

# ◆ TOWN OF PAULISON ◆

## Agricultural Data Statement

Date \_\_\_\_\_

Application # \_\_\_\_\_

**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 for operation located in a NYS Dept. of Ag. & Markets certified Agricultural District

Applicant _____ Name _____ Address _____ _____ _____	Owner if different than Applicant _____ 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 you do not know

5. If yes, Agricultural District Number \_\_\_\_\_  
 6. Is this parcel actively farmed? NO  YES

1. Name _____ Address _____ _____ Is this parcel actively farmed? NO <input type="checkbox"/> YES <input type="checkbox"/>	2. Name _____ Address _____ _____ Is this parcel actively farmed? NO <input type="checkbox"/> YES <input type="checkbox"/>
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3. Name _____ Address _____ _____ Is this parcel actively farmed? NO <input type="checkbox"/> YES <input type="checkbox"/>	4. Name _____ Address _____ _____ Is this parcel actively farmed? NO <input type="checkbox"/> YES <input type="checkbox"/>
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Signature of Applicant \_\_\_\_\_  
 Signature of Owner (if other than Applicant) \_\_\_\_\_

REVIEWED BY \_\_\_\_\_

Signature of Municipal Official \_\_\_\_\_

Date \_\_\_\_\_

NOTE TO REFERRAL AGENCY

County review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

PROJECT I.D. NUMBER

617.20

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
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3. PROJECT LOCATION: Municipality \_\_\_\_\_ County \_\_\_\_\_

4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)

5. IS PROPOSED ACTION:  New  Expansion  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?  Yes  No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Describe:  Residential  Industrial  Commercial  Agriculture  Park/Forest/Open space  Other

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?  Yes  No If yes, list agency(s) and permit/approval

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  Yes  No If yes, list agency name and permit/approval

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  Yes  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—ENVIRONMENTAL ASSESSMENT (To be completed by 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.**  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 of 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 CEAF?**  Yes  No

**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 and significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEAF.

- 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 \_\_\_\_\_

Print or Type Name of Responsible Officer in Lead Agency \_\_\_\_\_

Signature of Responsible Officer in Lead Agency \_\_\_\_\_

Signature of Preparer (if different from responsible officer) \_\_\_\_\_

# Town of Pavilion

P.O. Box 126  
One Woodrow Drive  
Pavilion, New York 14525  
585-584-3850

## BUILDING PERMIT APPLICATION

PLEASE FILL IN ALL AREAS THAT PERTAIN TO YOUR PROJECT.

CONSTRUCTION DETAILS	
<p>Project Type: Residential / Ag. / Comm.                      Construction Type: Erect / Remodel / Extend                      Building Type: House / Accessory Build. / Wood Stove / Chimney / Deck / Addition / Porch / Pole Barn</p>	<p>Foundation Material:                      Foundation Height:                      Foundation Thickness:</p>
<p>Construction Class:                      Occupancy Class:                      Current Use:                      Proposed Use:                      Off site Fabrication:</p>	<p>Exterior Frame Mat:                      Exterior Frame Size:                      Exterior Sheathing:                      Exterior Siding:</p>
<p>Rooms:                      # Baths:                      # Half Baths:                      # Bedrooms:                      # Units:                      Sq. Footage:                      Coverage %:                      Building Width:                      Building Length:                      Building Height:                      # Stories:</p>	<p>Lot Size:                      Road Frontage:                      Left Side Line:                      Right Side Line:                      Rear Line:                      Front Setback:                      Left Setback:                      Right Setback:                      Rear Setback:</p>
<p># Garages:                      # Windows:                      # Fireplaces:                      # Encl. Parking:                      # Outside Parking:                      Parking Sq. Ft.:                      Living Area Sq Ft:                      Basement Sq Ft:                      Garage Sq Ft:                      Office/Sales Sq Ft:                      Service Sq Ft:                      Manu. Sq Ft:</p>	<p>Plans Filed?                      Sketch?                      Site Plan?                      Survey?                      Flood Plain?                      Flood Plain Zone:</p>
<p>Heat System Type:                      Air Conditioning?                      Sewage Disp. Type:                      Gas Type:                      Electric Svc. Amps:</p>	
<p>Est Start Date: _____ Est End Date: _____ Est. Cost: _____</p>	

**Town of Pavilion**  
 P.O. Box 126  
 One Woodrow Drive  
 Pavilion, New York 14525  
 585-584-3850

**BUILDING PERMIT APPLICATION**

Application #:	Permit #:
Application Date:	Issue Date:

<b>APPLICANT INFORMATION</b>		<b>OWNER INFORMATION</b>	
Applicant:	Owner:	Home #:	Bus. #:
Address:	Address:		
Phone #:			

<b>PROPERTY INFORMATION</b>			
Street:	Parcel ID:	District:	Apt. #:
Location:			
Subdivision:			

<b>CONTRACTOR INFORMATION</b>			
Contractor Name	Insurance	Type	Expires
<b>NATURE OF WORK</b>			

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

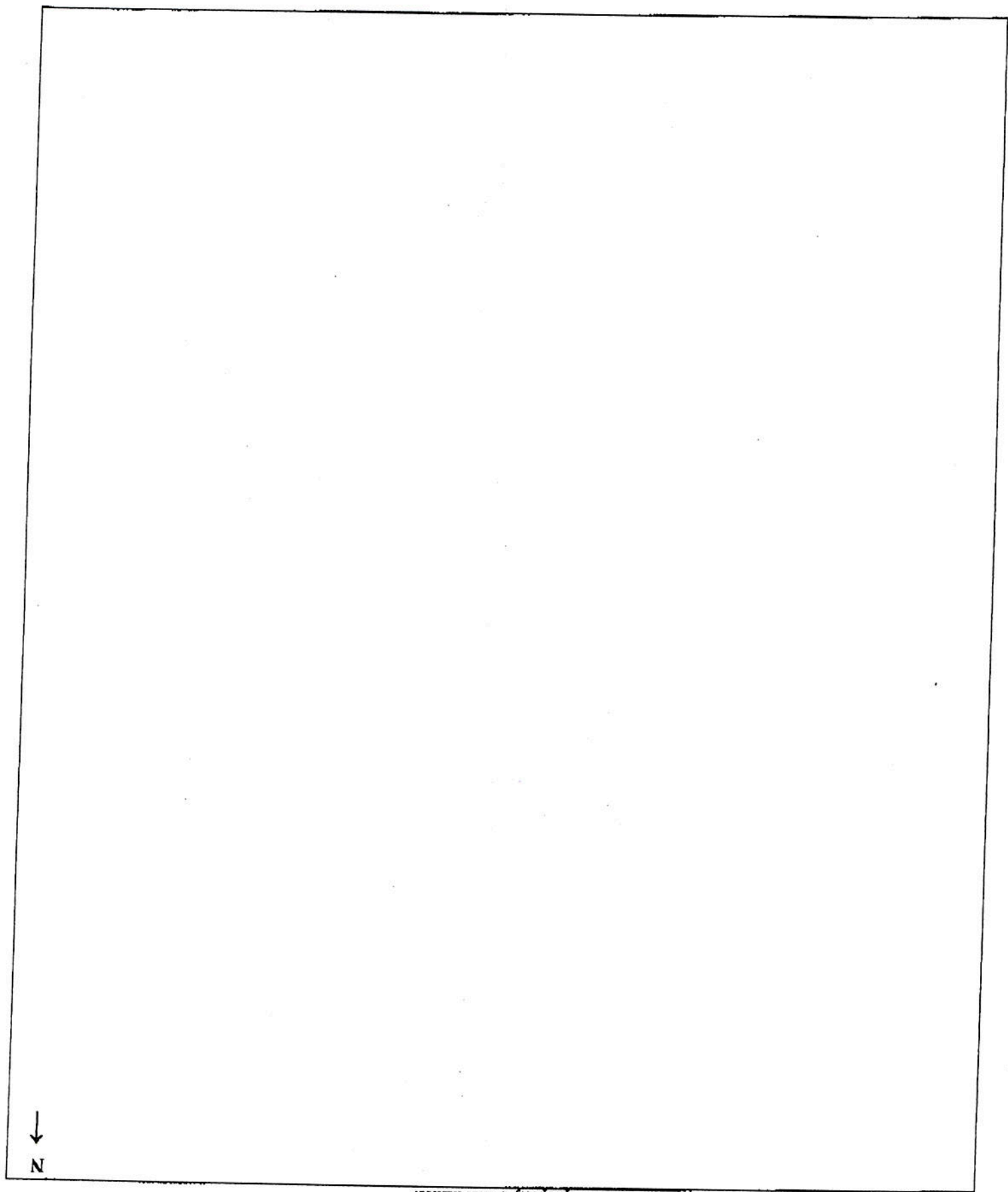
**CERTIFICATION**

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

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all yard dimensions from property lines or provide copy of survey with information drawn on. Give identifying information or deed description, show street names and adjacent property owner names.

**PLOT DIAGRAM**

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**Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3, or 4 Family, Owner-occupied Residence**

**COMPLETE THIS FORM AND HAVE NOTORIZED IF YOU, THE PROPERTY OWNER, ARE COMPLETING WORK YOURSELF.**

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3, or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowner insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit OR
- ◆ have the general contractor, performing the work on the 1, 2, 3, or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Homeowner Signature)

\_\_\_\_\_  
(Homeowner Name Printed)

\_\_\_\_\_  
Property Address that requires the Building Permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
BP-1 (3/99)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
(County Clerk or Notary Public)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Home Telephone Number)