

# ZONING BOARD OF APPEALS APPLICATION



## INSTRUCTIONS:

### 1. SUBMISSION:

- A. Applicants are encouraged to refer to Town Zoning Ordinance for complete requirements and procedures.
- B. All submissions shall include (See Sec. 308-32C)
  - 1. Seven (7) copies of dimensional scaled graphics, supportive and related details providing information required in the Zoning Ordinance.
  - 2. A completed Short Environmental Assessment Form
  - 3. Appropriate Fees (See Town Fee Schedule)

### 2. REVIEW & APPROVALS:

- A. Application shall be received by Town, County, and State Boards and Departments as appropriate and recommendations shall be made to the Zoning Board of Appeals. Costs incurred by any review shall be borne by the applicant.
- B. Public Hearings shall be scheduled by the Board for special permits, use variances and area variances.

**Application form is on the reverse side of this document**

# ZONING BOARD OF APPEALS APPLICATION

## Town of Marion, NY

For Town Use:

Application # \_\_\_\_\_ Application Fee: \$50.00  Public Hearing Fee: \$50.00

Tax Parcel: \_\_\_\_\_ Zone: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPERTY LOCATION FOR REQUEST: \_\_\_\_\_

TYPE OF REQUEST SOUGHT: (Check one or more boxes, as appropriate)

SPECIAL PERMIT.....  AREA VARIANCE..  APPEAL.....

SPECIAL CONDITIONS...  USE VARIANCE....  INTERPRETATION...

BELOW, PROVIDE A BRIEF EXPLANATION, SETTING FORTH THE INTERPRETATION CLAIMED OR THE REQUEST SOUGHT, AND SPECIFY THE GROUNDS ON WHICH THE REQUEST IS CLAIMED AND SHOULD BE GRANTED:

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LIST PERTINENT PROVISIONS OF ZONING ORDINANCE: \_\_\_\_\_

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PLANNING BOARD REVIEW: \_\_\_\_\_ ZONING BOARD OF APPEALS MEETING: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# AGRICULTURAL DATA STATEMENT



## 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 Department of Agriculture & Markets certified Agricultural District.

**Application form is on the reverse side of this document**

# AGRICULTURAL DATA STATEMENT – TOWN OF MARION, NY

**OWNER'S NAME:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_

**APPLICANT'S NAME:** (if different from owner) \_\_\_\_\_

**APPLICANT'S ADDRESS:** \_\_\_\_\_

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: \_\_\_\_\_

4. **Is this parcel within an Agricultural District?**  No  Yes  
*(check with your local assessor if you do not know)*

5. **If #4 is 'Yes', provide Agricultural District Number:** \_\_\_\_\_

6. **Is this parcel actively farmed?**  No  Yes

7. **List all farm operations within 500 feet of your parcel.** *(attach additional sheet if required)*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Is this parcel actively farmed  Yes  No

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Is this parcel actively farmed  Yes  No

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Is this parcel actively farmed  Yes  No

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Is this parcel actively farmed  Yes  No

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**LAND OWNER'S SIGNATURE** *(if different):* \_\_\_\_\_ **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.

<b>Part 1 – Project and Sponsor Information</b>			
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?		NO	YES
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.		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input type="checkbox"/>	<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			

<p>5. Is the proposed action,</p> <p>a. A permitted use under the zoning regulations?</p> <p>b. Consistent with the adopted comprehensive plan?</p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>N/A</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</p> <p>If Yes, identify: _____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>8. a. Will the proposed action result in a substantial increase in traffic above present levels?</p> <p>b. Are public transportation services available at or near the site of the proposed action?</p> <p>c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?</p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>9. Does the proposed action meet or exceed the state energy code requirements?</p> <p>If the proposed action will exceed requirements, describe design features and technologies:</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>10. Will the proposed action connect to an existing public/private water supply?</p> <p>If No, describe method for providing potable water: _____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>11. Will the proposed action connect to existing wastewater utilities?</p> <p>If No, describe method for providing wastewater treatment: _____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>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?</p> <p>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?</p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>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?</p> <p>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?</p> <p>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

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"/> 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?		NO YES
If 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)?		<input type="checkbox"/> <input type="checkbox"/>
If Yes, briefly describe:		
_____		
_____		
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)?		NO YES
If Yes, explain the purpose and size of the impoundment:		<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?		NO YES
If Yes, describe:		<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?		NO YES
If Yes, describe:		<input type="checkbox"/> <input type="checkbox"/>
_____		
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: _____		Date: _____
Signature: _____		Title: _____