## 617.20

## Appendix C

## State Environmental Quality Review SHORT ENVIRONMENTAL ASSESSMENT FORM

## For UNLISTED ACTIONS Only

3. PROJECT LOCATION:  Municipality County  4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)  5. PROPOSED ACTION (Street address and road intersections, prominent landmarks, etc., or provide map)  6. DESCRIBE PROJECT BRIEFLY:  7. AMOUNT OF LAND AFFECTED: Initiality acres Ultimately acres  8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?  1. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Residential Industrial Commercial Agriculture Park/Forest/Open Space Other  O DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?  1. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  1. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  1. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  1. ODES ANY ASPECT OF THE ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  1. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  1. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  1. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  1. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  1. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  1. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  1. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  2. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  3. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  2. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  3. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  2. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  3. ODES APPROVED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  3. ODES APPROVED AC	1. APPLICANT/SPONSOR	
Municipality County  4. PRECISE LOCATION (Street address and road intersections, prominent fancimarks, etc., or provide map)  5. PROPOSED ACTION IS:    New	1. AFFLICANT/SFONSOR	2. PROJECT NAME
Municipality County  4. PRECISE LOCATION (Street address and road intersections, prominent fancimarks, etc., or provide map)  5. PROPOSED ACTION IS:    New	2. DD0 (507   0047)011	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)  5. PROPOSED ACTION IS:   New	10 20 20 20 20 20 20 20 20 20 20 20 20 20	
5. PROPOSED ACTION IS:   New		County
New	<ol> <li>PRECISE LOCATION (Street address and road intersections, promine</li> </ol>	ent landmarks, etc., or provide map)
New		
New		
6. DESCRIBE PROJECT BRIEFLY:  7. AMOUNT OF LAND AFFECTED:	5. PROPOSED ACTION IS:	
7. AMOUNT OF LAND AFFECTED: Initially acres  8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?  9. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?  9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Residential Industrial Commercial Agriculture Park/Forest/Open Space Other  1. 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:  1. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes No If Yes, list agency(s) name and permit/approvals:  2. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? Yes No  1. CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Date: Date:	New Expansion Modification/altera	ation
Initially acres Ultimately acres    MILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?   Yes	6. DESCRIBE PROJECT BRIEFLY:	
Initially acres Ultimately acres    MILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?   Yes		
Initially acres Ultimately acres    MILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?   Yes		
Initially acres Ultimately acres    MILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?   Yes		
WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?    Yes		Corne
WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?   Residential   Industrial   Commercial   Agriculture   Park/Forest/Open Space   Other		
Residential Industrial Commercial Agriculture Park/Forest/Open Space Other  O. 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:  ODES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  If Yes, list agency(s) name and permit/approvals:  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 Date:	Yes No If No, describe briefly	THEN EXISTING LAND USE RESTRICTIONS?
Residential Industrial Commercial Agriculture Park/Forest/Open Space Other  O. 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:  ODES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  If Yes, list agency(s) name and permit/approvals:  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 Date:		
Residential Industrial Commercial Agriculture Park/Forest/Open Space Other  O. 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:  ODES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  If Yes, list agency(s) name and permit/approvals:  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 Date:	9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECTS	
Describe:  O. 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:  DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  Yes No If Yes, list agency(s) name and permit/approvals:  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 Date:		Agriculture Park/Forest/Open Space Output
Yes No If Yes, list agency(s) name and permit/approvals:  DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes No If Yes, list agency(s) name and permit/approvals:  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:	Describe: —	Ciner of carrope in Space Ciner
Yes No If Yes, list agency(s) name and permit/approvals:  DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes No If Yes, list agency(s) name and permit/approvals:  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:		
Yes No If Yes, list agency(s) name and permit/approvals:  DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes No If Yes, list agency(s) name and permit/approvals:  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:		
Yes No If Yes, list agency(s) name and permit/approvals:  DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes No If Yes, list agency(s) name and permit/approvals:  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:	DOES ACTION INVOLVE A DEPART APPROVAL OF FUNDAMENTAL	
DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  Yes No If Yes, list agency(s) name and permit/approvals:  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:	(FEDERAL, STATE OR LOCAL)?	IOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY
AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?    Yes	Yes No If Yes, list agency(s) name and pe	ermit/approvals:
AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?    Yes		
AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?    Yes		
AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?    Yes	DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID	D PERMIT OR APPROVAL?
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Applicant/sponsor name:  Date:	Yes No If Yes, list agency(s) name and pe	rmit/approvals:
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Applicant/sponsor name:  Date:		
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Applicant/sponsor name:  Date:	-	
Date:	No	
Date:	I CERTIFY THAT THE INFORMATION PROVIDED A	BOVE IS TRUE TO THE BEST OF MY KNOW! FORF
Signature:	Applicant/sponsor name:	
	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

FA	KI 11 -	INIPACI	ASSE	SSMEN	T (To be	comp	leted by	I ead An	IANCV	۸١				
A.	DOES	es 1	CEED AI	NY TYPE	THRESH	OLD IN 6	NYCRR, I	PART 617.4	1?	If yes, çoor				ne FULL EAF.
		es ll	10				,						6? If No, a r	
C.	COULE C1. E.	ACTION R xisting air qu tential for e	ESULT II lality, sur rosion, di	N ANY AD face or gro rainage or	VERSE EF oundwater flooding pr	FFECTS A quality or roblems?	ASSOCIAT quantity, r Explain b	TED WITH T noise levels, riefly:	ΓΗΕ FC , existin	OLLOWING	: (Answers r ttern, solid v	nay be hand vaste produc	written, if leg	gible) sal,
	C2. A6	esthetic, agr	cultural,	archaeolog	gical, histo	ric, or oth	er natural	or cultural re	esource	es; or comn	nunity or nei	ghborhood c	character? Ex	xplain briefly:
	C3. Ve	getation or	<sup>f</sup> auna, fis	h, shellfish	ı or wildlife	species,	significant	t habitats, or	r threat	tened or end	dangered sp	ecies? Expla	ain briefly:	
	C4. A 0	community's	existing pl	lans or goa	ls as officia	ally adopte	d, or a cha	nge in use o	r intens	sity of use of	land or othe	r natural reso	ources? Expla	in briefly:
	C5. Gro	owth, subsec	quent dev	elopment,	or related	l activities	likely to b	e induced b	y the p	proposed ac	tion? Explai	n briefly:		
	C6. Lor	g term, sho	rt term, c	umulative,	or other e	ffects not	identified	in C1-C5?	Explair	n briefly:			8	
(	C7. Oth	er impacts (	including	changes i	n use of ei	ither quan	ntity or type	e of energy)	? Expl	lain briefly:				
D W	III THE	PRO IECT	<b>□</b> Λ\/□ Λ	NI IMPAGE										
Ei [	VVIRON Yes	IMENTAL A	REA (CE	A)? es, explain	briefly:	ENVIROR	NMENTAL	CHARACT	ERISTI	ICS THAT (	CAUSED TH	HE ESTABLI	SHMENT OF	A CRITICAL
E. IS	THERE	, OR IS THE	RE LIKE	LY TO BE	CONTRO	OVERSY	REI ATEC	TO POTE	NTIAL	ADVEDOE		ENTAL IMP.		
L	Yes	☐ No	If Ye	s, explain	briefly:			7070121	NIAL /	ADVERSE	ENVIRONM	ENTAL IMP.	ACTS?	
effe geo suf	ect sho ographi ficient of the de	c scope; a detail to sho etermination	essed in nd (f) m ow that a n of signi	connection	ffect ident on with its If neces adverse ust evalua	tified abo s (a) setti ssary, ado impacts ate the po	ive, deterr ing (i.e. ui d attachm have beei otential im	mine wheth rban or rura nents or ref n identified apact of the	ner it is al); (b) ference and a propos	e supportired supportired supporting supporting supporting support supporting support supporting support suppo	ng material addressed	ng; (c) dura s. Ensure . If question	ation; (d) irre that explana D of Part II	nificant. Each eversibility; (e) ations contain I was checked cs of the CEA.
	Che EAF	ck this box if and/or prep	you have	identified	one or mo	re potenti	ally large o	or significant	advers	se impacts v	vhich MAY	ccur. Then	proceed direc	ctly to the FULL
	7 Chec	ck this box if	vou have	determine	d bacada	n tha int								ed action WILL determination
			Name o	f Lead Ag	ency						Date			
	Print o	r Type Nam	e of Resp	onsible O	fficer in Le	ead Agend	су			Title	of Respons	ible Officer		
												.2.0 0111001		1
	Si	gnature of F	esponsil	ole Officer	in Lead A	gency		Si	gnature	e of Prepare	er (If differer	nt from respo	onsible office	r)