

TOWN OF CANANDAIGUA
5440 Route 5 & 20 West
Canandaigua, NY 14424
Telephone – 585-394-1120 / Fax – 585-394-9476

**NOTICE TO ALL
PLANNING BOARD APPLICANTS
FOR
PRELIMINARY SUBDIVISION
PLAT APPROVAL**

The applicant is responsible for the completeness of all forms for the application to be processed. All completed applications are subject to the rules and regulations as established by State of New York and the Town of Canandaigua. The Planning & Zoning Department cannot guarantee any board approvals for completed applications.

It is important that the applicant completes all of the information requested in this packet. Doing so will facilitate the review process by the Planning Board at a public meeting and will not cause unnecessary delays to either you or other applicants.

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CPN _____

PRELIMINARY SUBDIVISION CHECKLIST

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Subject Property(ies) Address(es): _____

Subject Property(ies) Tax Map # and Zoning District: _____

- A. What is the size (in acres or square footage) of parcel(s) to be subdivided? _____
- B. What are the exact sizes of all proposed parcels (in acres and/or square footage)?
 1. _____ 2. _____ 3. _____ 4. _____
- C. What is the exact road frontage for each proposed parcel?
 1. _____ 2. _____ 3. _____ 4. _____

Preliminary Plan Checklist / Required Documentation Chapter 90, Section 12	Shown on Plat by Applicant	Initial PRC Review	PRC Follow-Up Review
1. Proposed subdivision name or identifying title (Preliminary Subdivision of Property Owner)			
2. Date, north point, and scale. The plan shall be at a scale of no more than one hundred (100) feet to the inch.			
3. Name of the owner of the property.			
4. Name of engineer, surveyor, or architect responsible for the plan.			
5. Tract boundaries with bearings and distances. (Survey map of new lots to be created as well as a survey or general location map showing the relationship of the derivative and parent parcels, including the road frontage and area remaining in the parent parcel (for large parcels a drawing from the legal description may be accepted).			
6. Contours at vertical intervals of 20 feet as determined from a topographic survey or a topographic map of the US Geological Survey. In the case of steep or unusual tracts, the Planning Board may require contours at such lesser intervals as it finds necessary for study and planning of the tract.			
7. Delineation of any land exceeding a slope of 10%, land within a NYSDEC Freshwater Wetland, land within a FEMA Special Flood Hazard Zone or lands otherwise designated by the Town Zoning Law as being within a Limited Development Overlay District (LDO).			

Preliminary Plan Checklist/Required Documentation Chapter 90, Section 12	Shown on Plan by Applicant	Initial PRC Review	PRC Follow Up Review
8. Delineation of limits of any land to be disturbed in any manner including areas to be cut, filled, excavated, or graded and contours, both existing and proposed, at vertical intervals of no more than five (5) feet for areas within such limits.			
9. Location and description of all swales, ponds, basins, fences, dikes, or other devices required to control soil erosion and sedimentation or otherwise comply with the provisions of the Town Soil Erosion and Sedimentation Control Law (see Chapter 85 of the Town Code).			
10. Datum to which contour elevations refer. Where reasonably practicable, datum shall refer to USGS established elevations.			
11. All existing watercourses, tree masses, and other significant natural features.			
12. All existing buildings, sewers, water mains, culverts, petroleum or petroleum product lines, fire hydrants, and other significant man-made features or utilities.			
13. All existing streets on or adjacent to the tract, including names, right-of-way widths and pavement widths; the planning board shall have the right to name new streets in accordance with historic characteristics of the community and in accordance with the Ontario County 911 Emergency Communications Local Law.			
14. All existing property lines, easements, and rights-of-way and the purpose for which the easements or rights-of-way have been established.			
15. Location and width of all proposed streets, alleys, rights-of-way, easements, and proposed lot lines.			
16. Location and dimensions of all playgrounds, public buildings, public areas and other parcels of land proposed to be dedicated to or reserved for public use.			
17. Where applicable, a notation on the map of the Town's Right to Farm Law provisions.			
<p>18. Location and width of all proposed driveway intersections with streets and sight distances there from. Suitable means of access must be shown for each lot unless such lot is annexed to an existing parcel. Subsequent driveway locations shall be completed in such a manner as to comply with sight distance standards as promulgated by AASHTO and/or ITE;</p> <p>i. Driveway locations for all residential uses along State or County roads shall require a driveway permit and/or a highway work permit as a condition of final play approval. Any and all uses that occur within zoning districts that are subject to access management standards and requirements shall be subject to all such standards and requirements.</p>			

Preliminary Plan Checklist / Required Documentation Chapter 90, Section 12	Shown on Plat by Applicant	Initial PRC Review	PRC Follow Up Review
<p>ii. All uses on all parcels in all zoning districts in the Town of Canandaigua must locate driveways in such a manner as to comply with the following table of safe sight distances. All signage associated with the table below shall comply with the most recent edition of the Manual of Uniform Traffic Control Devices.</p> <p>iii. Driveway locations for all non-residential uses shall be completed in such a manner as to comply with the requirements of Section 803 and Schedule I-A of Chapter 105 of the Town Code.</p>			
19. Estimated location, size, and invert elevation of all proposed sanitary and storm sewers and location of all manholes, inlets, and culverts.			
20. Estimated location and size of all proposed water mains, laterals, hydrants, meters, and valves.			
21. As required by New York State Department of Health Regulations, Appendix 75A, the proposed locations, sizes, design, and field tests results to determine soil percolation capabilities and deep soil profiles must be provided. At least one potential on-site waste water treatment system location must be tested for each individual lot unless such lot is to be annexed to an existing parcel or unless public sanitary sewer is to be provided. Test result information and the name of the individual taking the tests are to be provided on the final plan.			
22. Wherever practicable, the names of owners of all abutting unplotted land and the names of all abutting subdivisions.			
23. Where the preliminary plan covers only a part of the subdivider's entire holdings, a separate conceptual shall be submitted of the prospective street lot and utility layout for the remainder of the land including an estimated time schedule for phasing of the entire project.			
24. Copies of proposed deed restrictions, if any, shall be attached to the preliminary plan.			
25. Current zoning of the land including all setback dimensions for said zoning district.			
26. A completed Agricultural Data Statement Form identifying whether the site lies within an area, which is further regulated under Section 283-a of Town Law, as amended.			
27. All lots are to be labeled in numerical order (e.g. Lot #1, Lot 2, etc.).			
28. A parcel of land to be annexed to an existing parcel of land is properly identified as being a lot-line adjustment, not involving a resubdivision of land.			
29. A subdivided lot that is being re-subdivided is properly identified as a lot-line adjustment.			
30. Anticipated time schedule for completing development of the site.			

Preliminary Plan Checklist / Required Documentation Chapter 20, Section 12	Shown on Plat by Applicant	Initial PRC Review	PRC Follow Up Review
31. The Flood Hazard Zone, Community Map Panel Number and effective date of the Flood Insurance Mapping as shown.			
32. A legible location map.			
33. A Map revision box.			
34. A map legends/key.			
35. The subject (parent) parcel(s) tax map number(s).			
36. An area of General Map notes.			
37. A signature block for the Planning Board Chairperson.			
38. Special information on conditions identified by the Planning Board at Concept Plan Review.			

I have reviewed my submitted application and drawings against the above noted criteria and hereby certify that the submitted application matches this completed checklist.

Signature of Applicant / Representative

Date

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**PLANNING BOARD APPLICATION
PRELIMINARY
SUBDIVISION APPROVAL**

CPN _____

Permission for on-site inspection for those reviewing application: *(please circle one)* YES NO

1. Name and address of the property owner: _____

Telephone # _____ Fax # _____

E-Mail Address: _____

2. If the applicant is someone designated by the owner of the subject property, furnish name, address, telephone number, and relationship to the property owner:

Telephone # _____ Fax # _____

E-Mail Address: _____

3. Subject Property Address: _____

Nearest Road Intersection: _____

Tax Map Number: _____ Zoning District: _____

4. Is the Subject Property within 500' of a State or County Road or Town Boundary? (If Yes, the Town may be required to refer your application to the Ontario County Planning Board.)

please circle one: YES NO

5. Is the Subject Property within 500' of an Ontario County Agricultural District? (If Yes, an Agricultural Data Statement must be completed and submitted with this application.)

please circle one: YES NO

(continued on back)

6. Description of subject parcel to be subdivided: Size: _____ acres. Road Frontage: _____ ft
7. Number of proposed parcels (including subject parcel to be subdivided): _____
8. Size of all proposed parcels and road frontage for each lot (including remaining lands):

Lot #	Proposed Size	Proposed Road Frontage
1		
2		
3		
4		
5		

9. What public improvements are available? Public Sewer Public Water Public Roads

10. Describe the current use of the property:

11. Describe the proposed use of the property and nature of the proposed subdivision:

12. Is any portion of the property subject to a purchase and sale contract, option, right of first refusal, development rights agreement, lien or other encumbrance that may benefit any party other than the applicant? YES NO

If yes, then please set forth the name, address, and interest of any such party including a copy of the documents which create the potential beneficial interest.

Property Owner is responsible for any consultant fees*
(Town Engineer, Town Attorney, etc.) incurred during the application process.
(See Town Clerk for current Fee Schedule)

I hereby grant my designee permission to represent me during the application process.

(Signature of Property Owner)

(Date)

617.20
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. PROPOSED ACTION IS: <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/Fores/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) name 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(s) name and permit/approvals:	
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 - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? Yes No If yes, coordinate the review process and use the FULL EAF.

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. Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

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:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? Yes No If Yes, explain briefly:

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 of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- 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.
- 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.

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)

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**SOIL EROSION AND SEDIMENT CONTROL / LIMITED DEVELOPMENT OVERLAY (LDO)
PERMIT APPLICATION**

(Standards Approved by Town: NY Guidelines for Urban Erosion and Sedimentation Control)

ON-SITE INSPECTION REQUIRED

Date: _____

Zoning District: _____

Applicant Name and Address: _____

Telephone / Fax # _____ E-mail address: _____

Site Location: _____

Acreage of Site: _____ Tax Map Number _____

Description of proposed activity: _____

Soil Erosion Permit to be issued: YES NO CEO / ZO

APPLICANT TO COMPLETE	TOWN REVIEW
1. Has a map, plan, or sketch been submitted? YES NO	
2. What is the source of the map and scale (USGS, land survey): _____ _____	
3. What is the general topography and slope of the subject property (in %): _____	
4. How much area (in square feet) and/or volume (in cubic yards) will be disturbed? _____	
5. Does the subject property drain offsite? Yes No If yes, where does it drain to and how will it affect offsite properties? _____ _____	

<p>6. What is the potential for erosion? Slight Moderate Significant None</p>	
<p>7. If the potential for erosion is slight, moderate, or significant, how will erosion be controlled on site? _____ _____</p>	
<p>8. If sedimentation basins are proposed, where will they overflow to if they become clogged? Describe: _____ _____ _____</p>	
<p>9. Is there any offsite drainage to subject property? Yes No If yes, where does the drainage come from? _____ _____</p>	
<p>10. Will onsite or offsite watercourses be affected? Yes No If yes, describe: _____ _____ _____</p>	
<p>11. Will any roadside ditches or culverts be affected? Yes No If yes, describe how: _____ _____ _____</p>	
<p>12. Has the appropriate highway superintendent been contacted? Yes No Provide the name(s) of the person who was contacted. _____</p>	

<p>13. Is topsoil to be: <i>(circle one)</i> Removed Stored Onsite Replaced</p>	
<p>14. Is existing vegetation proposed to be removed? (If yes, the vegetation to be removed must be identified on the plan.) Yes No</p>	
<p>15. Will any temporary seeding be used to cover disturbed areas? Yes No If yes, a note must be added to the plans.</p>	
<p>16. What plans are there for permanent revegetation? Describe: _____ _____ _____</p>	
<p>17. How long will project take to complete? _____ _____</p>	
<p>18. What is the cost estimate to install and maintain erosion and sedimentation control facilities before, during, and after construction? _____</p>	

Attach additional sketches, calculations, details *as needed* to this form.

Form prepared by: _____ Date: _____

FOR OFFICE USE ONLY

Approved By: _____

Date: _____

Permit Fee: _____

Permit #: _____

Notes: _____

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AGRICULTURAL DATA STATEMENT

Application Number: _____

In accordance with Section 283-a of the New York State Town Law, the Town of Canandaigua will use the data in this statement to assist in evaluating the impacts of proposed development projects in an agricultural district containing a farm operation or on a property within 500 feet of a farm operation in an agricultural district.

A. Name and Address of the owner of the subject property:

B. Name and Address of Applicant:

C. Description of the proposed project:

D. Project Location:

E. Tax Map No.:

F. Is any portion of the subject property currently being farmed? Yes No

If yes, how many acres? _____ By whom? _____

G. List the name and address of owners of land within Agricultural District No. _____ containing farm operations *and* located within 500 feet of the subject property. Attach a map to this form showing the proposed subject property relative to the location of farm operations identified below.

	Name	Address	Parcel Tax Map No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

FOR TOWN USE ONLY:

Circle Type of Application:

Special Use Permit Site Plan Approval Subdivision Use Variance

Circle Review Authority: Zoning Board of Appeals Planning BoardTown Board

Notice Provision: The date when written notice of the application described in Part I has been provided to the owners of land identified in the Agricultural Data Statement.

Date referral to the Ontario County Planning Department was made: _____

Name of Official Completing Form

Date