ None • Holidays: _____ 9-4 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 10-9 • Saturday: _____ 10-9 • Sunday: _____ 11-7 • Holidays: _____ 11-7 		

<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>n. Will the proposed action have outdoor lighting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures: One outdoor light directly above the back door to illuminate our back door area for employee safety. Will only be on during business hours after dark.</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____</p> <p>Cannabis consumption odors. Odor elimination is outlined in our Odor Control document</p> <p>_____</p>	
<p>p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally, describe the proposed storage facilities: _____</p> <p>_____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe proposed treatment(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> • Construction: _____ 0.25 tons per _____ 1 Month (unit of time) • Operation : _____ 0.2 tons per _____ Month (unit of time) <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> • Construction: Minimal waste will be created by keeping demolition to a minimum. Only one small half wall must be disposed of and will be disposed of properly in a waste receptacle. • Operation: Operations will only produce common waste associated with a retail business. We will recycle all recyclables into proper containers and utilize proper waste management services. <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • Construction: Construction material or debris will be placed into a proper receptable bin for disposal. • Operation: Operations will utilize Cassela for waste removal and storage containers as well as recycling 	

s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☒ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____

ii. Anticipated rate of disposal/processing:

- _____ Tons/month, if transfer or other non-combustion/thermal treatment, or
- _____ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: _____ years

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☐ Yes ☒ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____

ii. Generally describe processes or activities involving hazardous wastes or constituents: _____

iii. Specify amount to be handled or generated _____ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☐ Yes ☒ No

If Yes: provide name and location of facility: _____

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: _____

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

☐ Urban ☐ Industrial ☒ Commercial ☒ Residential (suburban) ☐ Rural (non-farm)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____

ii. If mix of uses, generally describe:

Residential neighborhood behind property. Unit is in plaza with other retail businesses

b. Land uses and covertypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	5.2	5.2	0
• Forested	0	0	0
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0	0	0
• Agricultural (includes active orchards, field, greenhouse etc.)	0	0	0
• Surface water features (lakes, ponds, streams, rivers, etc.)	0	0	0
• Wetlands (freshwater or tidal)	0	0	0
• Non-vegetated (bare rock, earth or fill)	0	0	0
• Other Describe: _____			

<p>c. Is the project site presently used by members of the community for public recreation?</p> <p>i. If Yes: explain: _____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site?</p> <p>If Yes,</p> <p>i. Identify Facilities:</p> <p>Saranac Village at Will Rogers (Elderly Care Home)</p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. Does the project site contain an existing dam?</p> <p>If Yes:</p> <p>i. Dimensions of the dam and impoundment:</p> <ul style="list-style-type: none"> • Dam height: _____ feet • Dam length: _____ feet • Surface area: _____ acres • Volume impounded: _____ gallons OR acre-feet <p>ii. Dam's existing hazard classification: _____</p> <p>iii. Provide date and summarize results of last inspection: _____</p> <p>_____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility?</p> <p>If Yes:</p> <p>i. Has the facility been formally closed?</p> <ul style="list-style-type: none"> • If yes, cite sources/documentation: _____ <p>ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____</p> <p>_____</p> <p>iii. Describe any development constraints due to the prior solid waste activities: _____</p> <p>_____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste?</p> <p>If Yes:</p> <p>i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____</p> <p>_____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site?</p> <p>If Yes:</p> <p>i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes – Spills Incidents database <input type="checkbox"/> Yes – Environmental Site Remediation database <input type="checkbox"/> Neither database </div> <div> Provide DEC ID number(s): _____ Provide DEC ID number(s): _____ </div> </div> <p>ii. If site has been subject of RCRA corrective activities, describe control measures: _____</p> <p>_____</p> <p>iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database?</p> <p>If yes, provide DEC ID number(s): _____</p> <p>iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____</p> <p>_____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

v. Is the project site subject to an institutional control limiting property uses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<ul style="list-style-type: none"> • If yes, DEC site ID number: _____ • Describe the type of institutional control (e.g., deed restriction or easement): _____ • Describe any use limitations: _____ • Describe any engineering controls: _____ • Will the project affect the institutional or engineering controls in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Explain: _____ _____ 	
E.2. Natural Resources On or Near Project Site	
a. What is the average depth to bedrock on the project site? _____ N/A feet	
b. Are there bedrock outcroppings on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %	
c. Predominant soil type(s) present on project site: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> N/A _____ _____ </div> <div style="width: 35%;"> _____ _____ _____ </div> </div>	
d. What is the average depth to the water table on the project site? Average: _____ N/A feet	
e. Drainage status of project site soils: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Well Drained: <input type="checkbox"/> Moderately Well Drained: <input type="checkbox"/> Poorly Drained </div> <div style="width: 65%;"> _____ _____ _____ </div> </div>	
f. Approximate proportion of proposed action site with slopes: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> 0-10%: <input type="checkbox"/> 10-15%: <input type="checkbox"/> 15% or greater: </div> <div style="width: 50%;"> 100 % of site _____ _____ </div> </div>	
g. Are there any unique geologic features on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe: _____ _____	
h. Surface water features. <div style="margin-top: 10px;"> i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ii. Do any wetlands or other waterbodies adjoin the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes to either <i>i</i> or <i>ii</i>, continue. If No, skip to E.2.i. iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? <input type="checkbox"/> Yes <input type="checkbox"/> No iv. For each identified regulated wetland and waterbody on the project site, provide the following information: <div style="margin-top: 5px;"> <ul style="list-style-type: none"> • Streams: Name _____ Classification _____ • Lakes or Ponds: Name _____ Classification _____ • Wetlands: Name _____ Approximate Size _____ • Wetland No. (if regulated by DEC) _____ </div> </div>	

<p>m. Identify the predominant wildlife species that occupy or use the project site: _____</p> <p>_____</p> <p>_____</p>	
<p>n. Does the project site contain a designated significant natural community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p style="margin-left: 20px;">ii. Source(s) of description or evaluation: _____</p> <p style="margin-left: 20px;">iii. Extent of community/habitat:</p> <ul style="list-style-type: none"> • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres 	
<p>o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing (endangered or threatened): _____</p> <p>_____</p> <p>_____</p>	
<p>p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing: _____</p> <p>_____</p> <p>_____</p>	
<p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p> <p>_____</p> <p>_____</p>	
<p>E.3. Designated Public Resources On or Near Project Site</p>	
<p>a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, provide county plus district name/number: _____</p>	
<p>b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="margin-left: 20px;">i. If Yes: acreage(s) on project site? _____</p> <p style="margin-left: 20px;">ii. Source(s) of soil rating(s): _____</p>	
<p>c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p style="margin-left: 20px;">ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____</p> <p>_____</p> <p>_____</p>	
<p>d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. CEA name: _____</p> <p style="margin-left: 20px;">ii. Basis for designation: _____</p> <p style="margin-left: 20px;">iii. Designating agency and date: _____</p>	

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District	
ii. Name: _____	
iii. Brief description of attributes on which listing is based: _____	
f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Have additional archaeological or historic site(s) or resources been identified on the project site?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
i. Describe possible resource(s): _____	
ii. Basis for identification: _____	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Identify resource: _____	
ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____	
iii. Distance between project and resource: _____ miles.	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Identify the name of the river and its designation: _____	
ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Additional Information

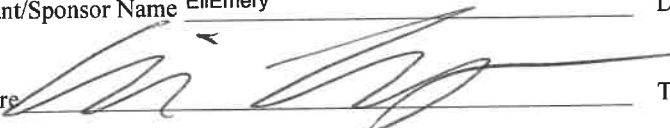
Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name EliEmery Date 5/16/2023

Signature  Title General Manager



Village of Saranac Lake

Community Development Department
39 Main St.
Saranac Lake, NY 12983
Phone (518) 891-0490
Fax (518) 891-5928
www.saranaclakeny.gov

VILLAGE OF SARANAC LAKE WATERFRONT ASSESSMENT FORM (WAF)

Section A. Instructions

Instructions: Applicants or, in the case of direct actions, Village agencies, shall complete this WAF for proposed actions which are subject to the LWRP consistency review law. This assessment is intended to supplement other information used by a Village agency in making a determination of consistency with the Village's Local Waterfront Revitalization Program.

Before answering the questions in Section C, the preparer of this form should review the policies and explanations of policy contained in the Local Waterfront Revitalization Program (LWRP), a copy of which is on file in the Village of Saranac Lake, 39 Main St., Second Floor, Saranac Lake, NY 12983 or online at www.saranaclakeny.gov. A proposed action should be evaluated as to its significant beneficial and adverse effects upon the waterfront area.

If any question in Section C on this form is answered "yes", then the proposed action may affect the achievement of the LWRP policy standards and conditions contained in the consistency review law. Thus, the actions should be analyzed in more detail and, if necessary, modified prior to making a determination that it is consistent to the maximum extent practicable with the LWRP policy standards and conditions. If an action cannot be certified as consistent with the LWRP policy standards and conditions, it shall not be undertaken.

SECTION B. Description of Site and Proposed Action

1. Name of applicant: North Country Roots, Inc	
2. Mailing address: PO Box 92 Lewis NY	3. Telephone Number: 518-524-9515
4. Location of action: 622 Lake Flower Ave, Suite 7	5. Tax Map # (s): 32.296-1-1.000
6. Size of site: 0.07 Acres	7. Present land use(s): Commercial
8. Present zoning classification: B4 - Cannabis Retail Dispensary	9. Percentage of site which contains slopes of 15% or greater: 0
10. Type of action (check appropriate response) <input checked="" type="checkbox"/> Directly undertaken (e.g. capital construction, planning activity, agency regulation, land transaction) <input checked="" type="checkbox"/> Financial assistance (e.g. grant, loan, subsidy) <input type="checkbox"/> Permit, approval, license, certification <input type="checkbox"/> Agency undertaking action:	
11. Streams, lakes, ponds, or wetlands existing within or continuous to the project area? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Waterbody Name: _____ Waterbody Size(in acres): _____	
12. Describe nature and extent of action: Interior build out of retail dispensary. No outdoor impact.	
13. Describe any unique or unusual land forms on the project site (i.e. bluffs, ground depressions, other geological formations): None	
14. Will the action be directly undertaken, require funding, or approval by a State or Federal Agency? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, which State or Federal Agency? License to open from OCM required to conduct business.	

Pages 2 & 3 are to be completed by the Development Code Administrator

SECTION C. Waterfront Assessment (To be completed by reviewing agency)

		YES	NO
1. Will the proposed action have a <u>significant effect</u> upon:			
(a)	Commercial or recreational use of fish and wildlife resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b)	Scenic quality of the waterfront environment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c)	Development of future, or existing water dependent uses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d)	Stability of the shoreline?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(e)	Surface or groundwater quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(f)	Existing or potential public recreation opportunities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(g)	Structures, sites or districts of historic, archeological or cultural significance to the Village, State or nation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Will the proposed action <u>involve</u> or <u>result in</u> any of the following:			
(a)	Physical alteration of land along the shoreline, land under water or coastal waters?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b)	Physical alteration of two (2) acres or more of land located elsewhere in the waterfront area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c)	Expansion of existing public services or infrastructure in undeveloped or low density areas of the waterfront area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d)	Energy facility not subject to Article VII or VIII of the Public Service Law?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(e)	Mining, excavation, filling or dredging?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(f)	Reduction of existing or potential public access to or along the shore?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(g)	Sale or change in use of publicly-owned lands located on the shoreline or under water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(h)	Development within designated flood hazard area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(i)	Development on a natural feature that provides protection against flooding or erosion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(j)	Diminished surface or groundwater quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(k)	Removal of ground cover from the site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Project:			
(a)	If a project is to be located adjacent to shore:		
(1)	Will water-related recreation be provided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Will public access to the shoreline be provided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3)	Does the project require a waterfront site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4)	Will it supplant a recreational or maritime use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5)	Do essential public services and facilities presently exist at or near the site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6)	Is it located in a flood prone area	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7)	Is it located in an area of high erosion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b)	If the project site is publicly owned:		
(1)	Will the project protect, maintain and/or increase the level and types of public access to water-related recreation resources and facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	If located in the foreshore, will access to those and adjacent lands be provided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3)	Will it involve the siting and construction of major energy facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4)	Will it involve the discharge of effluents from major steam electric generating and industrial facilities into a waterway	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c)	Is the project site presently used by the community as an open space or recreation area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d)	Does the present site offer or include scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(e)	Will the surface area of any waterways or wetland areas be increased or decreased by the proposal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(f)	Will the project involve any waste discharges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(g)	Does the project involve surface or subsurface liquid waste disposal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(h)	Does the project involve transport, storage, treatment or disposal of solid waste or hazardous material?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(i)	Does the project involve shipment or storage of petroleum products?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(j)	Does the project involve discharge of toxics, hazardous substances or other pollutants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(k)	Will the project affect any area designated as a freshwater wetland?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(l)	Will the project alter drainage flow, patterns or surface water runoff on or from the site	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(m)	Will best management practices be utilized to control storm water runoff into waterways?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(n)	Will the project cause emissions which exceed Federal or State air quality standards or generate significant amounts of nitrates or sulfates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION D. Remarks or Additional Information

For questions answered "Yes" in Section C, explain methods you will undertake to reduce adverse effects. Review the LWRP to see if the project is consistent with each policy. List policies the project is not consistent with and explain all mitigating actions. Add any additional sheets necessary to complete this form.

SECTION E. Preparer Information

Preparer's Name (Please print):

Jamie Konkoski

Title:

Community Development Director

Organization Name:

Village of Saranac Lake Development Board

Phone Number:

518-891-4150

Signature:

Date:

5/24/23

SECTION F. Determination of LWRP Consistency (To be completed by the Planning Board)

The Village of Saranac Lake Planning Board finds that the above referenced project is:

- ☒ consistent with LWRP policy standards and conditions.
☐ not consistent with LWRP policy standards and conditions and shall not be undertaken.

Elias Pelletieri

Print Name of Planning Board Chair

Signature of Planning Board Chair

Date