

# Town of Amenia Planning Board

Town of Amenia

P.O. Box 126

Amenia, NY 12501

(845) 373-8860 / (845) 373-9147 fax

## SUBDIVISION / LOT LINE PRELIMINARY PLAT PLAN APPLICATION

Type of Application:

Conventional Subdivision

Conservation Subdivision

Transfer of Development Rights

Lot Line Change

Limited Development Subdivision

Small Scale Development

Resort Development

Mixed Use Institutional Conversion

Grid Number: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

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

Primary Contact Person: \_\_\_\_\_  
\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Current Use(s): \_\_\_\_\_

Proposed Use(s): \_\_\_\_\_

Parcel Size: \_\_\_\_\_

Filed Map No. \_\_\_\_\_

Number of Lots Proposed: \_\_\_\_\_

Date of Discussion/Sketch Plan Review: \_\_\_\_\_

Additional approvals or permits required for project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The undersigned hereby makes application in accordance with all applicable laws and other requirements of the Town of Amenia, Dutchess County, New York.*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

TOWN OF AMENIA  
ESCROW FOR PROFESSIONAL SERVICES

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Location: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Minimum Balance: \$ \_\_\_\_\_

The Town of Amenia \_\_\_\_\_ Board is currently reviewing your application for \_\_\_\_\_. This Board is requesting that you place in escrow sufficient funds to be used to defray reasonable costs incurred by the Town for professional services and inspections required throughout the entire review process, as authorized by the Town Code of the Town of Amenia.

You will also be charged a monthly \$ \_\_\_\_\_ administrative fee to cover the fair and reasonable costs of maintaining that account, processing invoices requesting payments from that account, sending you copies of those invoices, reconciling that account, and responding to any inquiries that you may have regarding that account. If you have any questions regarding this escrow account, please contact \_\_\_\_\_.

Based on estimated review costs, you are requested to deposit \$ \_\_\_\_\_ in the escrow account. Should the balance of this account fall below \$ \_\_\_\_\_, you will be notified and requested to replenish the account to the requested amount.

This escrow account does not provide for the other development, application and filing fees set forth in the Town of Amenia Town Code and Schedule of Fees. The applicant must make timely, direct payment of those other fees as a prerequisite to continued review of the application.

All parties agree to the terms and conditions stated herein.

\_\_\_\_\_  
Town of Amenia \_\_\_\_\_ Board  
By:

\_\_\_\_\_  
Applicant:  
By:

# Town of Amenia Planning Board

Town of Amenia

P.O. Box 126

Amenia, NY 12501

(845) 373-8880 / (845) 373-9117 fax

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## AUTHORIZATION OF AGENT

I, \_\_\_\_\_, am the owner of the property  
located at \_\_\_\_\_, Amenia, New York, identified as Grid  
Number \_\_\_\_\_.

I hereby authorize \_\_\_\_\_ to act as my agent in an  
application to the Town of Amenia Planning Board for \_\_\_\_\_  
*(Name of Project)*

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Town of Amenia Planning Board

Town of Amenia

Amenia NY 12501

(845) 373-0860

(845) 373-9147 fax

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*The undersigned hereby makes application in accordance with all applicable laws and other requirements of the Town of Amenia, Dutchess County, New York. All owners of record must sign.*

\_\_\_\_\_  
*Signature of Record Owner*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Record Owner*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant (if different)*

Date: \_\_\_\_\_

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Date stamp of submission  
(Office Use Only)

# Town of Amenia Planning Board

Town of Amenia  
Amenia, NY 12501

P.O. Box 126

(845) 373-8860 / (845) 373-9147 fax

## LAND USE APPLICATION

Type of Application: Check all that apply

Site Plan       Special Permit       Zoning Permit       Subdivision

Grid Number(s): \_\_\_\_\_

Name of Project: \_\_\_\_\_

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

Primary Contact Person: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Name of Property Owner: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Name of Applicant (if different): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Relationship of Applicant to Owner (e.g. *contract vendee, option holder, lessee*): \_\_\_\_\_  
\_\_\_\_\_

Plans Prepared By:

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

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

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Zoning District(s): RA \_\_, RR \_\_, HM \_\_, HR \_\_, SR \_\_, HC \_\_,  
OC \_\_, M \_\_

Overlay District(s) (if *any*): Floodplain \_\_, Stream Corridor \_\_,  
Scenic Protection \_\_, Aquifer \_\_, Mixed-Use Institutional \_\_,  
Soil Mining \_\_, Historic Preservation \_\_, Mobile Home Park \_\_,  
Resort Development \_\_

Current Use(s): \_\_\_\_\_

Proposed Use(s): \_\_\_\_\_

Parcel Size: \_\_\_\_\_ Acres

Type of Activity: New structure \_\_\_\_, Alteration of existing  
structure \_\_\_\_, Expansion of use or structure \_\_\_\_,

Change of use in existing structure \_\_\_\_, Subdivision \_\_\_\_.

Total Square Footage of Structures:

Current \_\_\_\_\_ Proposed \_\_\_\_\_

Footprint of Structures: \_\_\_\_\_

Deed Reference: Liber \_\_\_\_\_  
Page \_\_\_\_\_ Date \_\_\_\_\_

Filed Map Reference: Lot # \_\_\_\_\_ Map # \_\_\_\_\_

Does the property contain a farm operation located within an  
agricultural district or is the property boundary within 500  
feet of a farm operation located in an agricultural district:

yes       no

If yes, submit an Agricultural Data Statement.

Will the development be phased? Yes \_\_\_\_ No \_\_\_\_

If yes, how many phases? \_\_\_\_\_

Is there an existing Special Permit, Site Plan and/or  
Subdivision approval for the property? Yes \_\_\_\_ No \_\_\_\_

If yes, provide certified copies of those existing approvals  
with this application.



# TOWN OF AMENIA

PO BOX 126, AMENIA, NY 12501  
FAX: 914-373-9147

## Agricultural Data Statement

1. Applicant Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Application Type (check all that apply)

Subdivision

Site Plan

Special Use Permit

3. Does the application include land that contains a farm operation\* within an Agricultural District?

Yes

No

4. Does the application include lands within 500 feet of a farm operation\* within an Agricultural District?

Yes

No

5. If you answered yes to questions 3 or 4, provide the name and address of the owners of land containing the farm operation below and attach a tax or other map to this sheet with the farm operation indicated, along with the Section, Block, and Lot number for the farm operation parcel:

_____	_____
_____	_____
_____	_____
_____	_____

6. Provide a description of your project and attach a separate map showing the entire property that is included in your application.

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

\* Farm operation means the land used in agricultural production, farm buildings, equipment and farm residential buildings.

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c/o P.O. Box 126

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## SUBDIVISION FINAL PLAT PLAN APPLICATION

Type of Application:

*Conventional Subdivision*

*Conservation Subdivision*

*Transfer of Development Rights*

*Lot Line Change*

*Limited Development Subdivision*

*Small Scale Development*

*Resort Development*

*Mixed Use Institutional Conversion*

Grid Number: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

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

Primary Contact Person: \_\_\_\_\_  
\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Current Use(s): \_\_\_\_\_

Proposed Use(s): \_\_\_\_\_

Parcel Size: \_\_\_\_\_

Filed Map No. \_\_\_\_\_

Number of Lots Proposed: \_\_\_\_\_

Date of Preliminary Plat Approval: \_\_\_\_\_

Additional approvals or permits required for project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The undersigned hereby makes application in accordance with all applicable laws and other requirements of the Town of Amenia, Dutchess County, New York.*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

## 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:

New

Expansion

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?

Yes

No

If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?

Residential

Industrial

Commercial

Agriculture

Park/Forest/Open Space

Other

Describe:

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?

Yes

No

If Yes, list agency(s) name and permit/approvals:

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?

Yes

No

If Yes, list agency(s) name and permit/approvals:

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?

Yes

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)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4?  Yes  No If yes, coordinate the review process and use the FULL EAF

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)