

Town of Byron

Application # _____

Agricultural Data Statement

Date _____

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

2. Description of proposed project: _____

3. Location of project: Address: _____
Tax Map Number (TMP) _____

4. Is this parcel within an Agricultural District? NO YES (Check with your local assessor if

5. If YES, Agricultural District Number _____ you do not know)

6. Is this parcel actively farmed? NO YES

7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: _____ Address: _____ _____	Name: _____ Address: _____ _____
Is this parcel actively farmed? NO YES	Is this parcel actively farmed? NO YES
Name: _____ Address: _____ _____	Name: _____ Address: _____ _____
Is this parcel actively farmed? NO YES	Is this parcel actively farmed? NO YES

Signature of Applicant

Signature of Owner (if other than applicant)

Reviewed by:

Signature of Municipal Official

Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

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

Application # _____

Date _____

OWNER:

AUTHORIZED AGENT:

-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.) _____ Property Location _____

2. Provide a brief purpose and description of this land separation _____

3. Provide a sketch plan (6 copies) of the proposed land separation that shall show:

a. The entire tract of land owned by the owner.

b. The proposed division (lot) lines.

c. Any existing or proposed easements, deed restrictions or covenants affecting the tract.

Signature _____

Date _____

OFFICE USE ONLY

PRELIMINARY:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does parcel front on an existing street? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Does parcel require an extension of municipal facilities? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Does parcel comply with all area requirements? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Current Zoning District _____ | | |

If no, list non-conformity _____

4. Fees paid? NO YES if yes, check # _____ Amount _____

ACTION TAKEN BY PLANNING BOARD:

Process this application as a SUBDIVISION

Do no answer the remaining questions. Proceed to Subdivision Process.

or LAND SEPARATION

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

DISAPPROVAL

APPROVAL with Modifications

List Modifications _____

FINAL AUTHORIZATION:

Planning Board 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):			
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 governmental 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, adjoining and near the proposed action.			
<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			

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		