

INSTRUCTION SHEET  
CHANGE OF ZONE APPLICATION

All applicants for zoning changes will be required to complete an application form, obtainable from the Town Clerk. The Planning Administrator and/or Zoning Administrator may assist the applicant with the application form.

**SUBMISSION REQUIREMENTS**

The applicant shall submit to the Town Clerk **eight** copies of:

- a. Plot plan containing all the information as required below.
- b. Completed Application for Change of Zone.
- c. Short Environmental Assessment Form.
- d. Legal description of the property.

**CONTENTS OF THE PLOT PLAN**

The plot plan shall be a scale drawing containing the following:

- a. The parcel boundaries and the owners of all contiguous properties.
- b. The zoning classification of all contiguous properties.
- c. All streets, either mapped or built, adjacent to the tract.
- d. All existing structures on the parcel.
- e. All watercourses and other significant physical features on the parcel.

**TOWN OF GUILDERLAND  
APPLICATION FOR CHAGE OF ZONE**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARCEL INFORMATION**

Address and exact location of parcel to be rezoned: \_\_\_\_\_  
Request zoning change from \_\_\_\_\_ to \_\_\_\_\_ **Tax Map#** \_\_\_\_\_  
Total Acreage: \_\_\_\_\_ Parcel Depth: \_\_\_\_\_ Road Frontage: \_\_\_\_\_

**PROPERTY INFORMATION**

Describe any existing structures on the property: \_\_\_\_\_

Describe the present use of the property: \_\_\_\_\_

Describe the proposed use of property if the rezoning is granted: \_\_\_\_\_

**NEIGHBORHOOD DESCRIPTION**

Zoning classification of all adjoining parcels:  
North: \_\_\_\_\_ East: \_\_\_\_\_ South: \_\_\_\_\_ West: \_\_\_\_\_

Zoning classification of all parcels directly on opposite side of street or highway: \_\_\_\_\_

Character and use of all surrounding parcels:  
North: \_\_\_\_\_ South: \_\_\_\_\_  
East: \_\_\_\_\_ West: \_\_\_\_\_

Approximate distance to nearest parcel of different zoning classification indicating exact location, zoning, character and use of last mentioned parcel: \_\_\_\_\_

**SUBMISSION REQUIRMENTS**

This application must be accompanied by 8 copies of a plot plan containing all the information as outlined on the instruction sheet, a legal description of the property, and a State Environmental Review short form. The application shall be submitted to the Town Clerk.

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

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant

## SHORT ENVIRONMENTAL ASSESSMENT FORM For UNLISTED ACTIONS Only

### Part 1 - 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"/> Agricultural <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/approval	
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 a Coastal Area, and you are a state agency, complete a Coastal Assessment Form before proceeding with this assessment**

**PART II-ENVIRONMENTAL ASSESSMENT (To be completed by Agency)**

A. DOES ACTION EXCEED ANY TYPE 1 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 patterns, 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)