

# TOWN OF SPAFFORD

Zoning Board of Appeals

## APPLICATION

### Office Use Only

Application No: \_\_\_\_\_

Bldg. Permit Denied: \_\_\_\_\_

Public Hearing: \_\_\_\_\_

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

### 1. Property Location/Address:

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

### 2. Tax I.D. Number: \_\_\_\_\_

### 3. Applicant's Name, Address, & Phone No:

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

PH: \_\_\_\_\_

### 4. Type of Appeal:

(\$50.00 charge per appeal applied for)

Area Variance \_\_\_\_ Bulk Variance \_\_\_\_

Use Variance \_\_\_\_ Special Permit \_\_\_\_

Interpretation \_\_\_\_

### 5. Zoning District:

RESIDENTIAL LAKE SL/OL \_\_\_\_ RESIDENTIAL AGRICULTURAL \_\_\_\_

### 6. Property owned by Applicant:

YES \_\_\_\_ NO \_\_\_\_

(If property is not owned by applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

6A. Size of property \_\_\_\_\_ Acres/Sq. Ft. (circle one)

6B. Lot size: ..... \_\_\_\_\_ ft. X \_\_\_\_\_ Survey map required (stamped)

TOWN OF SPAFFORD

7. Describe the project: \_\_\_\_\_

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8. State the reason(s) you are applying for this appeal: \_\_\_\_\_

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**CEO TO COMPLETE**

<b>8A</b> section(s) zoning ordinance appealed:	<b>8B</b> specific required dimensions/use) under the section(s) you seek relief from:	<b>8C</b> State the type & size of variance, e.g.: 3 foot side yard variance
1.	1.	1.
2.	2.	2.
3.	3.	3.

**Comments:**

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## 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: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> 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? If yes, coordinate the review process and use the FULL EAF.  
 Yes  No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.  
 Yes  No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?  
 Yes  No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?  
 Yes  No If Yes, explain briefly:

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

\_\_\_\_\_  
 Name of Lead Agency

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
 Title of Responsible Officer

\_\_\_\_\_  
 Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
 Signature of Preparer (If different from responsible officer)



**AGRICULTURAL DATA STATEMENT**

This statement is required by Section 283-a of the New York State Town Law for any proposed project that would occur (a) on property within an agricultural district containing a farm operation, or (b) on property with boundaries within 500 feet of a farm operation located in an agricultural district.

Name of applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the proposed project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project site address: \_\_\_\_\_

Project site tax map number : \_\_\_\_\_

The project is located:

- within an agricultural district containing a farm operation, or
- on property with boundaries within 500 feet of a farm operation located in an agricultural district.

Number of acres involved with project: \_\_\_\_\_

Is any portion of the project site currently being farmed?

- Yes. If yes, how much? \_\_\_\_\_ Acres or \_\_\_\_\_ Square Feet
- No.

Please identify the name and address of any owner of land within the agricultural district, which land contains farm operations and is located within 500 feet of the boundary of the property upon which the project is proposed.

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

Please attach a copy of the current tax map showing the site of the proposed project relative to the location of farm operations identified in Item H above.

**FARM NOTE**

Prospective residents should be aware that such farm operations may generate dust, odor, smoke, noise, vibration and other conditions which routinely result from agricultural activities.

\_\_\_\_\_  
Name and Title of Person Completing Form

\_\_\_\_\_  
Date