

Planning Board Application Requirements

1. Fully completed application packet must be submitted by the deadline date indicated below, no exceptions.
2. Application must be accompanied by the proper application fee (cash or check made payable to the Town of South Bristol).
3. Please refer to the NYS Department of Environmental Conservation workbook www.dec.ny.gov/permits/90132.html to help you complete the Short Environmental Assessment Form (Part 1).

The EAF mapper link www.dec.ny.gov/eafmapper will automatically answer questions 7, 12, 13, 15, and 20. Please attach answers to the application. If there are any yes answers, please provide written determination from the state and federal agencies prior to application submission.

4. Review our Town Code §170-94 site plan review requirements or Town Code §149 subdivision requirements (www.southbristolny.org).
5. An application must include:
 - Site plan showing all dimensioning including distances from property lines and roadways, means of ingress and egress, all curb cuts, septic, elevations, etc.
 - Full property survey, elevation drawings, landscape plans, parking, lighting, etc.
 - Other pertinent documents
6. The completed application packet, fee, and eleven (11) sets of the accompanying items listed above must be submitted.

**** Application may require referral to the County Planning Board.**

7. Once a subdivision is approved, a Mylar must be provided for signature purposes and once the Mylar is signed then five (5) copies of the signed plot plan must be provided. No permits will be issued until plot plans are received.

Month	Application Submittal Deadline	County Planning Board Meeting**	Planning Board Meeting	Zoning Board of Appeals Meeting
January	12/23/19	1/8/20	1/15/20	1/22/20
February	1/27/20	2/12/20	2/19/20	2/26/20
March	2/24/20	3/11/20	3/18/20	3/25/20
April	3/23/20	4/8/20	4/15/20	4/22/20
May	4/27/20	5/13/20	5/20/20	5/27/20
June	5/25/20	6/10/20	6/17/20	6/24/20
July	6/22/20	7/8/20	7/15/20	7/22/20
August	7/27/20	8/12/20	8/19/20	8/26/20
September	8/24/20	9/9/20	9/16/20	9/23/20
October	9/26/20	10/14/20	10/21/20	10/28/20
November/December	10/26/20	11/11/20	12/9/20	12/2/20



Town of South Bristol
Code Enforcement Office
 6500 West Gannett Hill Road
 Naples, NY 14512-9216
 585.374.6341

Application # _____

Planning Board Application

Applicant _____

Mailing Address _____

_____ Zip _____

Telephone _____ Email _____

Property Owner's Written Permission Attached

Property Owner _____

Mailing Address _____

_____ Zip _____

Telephone _____ Email _____

Property Address _____

Tax Map # _____ Zone _____

_____ Site Plan Approval _____ Site Plan Amendment

_____ Subdivision Approval _____ Number of Parcels

Nature of Application _____

By signing this application the applicant/property owner have granted permission for the Board Members/Town Code Enforcement Officer to make site visits.

Applicant's Signature _____

Date _____

Code Enforcement Officer

Meets Town Code Zoning Use Requirements? Yes No

Meets Town Code Zoning Setback Requirements? Yes No

Accepted for Planning Board Preliminary Meeting _____

Code Enforcement Officer

Date

Planning Board Assistant

Application # _____

Town Planning Board Review

Planning Board Preliminary Review Meeting _____

Zoning Board of Appeals Actions _____

Planning Board Final Review Meeting _____

County Planning Board Review

Delivered County Planning Referral _____

Received County Planning Recommendation/Comments _____

Legal Notice Published _____

Planning Board Actions _____

Planning Board Assistant

Date

Application fee _____ CC/Check # _____ Cash _____ By _____ Date _____

Resolution 71-2014
Enforcement of Zoning Administration and Enforcement
of Fees, Charges, and Related Expenses

Whereas, compliant to Town of South Bristol Zoning Code Chapter 170, Article VIII, Section 170-95 (a) it is the direction of this governing board pursuant to Town Zoning Code Rules and Regulations that any and all fees, charges and other related expenses that are incurred for application of zoning permits, special use permits, variances, appeals, site plan approval, certificate of compliance, certificate of non-conformity and amendments to expenses incurred by the Town of South Bristol in the process and review of such applications by the Town Board, Town Planning Board, Zoning Board of Appeals, Code Enforcement Officer, and any other governmental agencies working on behalf of the Town of South Bristol.

Whereas, compliant to Town of South Bristol Zoning Code Chapter 170, Article VIII, Section 170-96 Consulting Fees it is the direction of this governing Board pursuant to Town Zoning Code Rules and Regulations that by the Town Board, Town Planning Board, Zoning Board of Appeals, Code Enforcement Officer, and any other governmental agencies working on behalf of the Town of South Bristol shall have the right to determine whether to consult with professional outside consultants.

Whereas, exercising compliancy with the Town of South Bristol Zoning Code as reflected in the Town Zoning Code, the Town will bill all applicants for said fees, charges and other related expenses. The applicant shall pay as required all bills as rendered within 10 days.

Resolved, that all applicants are to sign an acknowledgement of receipt of this Resolution, acknowledging their acceptance of these terms.

Therefore, be it resolved, that the Code Enforcement Office is hereby directed to provide a copy of this Resolution to all applicable parties.

Applicant's Signature

Date

Ontario County Agricultural Data Statement

Town Village City of _____ Date _____

Ag District Number _____

Introduction This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant	Owner if Different from Applicant
Name: _____ Address: _____ _____	Name: _____ Address: _____ _____

1. Type of Application: Special Use Permit; Site Plan Approval ; Use Variance;
 Subdivision Approval

2. Description of proposed project:

3. Location of project: Tax Parcel ID# _____

4. Is this parcel actively farmed? NO YES

5. List all farm operations within a NYS Department of Ag & Markets Certified Agricultural District that are within 500 feet of your parcel. Attach additional sheets if necessary.*

Name: _____ Address: _____ Tax Parcel ID # _____	Name: _____ Address: _____ Tax Parcel ID # _____
Name: _____ Address: _____ Tax Parcel ID # _____	Name: _____ Address: _____ Tax Parcel ID # _____

* Attach a tax map showing the site of the proposed project relative to the location of farm operations identified above. Parcel information including aerial photos and Agricultural District information is available electronically

Ag District maps can be obtained from your municipal assessor, municipal clerk or the County Planning Department.

Signature of Applicant

Signature of Owner (if other than applicant)

NOTE TO MUNICIPALITY: All applications requiring an Agricultural Data Statement **must** be referred to the Ontario County Planning Department in accordance with amended Sections 239-m and 239-n of New York State General Municipal Law.

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. 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.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. Urban Rural (non-agriculture) Industrial Commercial Residential (suburban)			
<input type="checkbox"/> Forest Agriculture Aquatic Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. 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? b. 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?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest Agricultural/grasslands Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		

Project:

Date:

***Short Environmental Assessment Form
Part 2 - Impact Assessment***

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing:		
a. public / private water supplies?		
b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Project:

Date:

Short Environmental Assessment Form Part 3 Determination of Significance

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

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.

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)