

TOWN OF MARTINSBURG PLANNING BOARD

5405 Cemetery Road
PO BOX 8
MARTINSBURG NY 13404

(Planning Board meetings held on the 1st Wednesday of each month at 7:00 PM)

Chairman: Michael Colwell (315)376-7402

Board: Carl Golas; Mark Pominville; William Tarasek; Paul Kelly

Secretary: Mary Kelley (315)376-2299

TO: Land Surveyors/Attorneys/Applicants/Owners

FROM: Martinsburg Planning Board

RE: Applications for Sub Divisions

Enclosed please find a copy of an application for preliminary approval of a reviewable subdivision.

Please make sure ALL parts of this application are completed before submittal to the Planning Board. Make sure the subdivision plat submitted shows the required documentation and that a short/long environmental assessment form is included in the packet. Also, the required number of maps (5) needs to be included with the application. (One mylar)

The entire Development Code and forms, which includes DEC requirements, road standards, etc., can be found at <http://tughillcouncil.com/Martinsburg.htm>

All potential sub dividers are encouraged to meet with the Planning Board prior to the submission of a formal application for a subdivision approval.

For Planning Board Use Only: Application Number: _____ Received by: _____ Date: _____
 Application Fee \$ _____ Date of Payment: _____

TOWN OF MARTINSBURG
APPLICATION FOR PRELIMINARY APPROVAL OF A REVIEWABLE SUBDIVISION

INSTRUCTIONS TO APPLICANT:

Complete all parts of this application form. No public hearing will be scheduled until all questions have been answered or satisfactorily explained in writing. The Planning Board stands ready to help you but you must furnish the information required by law before the Planning Board can take action on your application.

Tax Map Parcel No.: _____ **Section** _____ **Block** _____ **Lot** _____

Subdivision Name: _____

Applicant: Name _____ Address _____ Telephone: _____ Surveyor: Name _____ Address _____ Telephone: _____	Owner of land to be subdivided: Name _____ Address _____ Telephone: _____ Architect/Attorney: Name _____ Address _____ Telephone: _____
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Current Zoning District Classification: _____

Zoning Law Requirements	Required	Shown on Plan
a. Minimum lot frontage	_____	_____
b. Minimum lot size	_____	_____
c. Minimum front yard setback	_____	_____
d. Minimum rear yard setback	_____	_____
e. Minimum side yard setback	_____	_____

State and Federal Permits Needed: _____

Total acreage of site: _____ **Number of building lots:** _____

Will development be staged: _____

Does Subdivision Plat show: _____

	YES	NO	NA
a. Subdivision name, and name of town and county in which it is located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Date, true north point, and scale (maximum 1inch =100 feet; minimum 1inch = 50feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Name and address of owner of record of subdivided property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Name and address of engineer or surveyor including license number and seal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Names of owners of all adjacent properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. All parcels of land proposed to be dedicated to public use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Location of existing water courses, marshes, rock outcrops, wooded areas, stands of trees and other significant features on or near the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Contours 5' intervals including elevations of existing roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Width and location of any existing roads or public ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Width, location, grades and road profiles of all proposed roads or public ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Location and size of all proposed waterlines, hydrants and sewer lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Drainage plan, including profiles of lines or ditches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Proposed lot lines with approximate dimensions and areas of each lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. An actual field survey of boundary lines of the tract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Plans and cross-sections showing sidewalks, road lighting, road trees, curbs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Preliminary designs for any bridges or culverts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. A copy of all covenants or deed restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. A Short/Long Environmental Assessment Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional requirements			
a. Does the plat have a location map?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is current survey of the property included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is copy of tax map(s) attached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE TO APPLICANT:

Before you submit this application for approval of a reviewable subdivision, **MAKE SURE** that all applicable requirements of the Town of Martinsburg Rural Development Code have been met. No public hearing will be scheduled until all required documents have been furnished in form satisfactory to the Town of Martinsburg Planning Board or a written explanation has been given to irrelevant items omitted.

The undersigned hereby requests approval by the Town of Martinsburg Planning Board of the identified application for preliminary approval of a reviewable subdivision. I hereby certify that I have completed the application to the best of my ability and have complied with all applicable regulations of the Town of Martinsburg Rural Development Code. I certify that the application information is complete and I believe all information given to be true.

Signature of Applicant: _____

Date: _____

FOR PLANNING BOARD USE ONLY

- | | DATE |
|--|-------------|
| 1. Date of determination by the Planning Board that the Preliminary Application for a Reviewable Subdivision is complete and all required information supplied to the Planning Board | _____ |
| 2. Date notice of public hearing published in the official newspaper of the town or waiver per Section 135 of Subdivision Law | _____ |
| 3. Date notice of public hearing mailed to adjacent property owners, if applicable | _____ |
| 4. Date of public hearing, if applicable | _____ |
| 5. Date of action by Planning Board on Preliminary Application of a Reviewable Subdivision | _____ |
| 6. Preliminary Application for a Reviewable Subdivision has been | |
| _____ Approved | |
| _____ Approved with modification | |
| _____ Disapproved | |

617.20
Appendix B
Short Environmental Assessment Form

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.

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

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<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? If Yes, describe: _____ _____	NO	YES
	<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? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____ Date: _____		
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<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 may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<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.
_____	_____
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)

PRINT

EXAMPLES OF LOCATOR MAPS

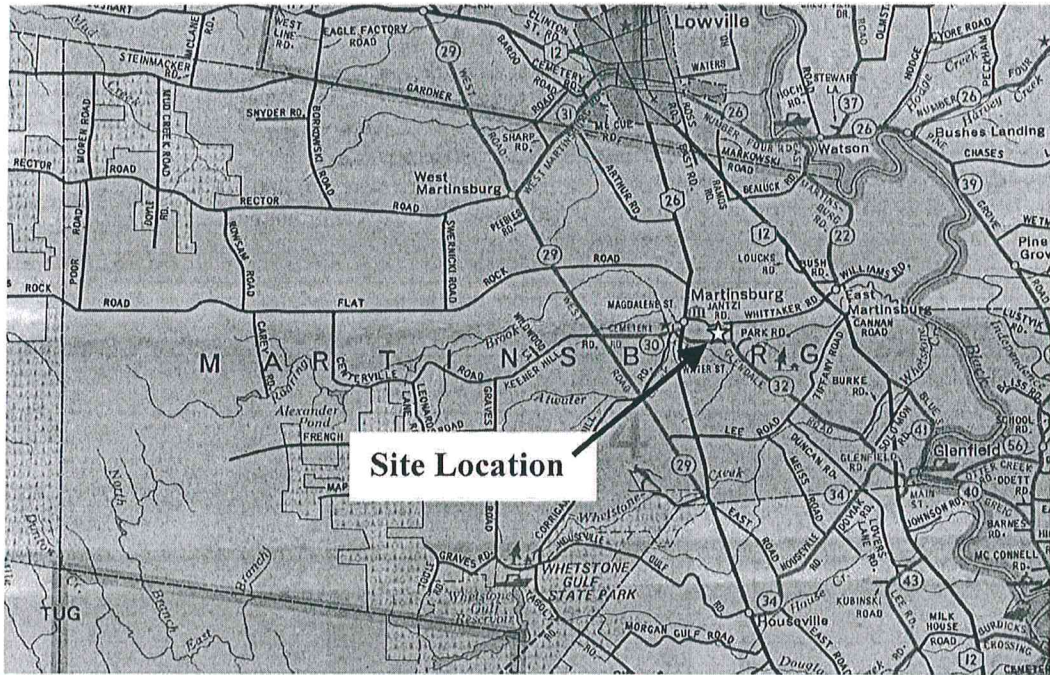


Figure 1. Town Locator Map

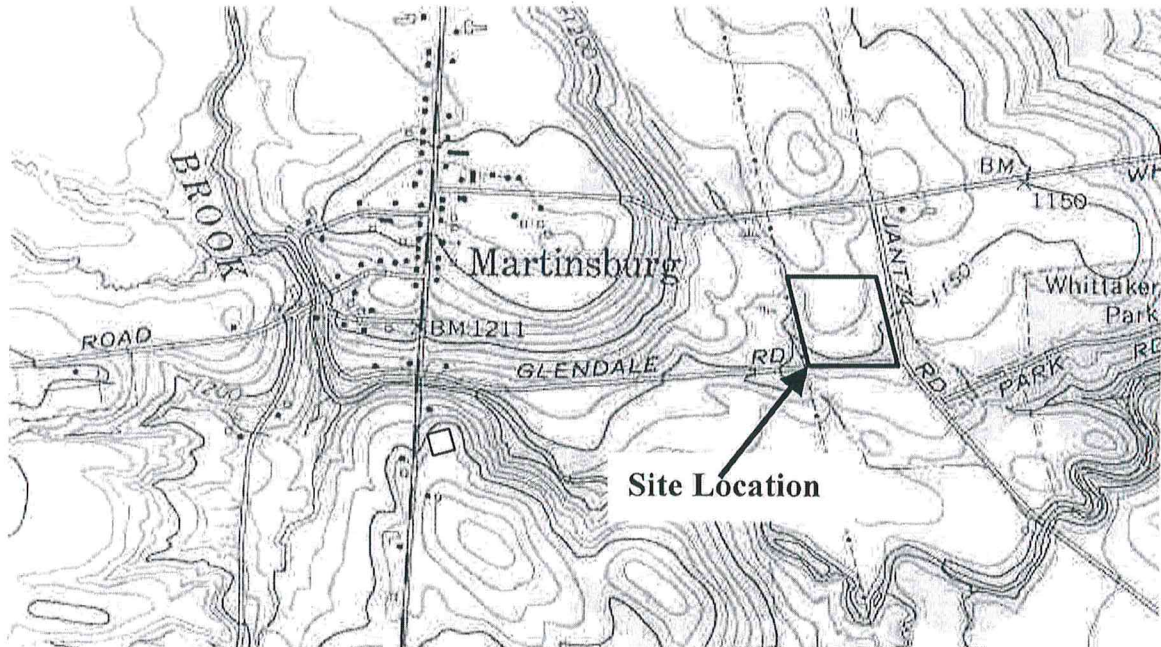


Figure 2. Detailed Locator Map
(supplement to Figure 1, if required)

SUBDIVISION OF LAND

6. **Certification of Monumentation:** Surveyor certifies that monuments have been set as shown on the plat.

H. *Special Marking Required.*

Where applicable, a note, duly acknowledged by signature of the subdivider, stating:

Approval of this plat does not constitute town acceptance of the indicated, stated, or referenced improvements.

Date

Owner Signature

- I. ***Locator Maps:*** One or more locator maps shall be included on the plat to clearly locate the subdivision of interest. As a minimum, the Town of Martinsburg map shall be used in all cases (see example in Figure 1). If additional detail is required, then a secondary locator map may be required (see example in Figure 2).
- J. ***Conflicts of Requirements:*** If conflicts between this appendix and the primary subdivision law occur, the planning board shall be contacted for resolution.
- K. ***Waiver of Plat Requirements:*** The planning board may waive any of the requirements in this appendix in the event that the information is not applicable or necessary.