# **Town of Byron**

Application #	
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## Agricultural Data Statement

Date		

Instructions: This	form must be comp	leted for ar	ny applica	ation for a special use permit, site plan	approval,	use
varia	nce or a subdivision	approval r	equiring I	municipal review that would occur on	property v ural Distri	vitnin 500 ct
feet o	of a farm operation i	ocated in a	N 1 5 De	pt. of Ag & Markets certified Agricult	urai Distri	01.
	Applicant			Owner if Different from Appl	icant	
				Name:		
Address:				Address:		
Approval □				an Approval ; □ Use Variance;□ \$		on
3. Location of proi	ect: Address:					
	Tax Map Nur	nber (TMF	P)			
					.,	
				☐ YES (Check with your local ass	sessor if	
<ol><li>If YES, Agricult</li></ol>	ural District Numb	er		you do not know)		
<ol><li>Is this parcel ac</li></ol>	ctively farmed?	□ NO				
7. List all farm ope	erations within 500	) feet of yo	our parce	el. Attach additional sheets if neces	ssary.	
Nama				Name:		
				Address:		
Address.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Is this parcel act	tively farmed?	NO	YES	Is this parcel actively farmed?	NO	YES
				Name:		
Address:				Address:		<del></del>
le this payables	tively formed?	NO	YES	Is this parcel actively farmed?	NO	YES
Is this parcel act	lively lattiled?	NO _	123	is this parcel actively farmed:		120
Signature of Applicant Signa		Signature of Owner (if other	r than ap	- plicant)		
0.9.14.						
Reviewed by:						
·	Signature of M			Date		
NOTE TO	REFERRAL AGE	NCY: Cou	nty Plan	ning Board review is required. A co	py of the	
Agricultural Data	Statement must be	e submitte	d along	with the referral to the County Plan	ning Dep	artment.

### APPLICATION FOR LAND SEPARATION TOWN OF BYRON, NEW YORK 14422

Application #	
Date	

#### OWNER:

## <u>AUTHORIZED AGENT:</u> -SUBMIT AUTHORIZING LETTER-

Name	Name
Mailing Address	Mailing Address
Phone #	Phone #
TO BE FILLED IN BY THE APPLICANT:  1. Tax Map Parcel # (T.M.P.)  2. Provide a brief purpose and description of this la	Property Locationand separation
<ul> <li>3. Provide a sketch plan (6 copies) of the proposed</li> <li>a. The entire tract of land owned by the own</li> <li>b. The proposed division (lot) lines.</li> <li>c. Any existing or proposed easements, deed</li> </ul>	
Signature	Date
PRELIMINARY:  1. Does parcel front on an existing street?  2. Does parcel require an extension of municipal fa  3. Does parcel comply with all area requirements?  4. Current Zoning District  If no, list non-conformity	□YES □NO acilities? □YES □NO □YES □NO
4. Fees paid? □NO □YES if yes, ACTION TAKEN BY PLANNING BOARD:	, check # Amount
Process this application as a SUBDIVISION□ or LAND SEPARATION□	Do no answer the remaining questions. Proceed to Subdivision Process.  Answer the remaining questions.
-Health Department Approval Required? NO□	YES□ if YES Conventional□  Non-Conventional□
-Parcel Survey Waived? NO□ YES□	if YES, state reason.
Planning Board APPROVAL ☐ DISAL APPROVAL with Modifications	PPROVAL□ List Modifications
FINAL AUTHORIZATION: Planning Boa	rd Approval□ Disapproval□
Signature	Date

### 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):	3400	
Brief Description of Proposed Action:		
Name of Applicant or Sponsor:	Telephone:	
1	E-Mail:	
Address:		
City/PO:	State:	Zip Code:
	11 3'	NO VES
1. Does the proposed action only involve the legislative adoption of a plan, l administrative rule, or regulation?	ocal law, ordinance,	NO YES
If Yes, attach a narrative description of the intent of the proposed action and may be affected in the municipality and proceed to Part 2. If no, continue to	the environmental resources the question 2.	at
2. Does the proposed action require a permit, approval or funding from any		NO YES
If Yes, list agency(s) name and permit or approval:		
3.a. Total acreage of the site of the proposed action?	acres	
b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned	acres	
or controlled by the applicant or project sponsor?	acres	
4. Check all land uses that occur on, adjoining and near the proposed action  Urban Rural (non-agriculture) Industrial Comm		an)
	(specify):	
Parkland	(-F/)	····

5. Is the proposed action, NO	YES	N/A
a. A permitted use under the zoning regulations?	$] \mid \Box \_$	
b. Consistent with the adopted comprehensive plan?		
6. Is the proposed action consistent with the predominant character of the existing built or natural	NO	YES
landscape?		
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES
If Yes, identify:	_	$  \bigsqcup  $
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES
b. Are public transportation service(s) available at or near the site of the proposed action?		
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES
If the proposed action will exceed requirements, describe design features and technologies:		
10. Will the proposed action connect to an existing public/private water supply?	NO	YES
If No, describe method for providing potable water:	_	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES
If No, describe method for providing wastewater treatment:	_	
	-	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic	NO	YES
Places?  b. Is the proposed action located in an archeological sensitive area?		
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?	NO	YES
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<del>       </del>	╠
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres:	_	
	-   :	
	<u>- I</u>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all the Shoreline Forest Agricultural/grasslands Early mid-successional	at apply:	
Wetland Urban Suburban	NO	YES
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
16. Is the project site located in the 100 year flood plain?		1125
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes, a. Will storm water discharges flow to adjacent properties?		
		ļ
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?  If Yes, briefly describe:		
If Yes, briefly describe:	_	
	-	

18. Does the proposed action include construction or other activities that result in the impoundment of	NO	YES
water or other liquids (e.g. retention pond, waste lagoon, dam)?  If Yes, explain purpose and size:		
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe:		
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
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE KNOWLEDGE	BEST C	F MY
Applicant/sponsor name: Date:		<u> </u>