

**PLANNING BOARD  
TOWN OF CLAYTON  
APPLICATION FOR SITE PLAN REVIEW**

**For Planning Board Use Only**

Application #: \_\_\_\_\_  
Date of Application: \_\_\_\_\_  
Application Fee: \_\_\_\_\_  
Public Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ PM

Zoning District: \_\_\_\_\_  
Tax Map #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

**TO THE JOINT PLANNING BOARD**

**A: Statement of Ownership and interest:**

The Applicant (s) \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_  
is/are the owner (s) of property situated at the following address: \_\_\_\_\_

\_\_\_\_\_

The above-described property was acquired by the applicant (s) on  
Date: \_\_\_\_\_

**B: Request:**

Applicant (s) request (s) a site plan review for the use of the property for  
\_\_\_\_\_ as  
provided by Articles V and X, Town of Clayton Zoning Ordinance; and in support of the  
application hereby submits the following:

**ADDRESS EACH OF THE FOLLOWING**

1. A SKETCH (Concept Drawing) of the property, showing existing features including contours, buildings, structures, pavement, trees, streets, utility easements, right-of-way, land use and adjacent property owners.  
\_\_\_\_\_
2. Site plan showing proposed building locations and land use areas.  
\_\_\_\_\_
3. Landscaping sketches including design, grading and proposed planting and buffering as required by this Ordinance.  
\_\_\_\_\_

4. Proposed traffic circulation and/or boat access, parking and loading spaces, docking and pedestrian walkways.

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5. Sketches and drawings for buildings to be constructed.

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6. Sketches, including outline of planned street improvements, drainage and sewage disposal systems and public utility extensions.

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7. Preliminary feasibility studies of and anticipated problems which might arise due to the proposed development (as required by the Joint Planning Board)

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8. Proposed construction sequence and anticipated time schedule for completion of each phase of building, paving and landscaping.

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9. Description of the proposed uses, including hours of operation, number of employees, anticipated volume of business, and type and volume of traffic expected to be generated.

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10. SEQR Environmental Assessment Form – short or full form as specified by 6 NYCRR Park 617, State Environmental Quality Review Act.

11. Filing Fees, as determined by the Town Board.

**12. Any other information or data that the Town Planning Board shall deem necessary to its understanding and assessment of the site plan proposal. The Planning Board may require a survey of the property complying with most of the items stated in the items above for applications after the initial concept drawings are presented at the pre-application meeting.**

C. Substantiation for Request:

Applicant (s) allege (s) that the proposed Site Plan Use:

1. Would be in harmony with the character of the neighborhood because

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2. Would not be detrimental to the property of other persons in the neighborhood because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Special Features:

In additions to meeting the standards prescribed by the Zoning Ordinance, the applicant (s) agree (s) to provide \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ in order that the public convenience, welfare and safety will be further served.

E. Site Inspections:

Applicant agrees that members of the Joint Town/Village Planning Board may inspect the property site of the applications by appointment or at other times as agreed to by the applicant and the Board.

Please List preferred days/times: \_\_\_\_\_  
\_\_\_\_\_

Dated : \_\_\_\_\_

Applicants Name: \_\_\_\_\_ (please print)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Signature: \_\_\_\_\_

**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 <b>ANY</b> 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 <b>MAY</b> 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 <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> 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)