

TOWN of EASTON PLANNING BOARD APPLICATION FOR SUBDIVISION REVIEW

Office Only

Title _____
Application No. _____
Tax Map No. _____
Minor _____ Major _____
Fee Paid _____ Date ____/____/____
Fee Paid _____ Date ____/____/____

The following is to be filled out by applicant as completely as possible.

1. Purpose of Proposed Subdivision? (What is planned?)

Single family residence: how many ()

Other (describe) _____

2. Name of present owner(s) as appears on the deed (copy of deed to be provided).

Address _____

Phone number (____) ____-_____

3. Name and address of applicant (If other than owner*):

Address _____

Phone number (____) ____-_____

* If applicant is not the owner then the owner must complete the Agency Designation Form attached, page 6. If the owner is a corporation then a statement shall be attached including a resolution of the Board of Directors of such corporation giving the applicant authority to act on behalf of the corporation. This shall be signed by the president and secretary and bear the corporate seal.

4. Applicant's Interest In property (check one below):

Owner

Other (describe) _____

Submit deed/s showing ownership/s back to 1938.

5. Name of NYS licensed surveyor: (if one is to be used)

Address _____

Phone number (____) _____

Name of licensed Engineer: (if one is to be used)

Address _____

Phone number (____) _____

6. Description of land to be subdivided.

a. Location of property as to highway and distance from nearest intersection.

b. List all adjoining property owners and addresses (including those on opposite side of highway).

c. Total no. of acres of contiguous land holdings of owner: _____ acres. Is any development ongoing or proposed for parcels other than this parcel that are under the same control as this application? Yes No.

d. Has the property been part of a previous subdivision? Yes No. List all subdivisions of this land since 1969:

Lot no.	Date of subdivision approval by Planning Board
_____	_____
_____	_____
_____	_____
_____	_____

List all current owners of parcels subdivided from the original tract (as of 1969).

e. Does this land lie within the Agricultural District Number : ? Yes No.
If not within, is it adjacent to the Agricultural District Number : ? Yes No.
Does this land lie adjacent to/within a Critical Environmental Area? Yes No.

f. Are any of the following on the property. Please give approximate number and location and description of each:

() Stone walls. _____

Will property lines follow any stone walls? () Yes () No.

() Water sources. Surface or underground water sources--wells, reservoirs, aquifers, and springs within 1500 feet of area to be developed.

() Water supplies within 1500 feet of the proposed action that have been tested for either for quality or quantity. Please include here or attach any information available.

() Septic systems. _____

() Utility line right-of-ways. _____

() Wetlands on or within 100 feet of the property.

() Flood Plain (listed on the Federal Flood Base Map).

Is the site within the flood zone? () Yes () No

Adjacent to the flood zone? () Yes () No

g. Highways (Federal, State, County, Town) within 300 feet of this property.

Please list:

Name or Route Number	Approx. Road Frontage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Description of Subdivision:

a. Total no. of acres to be project site covered by this application. _____ acres.

b. No. of lots or sites to be created. _____

c. Are they to be for sale, for lease, or rent _____?

d. Submit one copy of any easements, contracts, agreements, restrictions or liens on the property being subdivided.

8. Will this subdivision impair access to agricultural lands w/i the parcel? () Yes () No

If yes, would you be willing to allow access through the proposed development site by deeded right-of-way, by easement or by lease? () Yes () No

GOVERNMENT REVIEW

9. Have you contacted any of the following New York State Agencies concerning this development proposal? Yes No If No, go to 10.

<u>Agency</u>	<u>Date</u>	<u>Contact person (phone)</u>
<input type="checkbox"/> Dept. of Health	_____	_____
<input type="checkbox"/> Dept. of Trans.	_____	_____
<input type="checkbox"/> Dept. of Envir. Cons.	_____	_____
<input type="checkbox"/> Dept of Law	_____	_____
<input type="checkbox"/> Office of Parks, Recreation and Historic Preservation	_____	_____
<input type="checkbox"/> Public Service Com.	_____	_____

10. Have you contacted any federal agencies concerning this development proposal? Yes No If No, go to 11.

<u>Agency</u>	<u>Date</u>	<u>Contact person (phone)</u>
<input type="checkbox"/> Saratoga Natl. Hist. Park	_____	_____
<input type="checkbox"/> Fed. Energy Reg. Com.	_____	_____
<input type="checkbox"/> Environ. Protection	_____	_____
<input type="checkbox"/> Other	_____	_____

11. Have you received a permit or other determination from any of the above state or federal agencies? Yes No Have you received any County or Town permits? Yes No If yes, please attach a copy to this application.

12. The applicant covenants by signing below that before any change in the nature of the occupancy or in the nature of the division, or upon any change in the facts presented in this application, an amended application reflecting such change shall be submitted to the Planning Board for resubdivision review and approval.

I the undersigned certify the above information is accurate to the best of my knowledge.

Signature of Applicant _____

Date _____

LEGAL DOCUMENTATION

13. Please provide a copy of ownership documents (deed, contract, option, lease) and of an proposed homeowner's association or condominium declaration, by-laws, offering statement, prospectus, deed restrictions easements for the property, as well as articles of incorporation as filed with the Department of State, for any land holding business, or any development corporation, or transportation corporation to be involved in the proposed project.

COVENANTS

14. The undersigned hereby requests approval by the Planning Board of the above described subdivision, and as a condition of the application and as a condition of subsequent approval by the Planning Board expressly covenants and agrees that the ultimate deeds or conveyances of any portion or all of the subdivided property shall contain, or the subdivider shall cause to contain, a reference to the approved subdivision map used as a basis for the property description; such reference is to include map lot number or other designation of the portion/s thereby being conveyed, name of the subdivision, the name of the duly licensed land surveyor who prepared such map, the date of completion of the map, the date of approval by the Planning Board, and the date of filing of the map in the office of the Washington County Clerk.

The undersigned further so covenants and agrees to comply with the provisions of law and regulations with respect to the subdivision, mapping, filing, offering, conveyance, recording, and development of this subdivision, or portions thereof, and with applicable sections of the NYS Real Property Law.

Signature of Applicant _____

Date _____

DECLARATION

15. I hereby authorize the members of the Town of Easton Planning Board to enter on the property described herein for the purposes of conducting such investigations, examinations, tests and site evaluations as it deems necessary to verify information contained in or related to this application for a project approval. The above and attached information is correct to the best of my knowledge.

I further understand that additional information request forms may be required to be submitted as part of this application (for an example: the EAF, {Environmental Assessment Form})

Signature of Applicant _____

Date _____

PART 1—PROJECT INFORMATION

Prepared by Project Sponsor

NOTICE: This document is designed to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form, Parts A through E. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review. Provide any additional information you believe will be needed to complete Parts 2 and 3.

It is expected that completion of the full EAF will be dependent on information currently available and will not involve new studies, research or investigation. If information requiring such additional work is unavailable, so indicate and specify each instance.

NAME OF ACTION		
LOCATION OF ACTION (Include Street Address, Municipality and County)		
NAME OF APPLICANT/SPONSOR		BUSINESS TELEPHONE ()
ADDRESS		
CITY/PO		STATE ZIP CODE
NAME OF OWNER (If different)		BUSINESS TELEPHONE ()
ADDRESS		
CITY/PO		STATE ZIP CODE
DESCRIPTION OF ACTION		

Please Complete Each Question—Indicate N.A. if not applicable

A. Site Description

Physical setting of overall project, both developed and undeveloped areas.

1. Present land use: Urban Industrial Commercial Residential (suburban) Rural (non-farm)
 Forest Agriculture Other _____

2. Total acreage of project area: _____ acres.

APPROXIMATE ACREAGE	PRESENTLY	AFTER COMPLETION
Meadow or Brushland (Non-agricultural)	_____ acres	_____ acres
Forested	_____ acres	_____ acres
Agricultural (Includes orchards, cropland, pasture, etc.)	_____ acres	_____ acres
Wetland (Freshwater or tidal as per Articles 24, 25 of ECL)	_____ acres	_____ acres
Water Surface Area	_____ acres	_____ acres
Unvegetated (Rock, earth or fill)	_____ acres	_____ acres
Roads, buildings and other paved surfaces	_____ acres	_____ acres
Other (Indicate type) _____	_____ acres	_____ acres

3. What is predominant soil type(s) on project site? _____
- a. Soil drainage: Well drained _____ % of site Moderately well drained _____ % of site
 Poorly drained _____ % of site
- b. If any agricultural land is involved, how many acres of soil are classified within soil group 1 through 4 of the NY Land Classification System? _____ acres. (See 1 NYCRR 370).

4. Are there bedrock outcroppings on project site? Yes No
- a. What is depth to bedrock? _____ (in feet)

5. Approximate percentage of proposed project site with slopes: 0-10% _____ % 10-15% _____ %
 15% or greater _____ %
6. Is project substantially contiguous to, or contain a building, site, or district, listed on the State or the National Registers of Historic Places? Yes No
7. Is project substantially contiguous to a site listed on the Register of National Natural Landmarks? Yes No
8. What is the depth of the water table? _____ (in feet)
9. Is site located over a primary, principal, or sole source aquifer? Yes No
10. Do hunting, fishing or shell fishing opportunities presently exist in the project area? Yes No
11. Does project site contain any species of plant or animal life that is identified as threatened or endangered?
 Yes No According to _____
 Identify each species _____
12. Are there any unique or unusual land forms on the project site? (i.e., cliffs, dunes, other geological formations)
 Yes No Describe _____
13. Is the project site presently used by the community or neighborhood as an open space or recreation area?
 Yes No If yes, explain _____
14. Does the present site include scenic views known to be important to the community?
 Yes No
15. Streams within or contiguous to project area: _____
 a. Name of Stream and name of River to which it is tributary _____
16. Lakes, ponds, wetland areas within or contiguous to project area:
 a. Name _____ b. Size (In acres) _____
17. Is the site served by existing public utilities? Yes No
 a) If Yes, does sufficient capacity exist to allow connection? Yes No
 b) If Yes, will improvements be necessary to allow connection? Yes No
18. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? Yes No
19. Is the site located in or substantially contiguous to a Critical Environmental Area designated pursuant to Article 8 of the ECL, and 6 NYCRR 617? Yes No
20. Has the site ever been used for the disposal of solid or hazardous wastes? Yes No

B. Project Description

1. Physical dimensions and scale of project (fill in dimensions as appropriate)
- a. Total contiguous acreage owned or controlled by project sponsor _____ acres.
- b. Project acreage to be developed: _____ acres initially; _____ acres ultimately.
- c. Project acreage to remain undeveloped _____ acres.
- d. Length of project, in miles: _____ (If appropriate)
- e. If the project is an expansion, indicate percent of expansion proposed _____ %;
- f. Number of off-street parking spaces existing _____; proposed _____.
- g. Maximum vehicular trips generated per hour _____ (upon completion of project)?
- h. If residential: Number and type of housing units:
- | | One Family | Two Family | Multiple Family | Condominium |
|------------|------------|------------|-----------------|-------------|
| Initially | _____ | _____ | _____ | _____ |
| Ultimately | _____ | _____ | _____ | _____ |
- i. Dimensions (in feet) of largest proposed structure _____ height; _____ width; _____ length.
- j. Linear feet of frontage along a public thoroughfare project will occupy is? _____ ft.

2. How much natural material (i.e., rock, earth, etc.) will be removed from the site? _____ tons/cubic yards
3. Will disturbed areas be reclaimed? Yes No N/A
- a. If yes, for what intended purpose is the site being reclaimed? _____
- b. Will topsoil be stockpiled for reclamation? Yes No
- c. Will upper subsoil be stockpiled for reclamation? Yes No
4. How many acres of vegetation (trees, shrubs, ground covers) will be removed from site? _____ acres.
5. Will any mature forest (over 100 years old) or other locally-important vegetation be removed by this project?
 Yes No
6. If single phase project: Anticipated period of construction _____ months, (including demolition).
7. If multi-phased:
- a. Total number of phases anticipated _____ (number).
- b. Anticipated date of commencement phase 1 _____ month _____ year, (including demolition).
- c. Approximate completion date of final phase _____ month _____ year.
- d. Is phase 1 functionally dependent on subsequent phases? Yes No
8. Will blasting occur during construction? Yes No
9. Number of jobs generated: during construction _____; after project is complete _____.
10. Number of jobs eliminated by this project _____.
11. Will project require relocation of any projects or facilities? Yes No If yes, explain _____
12. Is surface liquid waste disposal involved? Yes No
- a. If yes, indicate type of waste (sewage, industrial, etc.) and amount _____
- b. Name of water body into which effluent will be discharged _____
13. Is subsurface liquid waste disposal involved? Yes No Type _____
14. Will surface area of an existing water body increase or decrease by proposal? Yes No
Explain _____
15. Is project or any portion of project located in a 100 year flood plain? Yes No
16. Will the project generate solid waste? Yes No
- a. If yes, what is the amount per month _____ tons
- b. If yes, will an existing solid waste facility be used? Yes No
- c. If yes, give name _____; location _____
- d. Will any wastes not go into a sewage disposal system or into a sanitary landfill? Yes No
- e. If Yes, explain _____
17. Will the project involve the disposal of solid waste? Yes No
- a. If yes, what is the anticipated rate of disposal? _____ tons/month.
- b. If yes, what is the anticipated site life? _____ years.
18. Will project use herbicides or pesticides? Yes No
19. Will project routinely produce odors (more than one hour per day)? Yes No
20. Will project produce operating noise exceeding the local ambient noise levels? Yes No
21. Will project result in an increase in energy use? Yes No
If yes, indicate type(s) _____
22. If water supply is from wells, indicate pumping capacity _____ gallons/minute.
23. Total anticipated water usage per day _____ gallons/day.
24. Does project involve Local, State or Federal funding? Yes No
If Yes, explain _____

25. Approvals Required:

Type

Submittal Date

City, Town, Village Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
City, Town, Village Planning Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
City, Town Zoning Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
City, County Health Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other Local Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other Regional Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
State Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Federal Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

C. Zoning and Planning Information

1. Does proposed action involve a planning or zoning decision? Yes No

If Yes, indicate decision required:

- zoning amendment zoning variance special use permit subdivision site plan
 new/revision of master plan resource management plan other _____

~~2. What is the zoning classification(s) of the site? _____~~

~~3. What is the maximum potential development of the site if developed as permitted by the present zoning? _____~~

~~4. What is the proposed zoning of the site? _____~~

~~5. What is the maximum potential development of the site if developed as permitted by the proposed zoning? _____~~

6. Is the proposed action consistent with the recommended uses in adopted local land use plans? Yes No

7. What are the predominant land use(s) and zoning classifications within a 1/4 mile radius of proposed action?

8. Is the proposed action compatible with adjoining/surrounding land uses within a 1/4 mile? Yes No

9. If the proposed action is the subdivision of land, how many lots are proposed? _____

a. What is the minimum lot size proposed? _____

10. Will proposed action require any authorization(s) for the formation of sewer or water districts? Yes No

11. Will the proposed action create a demand for any community provided services (recreation, education, police, fire protection)? Yes No

a. If yes, is existing capacity sufficient to handle projected demand? Yes No

12. Will the proposed action result in the generation of traffic significantly above present levels? Yes No

a. If yes, is the existing road network adequate to handle the additional traffic? Yes No

D. Informational Details

Attach any additional information as may be needed to clarify your project. If there are or may be any adverse impacts associated with your proposal, please discuss such impacts and the measures which you propose to mitigate or avoid them.

E. Verification

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

Applicant/Sponsor Name _____ Date _____

Signature _____ Title _____

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

**Town of Easton
Affidavit regarding title for lands to be subdivided
with
Covenant agreement**

This form is to be completed and submitted by the landowner(s) as part of the subdivision application.

A. Please read the following and check the applicable boxes.

I affirm that I hold clear title to the lands proposed for subdivision and have submitted a copy of the deeds pertaining to my subdivision proposal.

There is a lien on my property in the form of:
check those that apply:

mortgage
An official written statement of release of acreage by the bank, financial institution, or other lender must be obtained and submitted to the Planning Board. In some cases a written statement from the lending institution indicating that they are aware of the proposed subdivision is submitted.

unpaid property or school taxes

other

I affirm that the above information is true.

_____	/	_____	_____
print name		signature	date
_____	/	_____	_____
print name		signature	date
_____	/	_____	_____
print name		signature	date

B. Covenant agreement:

I agree to inform the Easton Planning Board immediately of any change in title that may occur during the review of my application for subdivision.

_____	/	_____	_____
print name		signature	date
_____	/	_____	_____
print name		signature	date
_____	/	_____	_____
print name		signature	date

If the buyer is planning to merge the new parcel with their own property, the buyer will also be asked to complete this form relative to the buyer's land. A separate form will be sent to those buyers planning to merge the subdivided parcel with their land.

AGRICULTURAL DATA STATEMENT

Section 289-a of Town Law and Section 7-741 of Village Law (effective July 1, 1993) require applicants for subdivision approval, special use permits, use variances and site plan reviews, to submit the following information if the property upon which their proposal is located is in an agricultural district or the boundaries of such property are within 500 ft. of a farm operation (i.e., land used in agricultural production, farm buildings, equipment and farm residential buildings) located within an agricultural district:

1- the name and address of the applicant

2- a description of the proposed project and its location

3- the name and address of any owner of an active farm operation within an agricultural district which is located within 500ft. of property containing the proposed project (continue on back as necessary)

1.

2.

3.

4.

5.

6.

4- a tax map (or other map) showing the site of the proposed project relative to the location of farm operations identified in 3.

NOTE: The law requires the clerk of the reviewing board to send notice describing your proposal and its location to those farm operation owners identified above. Information regarding the location of property in agricultural districts and copies of tax maps may be obtained from the Washington County Real Property Tax Services, County Office Bldg., Upper Broadway, Ft. Edward, NY 12828; tel: 518-740-2130. The cost for copies of individual tax map sheets at a scale of 1:400 and 1:800 is currently \$0.00. [7/93]