

Date _____

TOWN OF NELSON
SUBDIVISION
CHECKLIST

applicant _____ project _____ location _____

FOR FIRST PLANNING BOARD MEETING:

- _____ review proposal with Town Code Enforcement Officer
- _____ review Article 4 and Exhibit E of the Town Land Use and Development Law
- _____ pay application fees

- _____ submit 9 copies of the following documents to the Town Clerk (by the last Thursday of the month) :
 - _____ photograph(s) of the property
 - _____ application form completed and signed
 - _____ location of property on Town map
 - _____ short form Environmental Assessment Form
 - _____ sketch plan (on copy of tax map) showing:
 - _____ proposed lot sizes\property lines with preliminary dimensions
 - _____ north arrow
 - _____ general location of any structures
 - _____ general location of natural features (wetlands, streams, ponds, woods, etc)
 - _____ easements\ Right of Ways

- _____ attend Planning Board meeting (second Tuesday of each month at 7:00 pm)

Date _____

TOWN OF NELSON
SUBDIVISION PLAT PLAN
CHECKLIST (cont)

applicant _____ project _____ location _____

AFTER THE FIRST PB MEETING:

Following the initial appearance before the planning board, the following items are required as part of the Town Subdivision Review process, (as outlined in Sections 430 thru 470 of the Town of Nelson Land Use and development Law):

___ public hearing scheduled and held at Planning Board meeting (second Tuesday of each month at 7:p.m.)

___ notification letter sent by applicant to all adjacent properties prior to public hearing

___ 9 copies of a survey plat plan (either 11"x17", or 24" x 36" prepared by a licenced Land Surveyor), submitted to the Town Clerk by the last Thursday of the month.

The plan will include the following (where applicable):

___ 1"=2000' location plan

___ metes and bounds of all existing and proposed property lines

___ plan scale at 1"=100' or greater

___ easements/R.O.W.s, with widths

___ size in acres of all existing and proposed lots

___ adjacent properties with owner's names

___ existing structures with dimensions and distances to property lines

___ existing and proposed wells

___ existing and proposed septic systems

___ Town Zoning designation(s) of property with tax map number(s)

___ deep hole and percolation test locations and results for each new lot

___ well and septic design data for each new lot

___ 10' contours

(OVER)

SUBDIVISION CHECKLIST – AFTER THE FIRST PB MEETING(CONT)

- existing and proposed utilities
- accurate location of any State or Federally designated flood plains, streams, or wetlands
- setback lines for proposed lots
- owner/subdivider's name(s) and signatures
- approval/signature boxes for Planning Board and County Health Dept.
- location and dimensions of any proposed roads
- location of storm water management facilities
- LS stamp

In addition, the following items may be required as part of the subdivision application process:

- drainage, erosion and sedimentation control, and/or road design plans, profiles, and details prepared by a licensed engineer
- review fees for Town Engineer
- approval of proposed driveway locations from County, Town, or State
- Storm water management report/ SWPPP and NOI with NYDEC
- Deed(s) of original property
- review by Madison County Planning
- approval of variances from Town ZBA
- approval of Madison County Health Dept.
- DEC, USACE approval for wetland/stream disturbance
- NY Ag & Markets approval within Agricultural District
- Performance Bonds
- Long Form EAF and/or Environmental Impact Statement

**APPLICATION
TOWN OF NELSON PLANNING BOARD REVIEW**

APPLICATION DATA

DATE: _____

TYPE OF APPLICATION:

_____ subdivision _____ site plan _____ special permit

PROPERTY OWNER: _____

PHONE _____

APPLICANT/DEVELOPER: _____
(If different than owner)

PHONE _____

PROFESSIONAL ADVISORS:

Surveyor: _____ (name)
Engineer: _____ (name)
Attorney: _____ (name)
Other: _____ (type) _____ (name)

EXISTING PROPERTY DATA

PROPERTY ADDRESS: _____

TAX MAP NUMBER(S) : _____

CURRENT PROPERTY SIZE: _____ (acres), (and) _____ (acres)

TOWN OF NELSON ZONING DESIGNATION: _____

ROAD FRONTAGE: _____ (feet) on _____ (road)
(and) _____ (feet) on _____ (road)

LAKE FRONTAGE (if applicable): _____ (feet)

WAS THE EXISTING LOT(S) CREATED AFTER 1996? _____

EXISTING LAND USE: (check all that apply)

___ wetland ___ forest ___ agricultural ___ business _____ (type) ___ vacant
___ residential ___ waterfront ___ flood plain ___ other _____ (type)

LIST ANY NON-CONFORMING ASPECT(S) OF THE PROPERTY/BUILDINGS/LAND USE:

LIST ANY EASEMENTS OR R.O.W.'S ON THE PROPERTY _____

LIST ALL BUILDINGS PRESENT ON THE PROPERTY:

Type	Approx size (s.f.)	Use
_____	_____	_____
_____	_____	_____
_____	_____	_____

IS THERE A WELL ON THE PROPERTY? _____
IS THERE A SEPTIC SYSTEM ON THE PROPERTY? _____
IS THE PROPERTY IN A STATE AGRICULTURAL DISTRICT? _____

PROPOSED ACTION FOR PLANNING BOARD REVIEW

DESCRIBE THE PROPOSED ACTION IN WORDS:(attach additional as needed)

THE PROPOSED ACTION WILL: (check all that apply)

____ - CREATE ADDITIONAL BUILDING LOTS

How many? _____ Smallest size of new lots _____ (acres)
Smallest new lot road frontage _____ (ft) Smallest new lot lake frontage _____ (ft)

____ - CHANGE EXISTING PROPERTY LINES

Between parcels _____ and _____ (tax map #'s)

____ - CONSTRUCT A NEW STRUCTURE

Type _____ Size _____ (s.f.) Proposed use _____

____ - CREATE A NEW USE FOR AN EXISTING STRUCTURE

Existing Use _____ Size _____ (s.f.) Proposed use _____

____ - EXPAND AN EXISTING USE

Type _____ % expansion _____

____ - CHANGE THE CURRENT LAND USE

From _____ To _____

____ - COMBINE PROPERTIES

List Properties: _____, _____, and _____ (tax map #'s)

____ - EXPAND/ALTER THE EXTERIOR OF AN EXISTING STRUCTURE

Type _____ Current size _____ (s.f.) Proposed expansion _____ (s.f.)

____ - DEMOLISH AN EXISTING STRUCTURE

Type _____

____ - OTHER _____

CHECK ANY ASPECTS OF THE PROPOSED ACTION THAT WILL NOT CONFORM TO CURRENT ZONING REGULATIONS FOR THE DESIGNATED ZONE:

____ land use ____ lot size ____ structure height ____ structure size ____ front setback

____ side setback ____ rear setback ____ lot coverage ____ lot frontage

OTHER APPROVALS/PERMITS NEEDED FOR PROPOSED ACTION _____

SIGNATURES (Both needed if different):

_____ owner _____ date

_____ developer _____ date

PROJECT I.D. NUMBER

617.20

SEQR

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. IS PROPOSED ACTION: <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) 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 name and permit/approval	
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—ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

<p>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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>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:</p> <p>C2. Aesthetic agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>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:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly.</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly.</p>
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly</p>

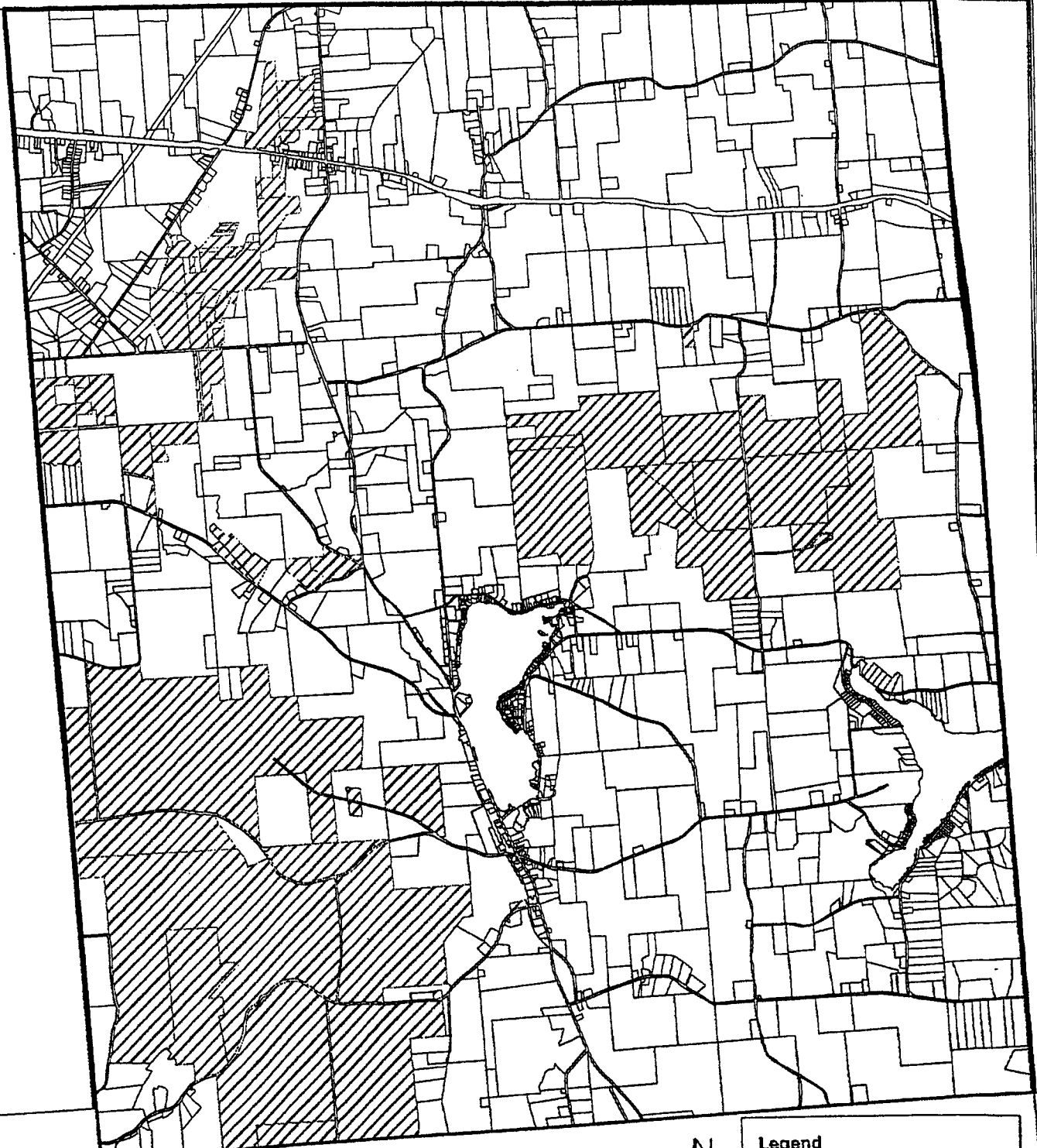
PART III—DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

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 CEA.

<p><input type="checkbox"/> 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.</p> <p><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 WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:</p>	
<p>_____</p> <p style="font-size: small;">Name of Lead Agency</p>	
<p>_____</p> <p style="font-size: small;">Print or Type Name of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="font-size: small;">Title of Responsible Officer</p>
<p>_____</p> <p style="font-size: small;">Signature of Responsible Officer in Lead Agency</p>	<p>_____</p> <p style="font-size: small;">Signature of Preparer (If different from responsible officer)</p>
<p>_____</p> <p style="font-size: small;">Date</p>	

Town of Nelson, NY



Property Location MAP



0 0.5 1 2 Miles



Legend

-  Federal/State/County/Town Lands
-  Parcels - Nov 2005

Date:

To:

Subject: Subdivision

Please be advised that an application has been filed with the Town of Nelson Planning Board for a subdivision.

A Public Hearing has been scheduled for Tuesday _____, at 7:00 p.m. at the Nelson Town Office Building, 4085 Nelson Road, Nelson, New York.

The property is located on _____ and being Tax Map No. _____. And this property being owned by _____.

You are being notified as you are a property owner within 500 feet of this property.

All persons will be heard at this hearing in support or in opposition to this request. Persons may appear in person or by agent.

Very truly yours,

TOWN OF NELSON
MADISON COUNTY
Nelson Office Building
4085 Nelson Road
Cazenovia, New York 13035

RESOLUTION #20-92

ADOPTION OF SUBDIVISION FEE SCHEDULE

WHEREAS; Local Law 1092 Article w, Subdivision Regulations was adopted on March 12, 1992, and

WHEREAS; Section 406 of Article 4 Authorizes, Empowers and Directs the Town Board of the Town of Nelson to establish fees for Subdivision.

NOW, THEREFORE BE IT RESOLVED, that the fee schedule, as attached is adopted.

SCHEDULE OF FEES

Subdivision Review:

Sketch Plat Review:	\$ 75.00
Minor Subdivision:	75.00
Recreational Fee :	100.00 Each undeveloped
Major Subdivision:	75.00
First four lots :	25.00
Each additional lot :	150.00 Each undeveloped
Recreational Fee :	

ALL ENGINEERING FEES TO BE PAID BY SUBDIVIDER/OWNER

ESI REVIEW; Study by Town Officials and/or by Consultants at cost of Subdivider/Owner.