

TOWN OF NILES PLANNING BOARD

REQUEST FOR INFORMAL MEETING REGARDING:

☐ SUBDIVISION ☐ MERGER ☐ BUSINESS ☐ SITE PLAN REVIEW ☐ OTHER

Date: _____

Tax Map #: _____

Acreage/Area _____

Owner (s) of property: _____

Address of property: _____

Description of use of property: _____

Describe proposed project: _____

Attach an existing survey or tax map parcel photocopy (preferred) marked up with proposed subdivision line and existing buildings and structures located thereon.

Additional information: _____

Signature of Property Owner

Signature of Joint Property Owner

Mailing Address

Home Phone

Cell Phone

E-mail Address

TOWN OF NILES N.Y. – PLANNING BOARD
APPLICATION FOR SUBDIVISION (Chapter 190)

Applicant(s) Name(s): _____ Date of Application: _____

Address: _____

Telephone Number(s): _____

Name, address and phone number of the person or business which prepared the enclosed plat or sketch.

The Tax Map Number(s) for the property involved in this application is (are):

The street address(es) of all the property involved in this application is (are):

Briefly Describe the proposal, include the number of lots or proposed combination of lots and intended use:

The undersigned hereby applies for: (Check Applicable Box):

- ☐ **Preliminary Plat Approval** (preliminary review of sketch or drawing)
- ☐ **Final Plat Approval** (final review of survey or drawing) - A Planning Board Determination that this Application involves a Minor Lot Alteration and for the Planning Board to Approve the Enclosed Plat as a Final Plat in accordance with the Town of Niles Subdivision Regulations. (see the definitions section in Niles Town Law - Chapter 190)

Each Applicant states that all of the following is true, accurate and complete:

1. The Applicant(s) is (are) the owner is of record to all the real property involved in this application (the "Property"), and no other person or entity has an ownership interest in the Property, or any part thereof.
2. All the Property in this application is described in the deed(s) attached to this application, and shown on the plat (drawing) filed with this application.
3. The Property is owned by the applicant(s) under the deed(s) recorded in the Cayuga County Clerk's Office, copies of which recorded deeds are attached here to.
4. The area encompassed by the proposed subdivision contains _____ acres.
5. All encumbrances, easements and other matter against any of the Property, if any, including but not limited to easements, rights of way and restrictive covenants, are described in full on the attached list; give the type, amount, holder, place filed, book and page or index number and a copy of the document.
6. To the best of my knowledge all proposed lots on the Plat enclosed with this Application fully conform to the criteria set forth in the Town of Niles Land Use Law, as amended.
7. It is intended to develop _____ lots at this time, which encompass _____ acres.
8. Following are the street address(es) and tax map number(s) of all real property adjacent to the Property involved in this application which is owned by the applicant (or any one or more of the applicants); if none, so state:

9. Will this proposed subdivision involve any new streets or highways? (Circle "Yes" or "No") If "Yes", set forth the proposed name(s) of each such street and identify each on the accompanying plat. (all new street names and numbering must be coordinated through the Cayuga County 911 center)
10. The Applicant shall comply with all provisions of the Cayuga County Sanitary Code, as amended, and shall procure all required permits and certifications.
11. The Applicant agrees the Applicant shall be responsible for providing all impact statements as required under the State Environmental Quality Review Act (SEQRA) and for all costs incurred by the Planning Board in connection with this Application.
12. To the best of my knowledge, all easements and rights-of-way which affect the proposed subdivision are accurately set forth on the annexed plat.
13. The Applicant shall complete all required improvements requested by the planning board before submitting for final approval.

14. FOR SUBMISSION OF FINAL PLAT. The Applicant shall submit at least (8) copies of the survey and (1) mylar copy for the County Clerk. (These copies to be stamped/approved by the Planning Board Chairperson)

15. The Applicant declares that the information contained in this application and all supporting data is true, accurate and complete and has made such representations to request the Town of Niles Planning Board to grant the approval requested in this Application.

16. To the best of my knowledge the enclosed Plat complies with all applicable provisions of the Subdivision Regulations of the Town of Niles which are in effect on the date this Application is received by the Planning Board Clerk.

17. The Applicant has submitted an Environmental Assessment Form, which may be relied upon by the Planning Board (and/or the lead agency) to make the required environmental determinations.

18. The Applicant (or legal designee) shall appear at the Planning Board and Town Board (if required) meetings held to consider this Application.

19. The Applicant hereby consents to Planning Board action reverting the subject property to its existing subdivision classification if the Planning Board subsequently determines that any material statement contained in this Application, or any material statement made by the Applicant at any public hearing called to consider the application, is false, incomplete or misleading, and further consents to Board action reverting the subject property to its existing subdivision classification in the event the Applicant fails to abide by any conditions or restrictions contained herein or imposed hereafter by the Planning Board or the Town Board.

Dated: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

(signature of all applicant(s))

-OFFICIAL USE ONLY-

ACTION OF PLANNING BOARD: Sub-division: _____ Minor _____ Major _____

Approved () Denied () Reason: _____

Date: _____ Signature: _____

(form updated June 2013)

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? 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.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <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. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<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?	NO	YES	
If Yes, identify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
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: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<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?	NO	YES	
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?	<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?	NO	YES	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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 <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> 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,	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<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"/>

19. 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: _____		