

APPLICATION PROCESS
For the Town of Sullivan Boards

Reviewing your application can be a lengthy process depending on the complexity of your situation. The information below has been provided so that you can anticipate how long the review process might take. Please note that a 2- 3 month review process is not uncommon, and that it may take longer. Providing complete and detailed information and being prepared for questions at board meetings will speed up the process. Please do not hesitate to contact the Codes Enforcement Department at 315-687-5251 if you have any questions or need assistance.

PLANNING BOARD

SPECIAL PERMIT -	Preliminary Meeting, then the following month Public Hearing – Planning Board grants approval or disapproval (minimum review period is 2 months)
SITE PLAN REVIEW-	If Planning Board has all the necessary information, can grant approval or disapproval in one meeting; (average review period for non-commercial project is 2 months)
SIGN PERMIT-	If Planning Board has all the necessary information, can grant approval or disapproval in one meeting;* (average review period is 2 months)

If applications do not meet the Town of Sullivan Codes, they will be referred to the Zoning Board of Appeals.**

ZONING BOARD OF APPEALS

VARIANCE APPLICATION (could be up to 2 months)

- Planning Board must then review the application and make recommendation to the Zoning Board of Appeals;
- Public Hearing with Zoning Board of Appeals –If the Zoning Board of Appeals has all the necessary information, can grant approval or disapproval at the Public Hearing.

*[If sign permit requires Zoning Board of Appeals approval and receives it, the applicant must return to the Planning Board to obtain Planning Board Sign approval.]

** [An area variance can go directly from the Codes Enforcement Office to the ZBA for a Public meeting.]

PLEASE NOTE:

- Any application on a State or County road and Oneida Lake may require referral to the Madison County Planning Board. If required, this could delay the review process up to one month.

APPLICATION
for a
SPECIAL USE PERMIT
TOWN OF SULLIVAN

OFFICIAL USE ONLY

Application Number : _____
Tax Map #: _____
Current Zoning Designation: _____
Date Received: _____
ZEO Reviewed: _____
Date of Hearing: _____
SEQR Review: _____
Date of Action: _____
Action Taken: _____

Date Application Completed: _____

Applicant Name: _____ Contact: _____

Applicant Address: _____

Property Owner: _____ Tax Map Number: _____

Owner Address: _____

Owner Contact: _____

1. The applicant should reference Article V, Section 1 of the Town Zoning Law and the Zoning Schedule to list the specific use for the the Special Use Application (examples: retail establishment, multi-unit dwelling, etc.)

2. Briefly describe the characteristics of the use requested in question 1 (e.g. retail pizza shop, eat-in/take-out, open evenings/weekends, number of employees).

3. Provide information for all questions that apply:

a. Is there a need for site development (roads, drainage, public water, public sewer)? Explain.

b. What is the anticipated need for parking? Explain.

(Complete on reverse side)

c. What is the anticipated need for signage?

- 4. Attach a site plan of the property that includes: lot dimensions, building dimensions, and setbacks, all to the nearest foot; directional orientation; labeled adjacent roads; and location of public utilities on property. The site plan does not need to be professionally drawn but must be drawn in either pen or pencil that will produce legible copies and scaled to fit standard 8 ½"x11" paper.

- 5. In the space below, explain in your own words why your proposal is in harmony with the character of the neighborhood and will not be harmful to other property or persons in the area. Add any additional comments which you feel will assist in the review of your proposal.

- 6. Attach an official tax map of your property and all land within 500 feet of your boundaries (obtainable at Town Assessor's office)

- 7. Attach a completed Environmental Assessment Form (EAF) as provided by the Zoning Enforcement Officer (ZEO).

Return all completed forms to the Town of Sullivan Zoning Enforcement Officer.

OFFICIAL USE ONLY
ACTION BY TOWN OF SULLIVAN PLANNING BOARD

Approved: _____
Conditionally Approved: _____
Disapproved: _____

*Conditions made part of Approval:

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.

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?			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 _____ acres or controlled by the applicant or project sponsor?				
4. Check all land uses that occur on, are adjoining or near the proposed action: 5. Urban Rural (non-agriculture) Industrial Commercial Residential (suburban) <input type="checkbox"/> Forest Agriculture Aquatic Other(Specify): <input type="checkbox"/> Parkland				

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

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 Agricultural/grasslands Early mid-successional Wetland <input type="checkbox"/> Urban 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 <input type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
49. 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 <input type="checkbox"/>	YES <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 <input type="checkbox"/>	YES <input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		