

Date_____

TOWN OF SWEDEN

PROJECT INFORMATION FORM
(Multi-Lot Developments, Commercial, and Industrial)

PART I - GENERAL INFORMATION

Name of Project:_____

Name and Address of Applicant:

Name and Address of Consultant/ Engineer:

Business Phone:_____

Business Phone: _____

Description of Project: (Type of Project or Action) _____

A. PROJECT INFORMATION

1. _____ Variance or _____ Special Permit - Specify: _____

_____ Rezoning - From:_____ To: _____

_____ Residential Development, Number of Units: _____

_____ Commercial Development, Type:_____

_____ Industrial Development, Type: _____

_____ Other, Type:_____

2. Location of Project:

Previous Owner:_____ Phone Number: _____

Address: _____

a. Project address: _____

b. Distance and direction from nearest intersection(s):_____

c. Tax account number: _____

d. Is site subdivided from larger parcel?

☐ Yes ☒ No

Total Acre

3. Present zoning: _____
4. Dominant zoning within one quarter mile of site: _____
5. Present land use: _____
6. Dominant land use within one quarter mile of site: _____
7. Project extent:
 - a. Total number of acres in parcel: _____
 - b. Number of acres already developed: _____
 - c. Number of acres to be developed under this application: _____
 - d. Anticipated construction date: from _____ to _____
 - e. Anticipated capital expenditure: \$ _____
 - f. If expansion of existing project: _____ % expansion total
8. Total height of tallest proposed structure: _____ feet

B. FEATURES OF SITE

1. Approximate acreage of site by use:

	<u>Current</u>	<u>After Completion</u>
Meadow or brushland	_____ Acres	_____ Acres
Lawn/Grass area	_____ Acres	_____ Acres
Forested	_____ Acres	_____ Acres
Active agriculture	_____ Acres	_____ Acres
Idle agriculture	_____ Acres	_____ Acres
NYSDEC classified wetland.....	_____ Acres	_____ Acres
Water surface area		
(ponds, lakes, streams)	_____ Acres	_____ Acres
Unvegetated (rock, beach, gravel)	_____ Acres	_____ Acres
Roads, buildings, pavement	_____ Acres	_____ Acres
Active recreation facility	_____ Acres	_____ Acres
Other (specify _____)	_____ Acres	_____ Acres
TOTAL.....	_____ Acres	_____ Acres

2. Will disturbed area be in or within 500' of any of the following? (If YES, please specify):

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stream_____Classification _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waterbody _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	NYSDEC Classified Wetland (Wetland #) _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Woodlands_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steep slopes_____Specify % slope_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agricultural land _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unique ecological feature _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unique geological feature _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Designated open space _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Designated sensitive environmental area _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Parkland_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recreational facilities _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Historic site_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Known archeological site _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unique archeological site _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agricultural district _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Historical preservation district _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One (1) mile of the boundary of any public airport or three (3) miles from the end of one (1) of its runways _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	500 feet from a State or County road, parkland, or municipal boundary _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	100 year floodplain as defined by HUD's Flood Insurance maps_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2,000 feet from an inactive or hazardous waste site? _____

3. Are there any known drainage ways, drainage ditches or seasonal flows of water on or through the site?

(Specify on separate sheet) ☒ Yes ☐ No

Name or Classification Number _____

C. PLANNING CONSIDERATIONS

1. Is the site served by:

Sanitary Sewer....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Septic Systems	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Storm Sewer	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Open Drainage	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Public Water	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Wells.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Other Utilities (specify) _____

PART II - GEOLOGY AND HYDROLOGY

A. What is the predominant soil types(s) on the project site?

B. What is the depth to bedrock? _____ feet. Info. source: _____

C. Are there any bedrock outcroppings on the site? ☐ Yes ☒ No

D. Approximate percentage of project site with slopes of:

0-10% _____ % 10-15% _____ % 15% or greater _____ %

E. What is the depth to the water table? _____ feet.

Info. source: _____

F. Will surface area of any existing lakes, ponds, streams, bays or other surface water areas be disturbed by the project.

☐ Yes ☒ No Name _____
(Specify on separate sheet)

G. Will a N.Y.S. D.E.C. permit be required? ☐ Yes ☒ No

H. What additional percentage of the site will be covered by impervious materials as a result of the project? _____ % more than existing.

I. Are any provisions being designed into the project to minimize the effects of impervious surfaces on drainage and runoff? ☒ Yes ☐ No Vegetative buffer strips
(If yes, please attach a narrative explanation on a separate sheet.)

J. Are there any existing drainage problems on the site, upstream, or downstream?
☐ Yes ☒ No (If yes, please attach a narrative explanation on separate sheet.)

K. How much on-site storage of runoff will be provided? _____ acre-ft.

PART III - GRADING AND SITE DEVELOPMENT

This section to be completed for minor/major subdivisions.

- A. How much natural material will be removed from the site of the project?

Rock _____ cubic yards Topsoil _____ cubic yards
Subsoil _____ cubic yards

- B. How much natural material will be brought onto the site of the project?

Rock _____ cubic yards Topsoil _____ cubic yards
Subsoil _____ cubic yards

- C. How much natural material will be redistributed on the site of the project?

Rock _____ cubic yards Topsoil _____ cubic yards
Subsoil _____ cubic yards

- D. How many square feet of vegetation (trees, shrubs, ground cover) will be disturbed on the project site? _____ s.f.

Is any of this mature forest? ☐ Yes ☒ No

- E. Are there any plans for revegetation? ☒ Yes ☐ No
(Specify on separate sheet.)

- F. Will blasting occur during construction? ☐ Yes ☒ No

- G. How will demolition debris (if any), vegetation waste, and similar materials be disposed of?
 Mulched and used onsite or removed

- H. Will existing contours be altered by more than three (3) feet of:

Cut: ☐ Yes ☒ No

Fill: ☐ Yes ☒ No

- I. What will be the maximum gradient of roadways within the project ? _____ %

What will be the maximum gradient of driveways within the project? _____ %

What will be the minimum gradient of roadways within the project? _____ %

PART IV - RESIDENTIAL

This section to be completed for major subdivisions.

- A. Is project to be single phase _____, or multi-phased _____?
- B. If a multi-phased project:
1. Total number of phases anticipated: _____
 2. Anticipated date of Phase I commencement (including any necessary demolition):
_____ month _____ year
 3. Approximate date of completion of final phase:
_____ month _____ year
 4. Is Phase 1 financially dependent upon subsequent phases? ☐ Yes ☐ No
- C. Number and type of housing units to be constructed:
- | | One Family | Two Family | Multi-Family | Condominium
or Co-op |
|----------|------------|------------|--------------|-------------------------|
| Initial | _____ | _____ | _____ | _____ |
| Ultimate | _____ | _____ | _____ | _____ |
- D. If project is not on public sanitary sewers:
1. Type of on-site sewerage system(s) to be installed:
_____ standard leach field(s)
_____ raised fill system
_____ package plant
_____ other (specify): _____
 2. If any surface outflow, name of stream into which effluent will be discharged: _____

- E. If project involves storm sewers:
1. Where do storm sewers discharge? _____
 2. What volume of 100 year flood water runoff is planned for? _____
cfs at point of discharge.
- F. Solid wastes:
1. Where will solid wastes be disposed of? _____
 2. Name of facility: _____
 3. Location: _____
- G. Water supply:
1. If water supply is from existing wells, indicate pumping capacity: _____ gals./min.
 2. If water supply is to be from new wells, what impact can be expected on the local water table? _____
 3. If water supply is from source other than public water supply, what is the quality of the water to be provided? _____
- H. Total anticipated water usage per day: _____ gal./day.
- I. Number of off-street parking spaces: _____ existing _____ proposed
- J. Provisions for handicapped? ☐ Yes ☐ No

PART V - COMMERCIAL

This section to be completed for all commercial applications.

A. Orientation of development:

____ Neighborhood
____ City/Town
____ Regional

B. Estimated employment generated:

____ During construction
____ During operation

C. Total gross floor area proposed: _____ square feet.

D. Number of off-street parking spaces: _____ existing _____ proposed

E. Is surface of subsurface liquid waste disposal involved? ☐ Yes ☒ No

If yes, type of waste: _____

If surface outflow, name of stream into which the effluent will be discharged: _____

F. If not on public sanitary sewers, how will liquid waste be treated? _____

G. If project is on public sanitary sewers, name of sewage treatment facility to which the effluent will be directed: _____

Location: _____

H. If project involves storm sewers:

1. Where do storm sewers discharge? _____

2. What volume of 100 year flood water runoff is planned for?

_____ cfs at point of discharge

_____ peak

_____ total

I. Maximum vehicular trips generated per hour upon completion of project: _____

J. If multi-phase project:

1. Total number of phases anticipated: _____

2. Anticipated date of Phase 1 commencement (including any necessary demolition):
month _____ year _____

3. Approximate date of completion of final phase:
month _____ year _____

4. Are future phases financially dependent upon Phase I? ☐ Yes ☐ No

K. Solid Wastes:

1. Where will solid wastes be disposed of? _____

2. Name of facility: _____

3. Location: _____

4. Will any wastes not go to a sanitary landfill? ☐ Yes ☒ No

5. Will compactors be utilized for on-site waste? ☐ Yes ☒ No

6. Have provisions been made for on-site storage? ☐ Yes ☒ No

7. If project involves a take-out food facility, have any provisions been made to restrict carry-out litter? ☐ Yes ☒ No

L. Will project routinely produce odors (more than 1 hour/day?) ☐ Yes ☒ No

M. Will project produce noise exceeding the local ambient noise levels?

During construction? ☒ Yes ☐ No

After construction? ☐ Yes ☒ No

N. Will dust control techniques be employed during or after construction of this project?

☒ Yes ☐ No

O. Will the project result in any potential contraventions of any State or Federal air quality standards? ☐ Yes ☒ No (specify on separate sheet)

P. Will project use herbicides? ☒ Yes ☐ No (specify on separate sheet)

Q. Will project use pesticides? ☒ Yes ☐ No (specify on separate sheet)

R. Will project be landscaped to provide visual and sound screening? ☒ Yes ☐ No

S. Has project been designed for energy efficiency? ☒ Yes ☐ No
(If yes, please specify)

T. Has the project made provisions for handicapped? ☐ Yes ☒ No

PART VIII - PERMITS AND/ OR APPROVALS

A. Does the project involve any State or Federal funding or financing? ☐ Yes ☒ No
 (Specify: _____)

Status of Permits and/or Approvals:

AGENCY	APPROVAL REQUIRED TYPE	SUBMITTED (DATE)	APPROVED (DATE)
Town, Town Board	_____	_____	_____
Town Planning Board	_____	_____	_____
Town Zoning Board	_____	_____	_____
Other Municipal Agency	_____	_____	_____
Regional Agency	_____	_____	_____
Monroe Cty. Health Dept.	_____	_____	_____
Monroe Cty. Public Works	_____	_____	_____
Other County Agency	_____	_____	_____
NYSDEC	_____	_____	_____
NYS Health Department	_____	_____	_____
NYS Dept. of Transportation	_____	_____	_____
Other State Agency	_____	_____	_____
US Army Corps of Engineers	_____	_____	_____
US Dept. of Transportation	_____	_____	_____
US Environmental Protection Agency	_____	_____	_____
Other Federal Agency	_____	_____	_____

Attach any additional information as may be required to clarify your project. If there are or may be any adverse impacts associated with the proposal, please discuss such impacts and the measures which can be taken to mitigate or avoid them.

I hereby certify that the information given above is true and accurate to the best of my ability to provide such information.

Preparer's Signature: Joe Hens _____

Title: _____

Representing: _____

Date: _____

