

TOWN OF GUILDERLAND

CHECKLIST FOR SPECIAL USE PERMIT

RETURN TO:
ZONING ADMINISTRATOR
PO BOX 339
GUILDERLAND, NY 12084
(518) 356-1980

FEES:
COMMERCIAL - \$300
RESIDENTIAL - \$75
(payable at time of submittal to
Town of Guilderland)

APPLICANT INFORMATION:

Name: _____

Address: _____

_____ **Zip:** _____

Daytime Phone #: _____

Date: _____

PROPERTY INFORMATION:

Owner: _____

Location: _____

Tax Map #: _____

Zoning: _____

Acreage: _____

TO BE SUBMITTED:

1. 12 copies of application form
2. 12 copies of SEQRA form
3. Copy of conditional purchase contract or rental agreement if applicable
4. 12 copies of the project narrative containing the following: detailed description of the use, hours of operation, # of employees, type of deliveries, etc.
5. 12 copies of plat plan FOLDED which should include: side, front and rear setbacks, all existing buildings, location of proposed construction, total size of parcel, elevations, parking layout, lighting layout, sidewalks and monuments, street and curb cuts, sanitary system and water course, drainage system, delineated wetlands, planting and green area plans including fencing/buffer area boundaries.

OTHER AGENCY APPROVALS AS REQUIRED:

1. Town Water and Wastewater Management – 456-6474
2. Town Highway Department – 861-5108
3. NYS Department of Transportation – 765-2841
4. Albany County Health Department – 447-4631
5. Albany County Planning Board – 447-5660
6. NYS DEC Region IV – 357-2044
7. Pine Bush Commission – 464-6496

APPLICATION AND APPEAL TO THE ZONING BOARD OF APPEALS FOR A VARIANCE, SPECIAL USE PERMIT OR AN INTERPRETATION OF THE ZONING ORDINANCE OR ZONING MAP.

**To Zoning Administrative Officer
Of the Town of Guilderland**

Date: _____

**To the Zoning Board of Appeals
Of the Town of Guilderland**

I, _____ of _____
hereby appeal from the decision of the Zoning Administration Officer on my application
for zoning permit and hereby apply to the Zoning Board of Appeals for:

- An interpretation of the Zoning Ordinance or Zoning Map
- A Special Use Permit under the Zoning Ordinance or Zoning Map
- A Variance to the Zoning Ordinance or Zoning Map

1. Location of property

Address: _____ Zoning: _____

2. Interpretation of the Zoning Ordinance is requested because:

3. Special Use Permit required for the following type of use:

* 4. Variance to the Zoning Ordinance is requested for:

*** Applicant shall complete form outlining conditions from Section 267-b of New York State Town Law pertaining to area variances.**

The applicant hereby certifies that he is the owner of record of the above property or has been duly authorized in writing by the owner of record to make this application.

Signature of applicant

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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<input type="checkbox"/> 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.	
<input type="checkbox"/> 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)