

CITY OF BEACON
Meeting postponed at request of applicant
BEACON, NEW YORK 12508
Phone (845) 838-5002 Fax (845) 838-5026

The Zoning Board of Appeals will meet on **Tuesday, December 17, 2019** in the Municipal Center Courtroom. A training work session will take place at 7:00 p.m. and the regular meeting will begin immediately thereafter, but not later than at 7:30 PM.

1. Continue review of application submitted by Carolyn Baccaro, 9 Washington Avenue, Tax Grid No. 30-6054-39-287664-00, R1-5 Zoning District, for relief from Section 223-13(G) for a 6 ft. high fence in the front yard (*4 ft. maximum permitted*)
2. Planning Board Designation of Lead Agency – “Two Cross Street”
3. Planning Board Designation of Lead Agency – 1182 North Avenue

City of Beacon Planning Board
12/17/2019

Title:

9 Washington Avenue

Subject:

Continue review of application submitted by Carolyn Baccaro, 9 Washington Avenue, Tax Grid No. 30-6054-39-287664-00, R1-5 Zoning District, for relief from Section 223-13(G) for a 6 ft. high fence in the front yard (*4 ft. maximum permitted*)

Background:

ATTACHMENTS:

Description	Type
9 Washington Avenue Application	Application
9 Washington Avenue Photo 1	Backup Material
9 Washington Avenue Photo 2	Backup Material
9 Washington Avenue Photo 3	Backup Material
9 Washington Avenue Photo 4	Backup Material
9 Washington Avenue Photo 5	Backup Material

ZONING BOARD OF APPEALS

City of Beacon, New York

APPLICATION FOR APPEAL

OWNER: Carolyn Baccaro

ADDRESS: 9 Washington Ave
Beacon, NY 12508

TELEPHONE: 860-490-2921

E-MAIL: Carolyn31@gmail.com

APPLICANT (if not owner): _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

REPRESENTED BY: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

PROPERTY LOCATION: 9 Washington Ave

ZONING DISTRICT: R1-5

TAX MAP DESIGNATION: SECTION 6054

BLOCK 39 LOT 287664

Section of Zoning Code appealed from or Interpretation desired: office use

Section 223-13(G) for a 6 ft. high fence in the front yard. (4 ft. maximum permitted)

Reason supporting request:

We have no backyard and no privacy on a very busy, and loud street with disruptive foot traffic and cars with modified exhaust.

Supporting documents submitted herewith: Site Plan, Survey, etc. as required:

pictures

Date: X 10-26-19

X CWA Bunn
Owner's Signature

Fee Schedule

AREA VARIANCE	\$ 250
USE VARIANCE	\$ 500
INTERPRETATION:	\$ 250

Applicant's Signature

****escrow fees may apply if required by Chairman****

APPLICATION PROCESSING RESTRICTION LAW

Affidavit of Property Owner

Property Owner: _____

If owned by a corporation, partnership or organization, please list names of persons holding over 5% interest.

List all properties in the City of Beacon that you hold a 5% interest in:

6054-39-28764

9 Washington Ave

Applicant Address: _____

Project Address: _____

Project Tax Grid # _____

Type of Application _____

Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent (5%) interest in a corporation or partnership or other business.

I, Carolyn Baccaro, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.

1. No violations are pending for ANY parcel owned by me situated within the City of Beacon
2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon
3. ALL tax payments due to the City of Beacon are current
4. Tax delinquencies exist on a parcel or parcels owned by me within the City of Beacon
5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon
6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current

✓
✓
✓
✓
✓
✓

X Carolyn Baccaro

Signature of Owner

Title if owner is corporation

Office Use Only:

Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)

ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)

ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)

NO

YES

Initial

—

X

CB

—

X

CB

—

X

CB

FOR OFFICE USE ONLY

Application #

CITY OF BEACON

1 Municipal Plaza, Beacon, NY

Telephone (845) 838-5000 • <http://cityofbeacon.org/>**INDIVIDUAL DISCLOSURE FORM**

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any person(s))

Disclosure of the names and addresses of all persons filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

SECTION A

Name of Applicant: Carolyn Baccaro
Address of Applicant: 9 Washington Ave, Beacon NY
Telephone Contact Information: 860-440-2921

SECTION B. List all owners of record of the subject property or any part thereof.

Name	Residence or Business Address	Telephone Number	Date and Manner title was acquired	Date and place where the deed or document of conveyance was recorded or filed.
Carolyn Baccaro	9 Washington Ave	860-440-2921		
Michael Dwyer	9 Washington Ave	502-751-3509		

SECTION B. Is any owner of record an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon?

☐

YES

☒

NO

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship

SECTION C. If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

SECTION D. Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

☐

YES

☒

NO

I, Carolyn Baccaro being first duly sworn, according to law, deposes and says that the statements made herein are true, accurate, and complete.

(Print) X Carolyn Baccaro

(Signature) X [Signature]

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: <div style="text-align: center;">WOODEN FENCE (6ft) ON STREET SIDE</div>				
Project Location (describe, and attach a location map): <div style="text-align: center;">9 WASHINGTON AVE</div>				
Brief Description of Proposed Action: <div style="text-align: center;">A SIX FOOT CEDAR FENCE IN FRONT OF HOUSE. FRONTAGE OF 4,000 SQUARE FOOT LOT.</div>				
Name of Applicant or Sponsor: <div style="text-align: center;">CAROLYN BACCARO</div>		Telephone: 860-490-2921 E-Mail: CAROLYN SIEGMAR.COM		
Address: <div style="text-align: center;">9 WASHINGTON AVE</div>				
City/PO: <div style="text-align: center;">BEACON</div>		State: <div style="text-align: center;">NY</div>	Zip Code: <div style="text-align: center;">12508</div>	
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	YES
			<input checked="" type="checkbox"/>	<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	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		<div style="text-align: center;">.2 acres</div>		
b. Total acreage to be physically disturbed?		<div style="text-align: center;">N/A acres</div>		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<div style="text-align: center;">.2 acres</div>		
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 checked="" 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				

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: _____	<input checked="" type="checkbox"/>	<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 <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If Yes, briefly describe: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 checked="" 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 checked="" 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 checked="" 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: <u>CAROLYN BACCARO</u>	Date: <u>10/27/2019</u>	
Signature: <u>[Signature]</u>		

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:		
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.
<div> <div>Name of Lead Agency</div> <div>Date</div> </div>	
<div> <div>Print or Type Name of Responsible Officer in Lead Agency</div> <div>Title of Responsible Officer</div> </div>	
<div> <div>Signature of Responsible Officer in Lead Agency</div> <div>Signature of Preparer (if different from Responsible Officer)</div> </div>	

PRINT









30
SPEED
LIMIT



City of Beacon Planning Board
12/17/2019

Title:

Miscellaneous Business

Subject:

Planning Board Designation of Lead Agency – “Two Cross Street”

Background:

ATTACHMENTS:

Description

Two Cross Street Lead Agency Package

Type

Backup Material



CITY OF BEACON New York

John Gunn
Planning Board Chairman

Planning Board

845-838-5002

November 25, 2019

Dutchess County Department of Health
Beacon City Council
Beacon Zoning Board of Appeals
Dutchess County Planning
Dutchess County Industrial Development Agency

Subject: **2 & 4 Cross Street, 172 Main Street, 160 Main Street, 152 Main Street
& West Church Street, Beacon, New York**
**Tax Grid No's 5954-27-793967; 5954-27-798971; 5954-27-799966; 5954-27-777974;
5954-27-774997; 5954-27-784996**

Designation of Lead Agency in Accordance with SEORA

Dear Sir/Madam:

The City of Beacon Planning Board is hereby notifying you that it has received applications for Subdivision (to merge three parcels into one) Approval, Special Use Permit and Site Plan Approval for property located at 4 Cross Street and 172 Main Street, to construct a four-story mixed-use building, incorporating an undeveloped lot and two existing buildings into the design. Off-site parking is proposed on property located at 152 Main Street and West Church Street. As proposed, the single mixed-use structure will have retail uses on the first floor, affordable senior housing on the second floor, and office uses on the third floor. The portion of the building that is located within the CMS District will have a fourth floor for flexible office use. The proposal includes a public plaza featuring landscaping and decorative hardscape. The Beacon City Council is the approval authority for the Special Use Permits to allow a fourth story and to allow office and multi-family uses on the PB site. The Beacon Planning Board is the approval authority for Subdivision (lot merger) Approval and Site Plan Approval. The proposed action will also include the need for area variances from the Beacon Zoning Board of Appeals and the applicant expressed an intention to seek a Payment in Lieu of Taxes from the Dutchess County IDA. The 4 Cross Street portion of the property is located in the PB district and the Main Street portion is located in the Central Main Street (CMS) district and Historic District and Landmark Overlay zone.

The City of Beacon Planning Board hereby declares its intent to serve as the Lead Agency for the environmental review of the proposed action. The proposed action is classified as a Type I pursuant to 6 NYCRR 617.4(b)(9) because more than 25,000 square feet of floor area is proposed on a site that is located within the Lower Main



CITY OF BEACON New York

John Gunn
Planning Board Chairman

Planning Board

845-838-5002

Street Historic District. Further, the City of Beacon Planning Board is hereby notifying you that, in accordance with the provisions of the State Environmental Quality Review Act (SEQRA), the Planning Board will automatically become the Lead Agency unless you submit a written objection to the Board within 30 calendar days of the mailing of this notification. Enclosed for your use, if you choose, is a form for responding to the Planning Board.

In accordance with the requirements of SEQRA, enclosed for your review are Part 1 of the Long Environmental Assessment Form (EAF) which has been prepared by the project sponsor for the proposed action, and a copy of the application.

Very truly yours,

John Gunn, Chairman

Enclosures: 3

cc: David Buckley Arthur R. Tully, PE
 Jennifer L. Gray, Esq. John Clarke, City Planner

RESPONSE FORM TO CITY OF BEACON PLANNING BOARD

To: City of Beacon Planning Board

From: _____ [please insert your agency name]

Date: _____ [please insert date]

Subject: 2 & 4 Cross Street, 172 Main Street, 160 Main Street, 152 Main Street
& West Church Street, Beacon, New York
Tax Grid No's 5954-27-793967; 5954-27-798971; 5954-27-799966; 5954-27-
777974; 5954-27-774997; 5954-27-784996

Designation of Lead Agency in Accordance with SEORA

With respect to the declaration that the City of Beacon Planning Board intends to serve as the Lead Agency for Subdivision (to merge three parcels into one) Approval, Special Use Permit and Site Plan Approval for property located at 4 Cross Street and 172 Main Street, to construct a four-story mixed-use building, incorporating an undeveloped lot and two existing buildings into the design, the above identified agency:

[please check one box below]

- ☐ Has no objection to the Planning Board serving as Lead Agency.
- ☐ Takes no position with respect to the Planning Board serving as Lead Agency.
- ☐ Objects to the Planning Board serving as Lead Agency.

Printed Name

Signature

Title

APPLICATION FOR SPECIAL USE PERMIT

Submit to Planning Board Secretary, One Municipal Plaza, Suite One, Beacon, New York 12508

IDENTIFICATION OF APPLICANT

Name: Hudson Todd LLC
Address: 4 Cross Street
Beacon, NY 12508
Signature: [Signature]
Date: 27 Aug. 2019
Phone: 646-284-3118

(For Official Use Only)

Application & Fee Rec'd

Initial Review

PB Public Hearing

Sent to City Council

City Council Workshop

City Council Public Hearing

City Council Approve/Disapprove

Date Initials

8-27-19

9-10-19

IDENTIFICATION OF REPRESENTATIVE / DESIGN PROFESSIONAL

Name: Joseph Torhan
Address: 19 Wildwood Lane
Poughkeepsie, NY 12603

Phone: 845-475-4102

Fax: _____

Email address: joe.torhan.architect@gmail.com
j.Donovan@HudsonTodd.com

IDENTIFICATION OF SUBJECT PROPERTY:

Property Address: Two Cross St, Beacon, NY 12508

Tax Map Designation: Section _____

Block _____

Land Area: 0.28a

Zoning District(s) CM5

4 Cross Street 5454-27-79871
Main Street 5454-27-793967
112 Main Street 5454-27-79966
Lot(s) 799966, 799971
793967

DESCRIPTION OF PROPOSED DEVELOPMENT:

Proposed Use: retail, office workspace, residential (supportive frail elderly)

Gross Non-Residential Floor Space: Existing 1431

Proposed 19,717

TOTAL: 19,717

Dwelling Units (by type): Existing 24 (four)

Proposed 9 (nine)

TOTAL: 9

ITEMS TO ACCOMPANY THIS APPLICATION

- Five (5) **folded** copies and One (1) digital copy of a site location sketch showing the location of the subject property and the proposed development with respect to neighboring properties and developments.
- Five (5) **folded** copies and One (1) digital copy of the proposed site development plan, consisting of sheets, showing the required information as set forth on the back of this form and other such information as deemed necessary by the City Council or the Planning Board to determine and provide for the property enforcement of the Zoning Ordinance.
- Five (5) **folded** copies and One (1) digital copy of any additional sketches, renderings or other information submitted.
- An application fee, payable to the City of Beacon, computed per the attached fee schedule.

APPLICATION FOR SITE PLAN APPROVAL

Submit to Planning Board Secretary, One Municipal Plaza, Suite One, Beacon, New York 12508

IDENTIFICATION OF APPLICANT

Name: Hudson Todd, LLC
Address: 4 Cross Street
Beacon, NY 12508
Signature: _____
Date: 8/22/2019
Phone: 646-284-3118

(For Official Use Only)

Application & Fee Rec'd

Initial Review

Public Hearing

Conditional Approval

Final Approval

Date Initials

8-22-19

9-10-19

IDENTIFICATION OF REPRESENTATIVE / DESIGN PROFESSIONAL

Name: Joseph Torhan
Address: 19 Wildwood Lane
Poughkeepsie, NY 12603

Phone: 845-475-4102

Fax: _____

Email address: joe.torhanarchitect@gmail.com,
jdonovan@hudsonstodd.com

IDENTIFICATION OF SUBJECT PROPERTY:

Property Address: Two Cross Street, Beacon, NY 12508

Tax Map Designation: Section _____

Block _____

Lot(s) 799966, 798971, 793967

Land Area: 0.28 Ac, total

Zoning District(s) _____

Central Business

(CMS)

DESCRIPTION OF PROPOSED DEVELOPMENT:

Proposed Use: retail, office workspace, residential (supportive affordable frail-elderly only)

Gross Non-Residential Floor Space: Existing 1431 SF

Proposed 19,717 SF

TOTAL: 19,717 SF

Dwelling Units (by type): Existing 24 (four)

Proposed 9 (nine)

TOTAL: 9

ITEMS TO ACCOMPANY THIS APPLICATION

- One electronic and five (5) **folded** paper copies of a site location sketch showing the location of the subject property and the proposed development with respect to neighboring properties and developments.
- One electronic and five (5) **folded** paper copies of the proposed site development plan, consisting of sheets, showing the required information as set forth on the back of this form and other such information as deemed necessary by the City Council or the Planning Board to determine and provide for the property enforcement of the Zoning Ordinance.
- One electronic and five (5) **folded** paper copies of additional sketches, renderings or other information.
- An application fee, payable to the City of Beacon, computed per the attached fee schedule.
- An initial escrow amount, payable to the City of Beacon, as set forth in the attached fee schedule.

APPLICATION PROCESSING RESTRICTION LAW

Affidavit of Property Owner

Property Owner: Hudson Todd, LLC

If owned by a corporation, partnership or organization, please list names of persons holding over 5% interest.
Joseph Donovan, Janet St. Goar

List all properties in the City of Beacon that you hold a 5% interest in:
See attached list

Applicant Address: 4 Cross Street, Beacon, NY 12508

Project Address: Main and Cross Streets

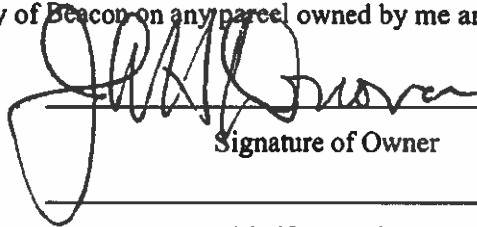
Project Tax Grid # Parcel Numbers 799966, 793967, 798971

Type of Application Site Plan Approval

Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent (5%) interest in a corporation or partnership or other business.

I, Joseph Donovan, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.

1. No violations are pending for ANY parcel owned by me situated within the City of Beacon X
2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon
3. ALL tax payments due to the City of Beacon are current X
4. Tax delinquencies exist on a parcel or parcels owned by me within the City of Beacon
5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon
6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current X



Signature of Owner

Title if owner is corporation

Office Use Only:

Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)

NO YES Initial

ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)

✓ JD

ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)

✓ JS

Beacon Property List - Janet St Goar & Joe Donovan

Location	Property Type	Number of Residential	Number of Commercial
Hudson Todd LLC			
✓ 25 North Elm St	Single Family	1	0
✓ 321 Main St - Binnacle Books	Mixed Use	1	1
✓ 23 Beacon St	Single Family	1	0
✓ 40 Church St	Single Family	1	0
✓ 12 Ralph St	Single Family	1	0
✓ 172 Main St - Riverwinds Gallery	Commercial plus 2 upstairs apt.	1	2
✓ 19 Paye St	Single Family	1	0
✓ 16 Grove St	Two Family	2	0
✓ 6 South Cedar St	Single Family	1	0
✓ 8 South Cedar St	Single Family	1	0
✓ 62 South Brett St	Single Family	1	0
✓ 6 Commerce St	Single Family	1	0
✓ 21 W Main St	Single Family Semi-Attached	1	0
Beacon Todd LLC			
✓ 18-20 W Main St	Commercial warehouse	0	14
The Lindley LLC			
✓ 1154 North Ave	Commercial	0	2
13 W Church St	2 Family	2	0
✓ 7 High St	Single Family	1	0
Main St, The Lindley Todd LLC		88 apartments, 18 commercial	
✓ 134 Main St	Mixed Use retail+apts	4	1
✓ 142 Main St	Mixed Use retail+apts	4	1
✓ 144-146 Main St	Mixed Use retail+apts	8	3
✓ 150 Main St	Mixed Use retail+apts	5	1
✓ 152 Main St	Mixed Use retail+apts	15	1
✓ 160 Main St (unimproved)	land	0	0
127 Main St (unimproved)	land	0	0
✓ 129 Main St	Mixed Use retail+apts	3	1
✓ 131-137 Main St	Mixed Use retail+apts	9	3
✓ 145 Main St	Mixed Use retail+apts	10	2
✓ 149 Main St	Mixed Use retail+apts	9	1
✓ 201-211 Main St	Mixed Use retail+apts	18	5
✓ 15 W Church (unimproved)	land	0	0
✓ 17 W Church (unimproved)	land	0	0

FOR OFFICE USE ONLY

Application #

CITY OF BEACON

1 Municipal Plaza, Beacon, NY

Telephone (845) 838-5000 • <http://cityofbeacon.org/>**ENTITY DISCLOSURE FORM**

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any entity)

Disclosure of the names and addresses of all persons or entities owning any interest or controlling position of any Limited Liability Company, Partnership, Limited Partnership, Joint Venture, Corporation or other business entity (hereinafter referred to as the "Entity") filing a land-use application with the City is required pursuant to Section 223-61.4 of the City Code of the City of Beacon. If any Member of the Entity is not a natural person, then the names and addresses as well as all other information sought herein must be supplied about the non-natural person member of that Entity, including names, addresses and Formation filing documents. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

SECTION A.**IF AFFIANT IS A PARTNERSHIP, JOINT VENTURE OR OTHER BUSINESS ENTITY, EXCEPT A CORPORATION:**

Name of Entity <i>Hudson Todd, LLC</i>	Address of Entity <i>4 Cross St. Beacon NY</i>
Place where such business entity was created <i>Delaware</i>	Official Registrar's or Clerk's office where the documents and papers creating entity were filed <i>Wilmington, DE</i>
Date such business entity or partnership was created	Telephone Contact Information <i>646-284-3118</i>

IF AFFIANT IS A CORPORATION:

Name of Entity	Telephone Contact Information
Principal Place of Business of Entity	Place and Date of incorporation
Method of Incorporation	Official place where the documents and papers of incorporation were filed

SECTION C. List all owners of record of the subject property or any part thereof.

Name	Residence or Business Address	Telephone Number	Date and Manner title was acquired	Date and place where the deed or document of conveyance was recorded or filed.
Hudson Todd, LLC	4 Cross St Beacon Ny	646 284 3118	parcel 799966 12/20/2016	Dutchess Co.
			parcel 79897 9/18/2014	Dutchess Co
			parcel 793967 9/18/2014	

SECTION D. Is any owner, of record or otherwise, an officer, director, stockholder, agent or employee of any person listed in Section B-C?

☐

YES

☒

NO

Name	Employer	Position

SECTION G. List the names and addresses of each person, business entity, partnership and corporation in the chain of title of the subject premises for the five (5) years next preceding the date of the application.

Name	Address
Parcel 799966 previously owned by Area 172, Inc.	71 Maple St, Beacon

SECTION H. If the applicant is not a record owner of the subject property, describe the applicant's interest in the subject property and the relationship the applicant has to the record owner(s) of the subject property.

SECTION I. If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application. Any sensitive or confidential information may be redacted from the contract prior to production.

SECTION J.

1. Where the record owner or contract vendee is a corporation, the following additional information shall be submitted:

Name of the Corporation	Telephone Contact Information
Principal Business Address	Place and Date of Incorporation
Method of Incorporation	Official place where the documents and papers of incorporation were filed

I, Joseph Donovan being first duly sworn, according to law, deposes and says that I am (Title) member, an active and qualified member of the Hudson Talc, Inc business duly authorized by law to do business in the State of New York, and that the statements made herein are true, accurate, and complete.

(Print) Joseph Donovan

(Signature) _____

**CITY OF BEACON
SITE PLAN SPECIFICATION FORM**

Name of Application: Two Cross Street

PLEASE INDICATE WHETHER THE SITE PLAN DRAWINGS SHOW THE SUBJECT INFORMATION BY PLACING A CHECK MARK IN THE APPROPRIATE BOXES BELOW.

	YES	NO
The site plan shall be clearly marked "Site Plan", it shall be prepared by a legally certified individual of firm, such as a Registered Architect or Professional Engineer, and it shall contain the following information:	Y	
LEGAL DATA		
Name and address of the owner of record.	Y	
Name and address of the applicant (if other than the owner).	Y	
Name and address of person, firm or organization preparing the plan.	Y	
Date, north arrow, and written and graphic scale.	Y	
NATURAL FEATURES		
Existing contours with intervals of two (2) feet, referred to a datum satisfactory to the Planning Board.	Pending	
Approximate boundaries of any areas subject to flooding or stormwater overflows.	Y	
Location of existing watercourses, wetlands, wooded areas, rock outcrops, isolated trees with a diameter of eight (8) inches or more measured three (3) feet above the base of the trunk, and any other significant existing natural features.	Y	
EXISTING STRUCTURES, UTILITIES, ETC.		
Outlines of all structures and the location of all uses not requiring structures.		
Paved areas, sidewalks, and vehicular access between the site and public streets.	Y	
Locations, dimensions, grades, and flow direction of any existing sewers, culverts, water lines, as well as other underground and above ground utilities within and adjacent to the property.	Pending	
Other existing development, including fences, retaining walls, landscaping, and screening.	Y	
Sufficient description or information to define precisely the boundaries of the property.	Y	
The owners of all adjoining lands as shown on the latest tax records.	Y	
The locations, names, and existing widths of adjacent streets and curb lines.	Y	
Location, width, and purpose of all existing and proposed easements, setbacks, reservations, and areas dedicated to private or public use within or adjacent to the properties.	Pending	

PROPOSED DEVELOPMENT	YES	NO
The location, use and design of proposed buildings or structural improvements.	Y	
The location and design of all uses not requiring structures, such as outdoor storage (if permitted), and off-street parking and unloading areas.	Y	
Any proposed division of buildings into units of separate occupancy.	Y	
The location, direction, power, and time of use for any proposed outdoor lighting.	Pending	
The location and plans for any outdoor signs.	Pending	
The location, arrangement, size(s) and materials of proposed means of ingress and egress, including sidewalks, driveways, or other paved areas.	Y	
Proposed screening and other landscaping including a planting plan and schedule prepared by a qualified individual or firm.	Pending	
The location, sizes and connection of all proposed water lines, valves, and hydrants and all storm drainage and sewer lines, culverts, drains, etc.	Y	
Proposed easements, deed restrictions, or covenants and a notation of any areas to be dedicated to the City.	Pending	
Any contemplated public improvements on or adjoining the property.	Y	
Any proposed new grades, indicating clearly how such grades will meet existing grades of adjacent properties or the street.	Y	
Elevations of all proposed principal or accessory structures.	Y	
Any proposed fences or retaining walls.	Y	
MISCELLANEOUS		
A location map showing the applicant's entire property and adjacent properties and streets, at a convenient scale.	Y	
Erosion and sedimentation control measures.	Pending	
A schedule indicating how the proposal complies with all pertinent zoning standards, including parking and loading requirements.	Y	
An indication of proposed hours of operation.	Y	
If the site plan only indicates a first stage, a supplementary plan shall indicate ultimate development.	NA	

[illegible]Date: 8/23/2019

FOR OFFICE USE ONLY

Application #

CITY OF BEACON
1 Municipal Plaza, Beacon, NY
Telephone (845) 838-5000 • <http://cityofbeacon.org/>

INDIVIDUAL DISCLOSURE FORM

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any person(s))

Disclosure of the names and addresses of all persons filing a land use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

SECTION AName of Applicant: Hudson Todd, LLCAddress of Applicant: 4 Cross Street, Beacon, NY 12508Telephone Contact Information: 646-284-3118**SECTION B. List all owners of record of the subject property or any part thereof.**

Name	Residence or Business Address	Telephone Number	Date and Manner title was acquired	Date and place where the deed or document of conveyance was recorded or filed.
Hudson Todd, LLC	4 Cross Street	646-284-3118	September 18, 2014	Albany, NY

SECTION B. Is any owner of record an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon?

☐

YES

☒

NO

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship

SECTION C. If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

SECTION D. Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

☐ YES

☒ NO

I, Joseph Donovan being first duly sworn, according to law, deposes and says that the statements made herein are true, accurate, and complete.

(Print) Joseph H. Donovan

(Signature) JH Donovan

Full Environmental Assessment Form
Part 1 - Project and Setting

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project: Two Cross Street		
Project Location (describe, and attach a general location map): Intersection of Cross and Main Streets, Beacon, NY		
Brief Description of Proposed Action (include purpose or need): Renovation of 2 existing buildings at parcels 798971 & 799966 and new construction joining the existing buildings on parcel 793967 with a mix of retail, office, and residential spaces. Offsite parking will also be provided on parcels 774997, 784996, 774986 and 777974. Two Cross Street will adaptively use two existing buildings at 172 Main Street and 4 Cross Street and integrate them with sensitively designed new construction on the now-vacant lot at the corner of Main and Cross Street to create a single mixed-use structure with retail uses on the first floor, residential (affordable senior) uses on the second floor, and office uses on the third and fourth floors. Fourth floor to be provided only on parcels within CMS District. Project includes a public plaza at the corner of Main and Cross Streets featuring landscaping and decorative hardscape. Parking to be provided on site and off-site in locations designated on project plans		
Name of Applicant/Sponsor: Hudson Todd, LLC	Telephone: 646-284-3118 E-Mail: jDonovan@HudsonTodd.com	
Address: 4 Cross Street		
City/PO: Beacon	State: NY	Zip Code: 12508
Project Contact (if not same as sponsor; give name and title/role): Joseph H. Donovan	Telephone: same E-Mail: same	
Address: 889 Hoagerburgh Road		
City/PO: Walkkill	State: NY	Zip Code: 12589
Property Owner (if not same as sponsor): same	Telephone: E-Mail:	
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Counsel, Town Board, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees	City Council for Special Use Permits	29 October 2019
b. City, Town or Village <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Planning Board or Commission	Planning Board: Site Plan App'l (incl pkg), C.of A, Arch'l Review, Subdivison (lot merger)	25 November 2019
c. City, Town or <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Village Zoning Board of Appeals	Zoning Board of Appeals: misc. variances	29 October 2019
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29 October 2019
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dutchess County Planning: IDA (PILOT program)	25 November 2019
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i. Coastal Resources.		
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Planning and Zoning

C.1. Planning and zoning actions.

Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? ☐ Yes ☒ No

- If Yes, complete sections C, F and G.
- If No, proceed to question C.2 and complete all remaining sections and questions in Part I

C.2. Adopted land use plans.

a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? ☒ Yes ☐ No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? ☐ Yes ☒ No

b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) ☒ Yes ☐ No

If Yes, identify the plan(s):

Lower Main Street Historic District, Historic District and Landmark Overlay Zone & PB: Parking Overlay District

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? ☐ Yes ☒ No

If Yes, identify the plan(s):

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☒ Yes ☐ No

If Yes, what is the zoning classification(s) including any applicable overlay district?

CMS, Lower Main Street Historic District, Historic District and Landmark Overlay Zone & PB: Parking Overlay District

b. Is the use permitted or allowed by a special or conditional use permit? ☒ Yes ☐ No

c. Is a zoning change requested as part of the proposed action? ☐ Yes ☒ No

If Yes,

i. What is the proposed new zoning for the site? _____

C.4. Existing community services.

a. In what school district is the project site located? Beacon School District

b. What police or other public protection forces serve the project site?

Beacon City Police

c. Which fire protection and emergency medical services serve the project site?

Beacon Fire Department and Beacon Volunteer Ambulance Corps

d. What parks serve the project site?

Waterfront parks, Memorial Park, South Ave. Park

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? 75% commercial (retail + office), 25% residential (affordable senior housing under NYState ESSHI program)

b. a. Total acreage of the site of the proposed action? 1.22 acres

b. Total acreage to be physically disturbed? .70 acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 1.22 acres

c. Is the proposed action an expansion of an existing project or use? ☒ Yes ☐ No

i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % from 4250GSF to 6912GSF Units: from 4 to 9 res'l units

d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☒ No

If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)

ii. Is a cluster/conservation layout proposed? ☐ Yes ☒ No

iii. Number of lots proposed? _____

iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____

e. Will the proposed action be constructed in multiple phases? ☐ Yes ☒ No

i. If No, anticipated period of construction: _____ months

ii. If Yes:

• Total number of phases anticipated _____

• Anticipated commencement date of phase I (including demolition) _____ month _____ year

• Anticipated completion date of final phase _____ month _____ year

• Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

f. Does the project include new residential uses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, show numbers of units proposed.				
	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase				9
At completion				
of all phases				9

g. Does the proposed action include new non-residential construction (including expansions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes,	
i. Total number of structures <u>1</u>	
ii. Dimensions (in feet) of largest proposed structure: <u>42</u> height; <u>75</u> width; and <u>110</u> length	
iii. Approximate extent of building space to be heated or cooled: <u>26,000</u> square feet	

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes,	
i. Purpose of the impoundment: _____	
ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify: _____	
iii. If other than water, identify the type of impounded/contained liquids and their source. _____	
iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres	
v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length	
vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____	

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)	
If Yes:	
i. What is the purpose of the excavation or dredging? <u>excavation for foundation and cellar</u>	
ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?	
• Volume (specify tons or cubic yards): <u>+/- 2000 CY</u>	
• Over what duration of time? <u>2 months</u>	
iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. _____	
iv. Will there be onsite dewatering or processing of excavated materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, describe. _____	
v. What is the total area to be dredged or excavated? <u>0.14</u> acres	
vi. What is the maximum area to be worked at any one time? <u>0.28</u> acres	
vii. What would be the maximum depth of excavation or dredging? <u>11</u> feet	
viii. Will the excavation require blasting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ix. Summarize site reclamation goals and plan: <u>restoration of site outside the building line for landscape planting, hardscape terraces and parking.</u>	

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____	

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will the proposed action cause or result in disturbance to bottom sediments?

☐ Yes ☐ No

If Yes, describe:

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?

☐ Yes ☐ No

If Yes:

- acres of aquatic vegetation proposed to be removed: _____
- expected acreage of aquatic vegetation remaining after project completion: _____
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): _____
- proposed method of plant removal: _____
- if chemical/herbicide treatment will be used, specify product(s): _____

v. Describe any proposed reclamation/mitigation following disturbance: _____

c. Will the proposed action use, or create a new demand for water?

☒ Yes ☐ No

If Yes:

i. Total anticipated water usage/demand per day: _____ 3,000 gallons/day

ii. Will the proposed action obtain water from an existing public water supply?

☒ Yes ☐ No

If Yes:

- Name of district or service area: City of Beacon
- Does the existing public water supply have capacity to serve the proposal? ☒ Yes ☐ No
- Is the project site in the existing district? ☒ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☒ No
- Do existing lines serve the project site? ☒ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project?

☐ Yes ☒ No

If Yes:

- Describe extensions or capacity expansions proposed to serve this project: _____
- Source(s) of supply for the district: _____

iv. Is a new water supply district or service area proposed to be formed to serve the project site?

☐ Yes ☒ No

If, Yes:

- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- Proposed source(s) of supply for new district: _____

v. If a public water supply will not be used, describe plans to provide water supply for the project: _____

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: _____ gallons/minute.

d. Will the proposed action generate liquid wastes?

☒ Yes ☐ No

If Yes:

i. Total anticipated liquid waste generation per day: _____ 3,000 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each):
sanitary wastewater

iii. Will the proposed action use any existing public wastewater treatment facilities?

☒ Yes ☐ No

If Yes:

- Name of wastewater treatment plant to be used: City of Beacon
- Name of district: City of Beacon
- Does the existing wastewater treatment plant have capacity to serve the project? ☒ Yes ☐ No
- Is the project site in the existing district? ☒ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☒ No

<ul style="list-style-type: none"> • Do existing sewer lines serve the project site? _____ • Will a line extension within an existing district be necessary to serve the project? _____ <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? _____</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____ 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge or describe subsurface disposal plans): _____</p>		
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____</p> <p>water saving fixture, including waterless urinals _____</p>		
<p>e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? _____</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p style="margin-left: 40px;">_____ Square feet or _____ acres (impervious surface)</p> <p style="margin-left: 40px;">_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources. _____</p> <p>iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)? _____</p> <p style="margin-left: 40px;">• If to surface waters, identify receiving water bodies or wetlands: _____</p> <p style="margin-left: 40px;">• Will stormwater runoff flow to adjacent properties? _____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? _____</p>		
<p>f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? _____</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____</p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? _____</p> <p>If Yes:</p> <p>i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) _____</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ Tons/year (short tons) of Carbon Dioxide (CO₂) • _____ Tons/year (short tons) of Nitrous Oxide (N₂O) • _____ Tons/year (short tons) of Perfluorocarbons (PFCs) • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆) • _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs) • _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs) 		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? ☐ Yes ☒ No

If Yes:

i. Estimate methane generation in tons/year (metric): _____

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? ☐ Yes ☒ No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? ☐ Yes ☒ No

If Yes:

i. When is the peak traffic expected (Check all that apply): ☐ Morning ☐ Evening ☐ Weekend
☐ Randomly between hours of _____ to _____.

ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____

iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____

iv. Does the proposed action include any shared use parking? ☐ Yes ☐ No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____

vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? ☐ Yes ☐ No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? ☐ Yes ☐ No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? ☐ Yes ☐ No

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? ☒ Yes ☐ No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: _____
very approximate 500,000 kwh

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other):
local utility

iii. Will the proposed action require a new, or an upgrade, to an existing substation? ☐ Yes ☒ No

l. Hours of operation. Answer all items which apply.

i. During Construction:

- Monday - Friday: _____ 7:00am - 5:00 pm
- Saturday: _____ 7:00am - 4:00 pm
- Sunday: _____ NA
- Holidays: _____ NA

ii. During Operations:

- Monday - Friday: _____ 7:00am - 11:00 pm (commercial)
- Saturday: _____ +/- 9:00am - 11:30 pm (comm'l)
- Sunday: _____ TBD
- Holidays: _____ TBD

<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p>	
<p>ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p>	
<p>n. Will the proposed action have outdoor lighting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures:</p> <p>_____</p>	
<p>p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally, describe the proposed storage facilities: _____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe proposed treatment(s):</p> <p>_____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> • Construction: _____ 9 tons per _____ month (unit of time) • Operation : _____ 2 tons per _____ month (unit of time) <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> • Construction: <u>recycling, construction material purchase and use closely monitored to reduce unnecessary surplus</u> • Operation: <u>recycling, composting</u> <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • Construction: <u>on-site solid waste management , planned bulk material purchase to reduces solid waste and garbage</u> • Operation: <u>solid waste management contract, local composting contract</u> 	

s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☒ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____

ii. Anticipated rate of disposal/processing:

- _____ Tons/month, if transfer or other non-combustion/thermal treatment, or
- _____ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: _____ years

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☐ Yes ☒ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____

ii. Generally describe processes or activities involving hazardous wastes or constituents: _____

iii. Specify amount to be handled or generated _____ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☐ Yes ☐ No

If Yes: provide name and location of facility: _____

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: _____

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

☒ Urban ☐ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Rural (non-farm)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____

ii. If mix of uses, generally describe: _____

b. Land uses and covertypes on the project site.

Land use or Coverture	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	0.72	0.93	+0.21
• Forested	0	0	0
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0.5	0.29	-0.21
• Agricultural (includes active orchards, field, greenhouse etc.)	0	0	0
• Surface water features (lakes, ponds, streams, rivers, etc.)	0	0	0
• Wetlands (freshwater or tidal)	0	0	0
• Non-vegetated (bare rock, earth or fill)	0	0	0
• Other Describe: _____			

Page 10 of 13

v. Is the project site subject to an institutional control limiting property uses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
<ul style="list-style-type: none"> • If yes, DEC site ID number: _____ • Describe the type of institutional control (e.g., deed restriction or easement): _____ • Describe any use limitations: _____ • Describe any engineering controls: _____ • Will the project affect the institutional or engineering controls in place? <input type="checkbox"/> Yes <input type="checkbox"/> No • Explain: _____ 													
E.2. Natural Resources On or Near Project Site													
a. What is the average depth to bedrock on the project site? _____ 12 feet													
b. Are there bedrock outcroppings on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %													
c. Predominant soil type(s) present on project site: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Ur Urban Land</td> <td style="width: 40%; text-align: right;">77 %</td> </tr> <tr> <td>DxB Dutc.-Cardigan-Urban land</td> <td style="text-align: right;">23 %</td> </tr> <tr> <td></td> <td style="text-align: right;">%</td> </tr> </table>		Ur Urban Land	77 %	DxB Dutc.-Cardigan-Urban land	23 %		%						
Ur Urban Land	77 %												
DxB Dutc.-Cardigan-Urban land	23 %												
	%												
d. What is the average depth to the water table on the project site? Average: <u>>6.67 feet</u> feet													
e. Drainage status of project site soils: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Well Drained:</td> <td style="width: 70%; text-align: right;">100 % of site</td> </tr> <tr> <td><input type="checkbox"/> Moderately Well Drained:</td> <td style="text-align: right;">% of site</td> </tr> <tr> <td><input type="checkbox"/> Poorly Drained</td> <td style="text-align: right;">% of site</td> </tr> </table>		<input type="checkbox"/> Well Drained:	100 % of site	<input type="checkbox"/> Moderately Well Drained:	% of site	<input type="checkbox"/> Poorly Drained	% of site						
<input type="checkbox"/> Well Drained:	100 % of site												
<input type="checkbox"/> Moderately Well Drained:	% of site												
<input type="checkbox"/> Poorly Drained	% of site												
f. Approximate proportion of proposed action site with slopes: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> 0-10%:</td> <td style="width: 70%; text-align: right;">100 % of site</td> </tr> <tr> <td><input type="checkbox"/> 10-15%:</td> <td style="text-align: right;">% of site</td> </tr> <tr> <td><input type="checkbox"/> 15% or greater:</td> <td style="text-align: right;">% of site</td> </tr> </table>		<input type="checkbox"/> 0-10%:	100 % of site	<input type="checkbox"/> 10-15%:	% of site	<input type="checkbox"/> 15% or greater:	% of site						
<input type="checkbox"/> 0-10%:	100 % of site												
<input type="checkbox"/> 10-15%:	% of site												
<input type="checkbox"/> 15% or greater:	% of site												
g. Are there any unique geologic features on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe: _____													
h. Surface water features.													
i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
ii. Do any wetlands or other waterbodies adjoin the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
If Yes to either <i>i</i> or <i>ii</i> , continue. If No, skip to E.2.i.													
iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
iv. For each identified regulated wetland and waterbody on the project site, provide the following information: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">• Streams:</td> <td style="width: 40%;">Name _____</td> <td style="width: 50%;">Classification _____</td> </tr> <tr> <td>• Lakes or Ponds:</td> <td>Name _____</td> <td>Classification _____</td> </tr> <tr> <td>• Wetlands:</td> <td>Name _____</td> <td>Approximate Size _____</td> </tr> <tr> <td>• Wetland No. (if regulated by DEC)</td> <td colspan="2">_____</td> </tr> </table>		• Streams:	Name _____	Classification _____	• Lakes or Ponds:	Name _____	Classification _____	• Wetlands:	Name _____	Approximate Size _____	• Wetland No. (if regulated by DEC)	_____	
• Streams:	Name _____	Classification _____											
• Lakes or Ponds:	Name _____	Classification _____											
• Wetlands:	Name _____	Approximate Size _____											
• Wetland No. (if regulated by DEC)	_____												
v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of impaired water body/bodies and basis for listing as impaired: _____													
i. Is the project site in a designated Floodway? <input type="checkbox"/> Yes <input type="checkbox"/> No													
j. Is the project site in the 100-year Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No													
k. Is the project site in the 500-year Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No													
l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:													
i. Name of aquifer: _____													

<p>m. Identify the predominant wildlife species that occupy or use the project site: _____ typical northeast urban species _____ _____</p>	
<p>n. Does the project site contain a designated significant natural community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p style="margin-left: 20px;">ii. Source(s) of description or evaluation: _____</p> <p style="margin-left: 20px;">iii. Extent of community/habitat: _____</p> <ul style="list-style-type: none"> • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres 	
<p>o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing (endangered or threatened): _____</p> <p>from DEC EAF mapper : Indiana Bat in species listing.</p>	
<p>p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing: _____</p>	
<p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p>	
<p>E.3. Designated Public Resources On or Near Project Site</p>	
<p>a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, provide county plus district name/number: _____</p>	
<p>b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="margin-left: 20px;">i. If Yes: acreage(s) on project site? _____</p> <p style="margin-left: 20px;">ii. Source(s) of soil rating(s): _____</p>	
<p>c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p style="margin-left: 20px;">ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____</p>	
<p>d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. CEA name: _____</p> <p style="margin-left: 20px;">ii. Basis for designation: _____</p> <p style="margin-left: 20px;">iii. Designating agency and date: _____</p>	

e. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input checked="" type="checkbox"/> Historic Building or District ii. Name: <u>Lower Main Street Historic District, Trinity Methodist Church</u> iii. Brief description of attributes on which listing is based: _____ 	
f. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
g. Have additional archaeological or historic site(s) or resources been identified on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Describe possible resource(s): _____ ii. Basis for identification: _____ 	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Identify resource: _____ ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____ iii. Distance between project and resource: _____ miles. 	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Identify the name of the river and its designation: _____ ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Joseph H. Donovan for Hudson Todd, LLC Date 29 October 2019

Signature _____ Title _____

City of Beacon Planning Board
12/17/2019

Title:

Miscellaneous Business

Subject:

Planning Board Designation of Lead Agency – 1182 North Avenue

Background:

ATTACHMENTS:

Description

1182 North Avenue Lead Agency Package

Type

Backup Material



CITY OF BEACON New York

John Gunn
Planning Board Chairman

Planning Board

845-838-5002

November 25, 2019

Dutchess County Department of Health
Beacon City Council
Beacon Zoning Board of Appeals

Subject: **1182 North Avenue, Beacon, New York**
Tax Grid No. 30-5955-19-738049-00
Designation of Lead Agency in Accordance with SEQRA

Dear Sir/Madam:

The City of Beacon Planning Board is hereby notifying you that it has received applications for Subdivision (lot line realignment) Approval, Special Use Permits and Site Plan Approvals for property located at 1182 North Avenue. Two existing lots will be reconfigured and a new single-family house will be constructed, including an attached accessory apartment and an attached for-rent artist studio. The Beacon City Council is the approval authority for the Special Use Permits (for-rent artist studio and accessory apartment), and the Beacon Planning Board is the approval authority for Subdivision Approval and Site Plan Approvals. The proposed action also includes a request for area variances from the Beacon Zoning Board of Appeals. The property is located in the R1-7.5 Zoning District and the Historic District and Landmark Overlay (HDLO) zone.

The City of Beacon Planning Board hereby declares its intent to serve as the Lead Agency for the environmental review of the proposed Unlisted action. Further, the City of Beacon Planning Board is hereby notifying you that, in accordance with the provisions of the State Environmental Quality Review Act (SEQRA), the Planning Board will automatically become the Lead Agency unless you submit a written objection to the Board within 30 calendar days of the mailing of this notification. Enclosed for your use, if you choose, is a form for responding to the Planning Board.

In accordance with the requirements of SEQRA, enclosed for your review are Part 1 of the Long Environmental Assessment Form (EAF) which has been prepared by the project sponsor for the proposed action, and a copy of the application.

Very truly yours,

John Gunn, Chairman

Enclosures: 3

cc: David Buckley Arthur R. Tully, PE
 Jennifer L. Gray, Esq. John Clarke, City Planner

RESPONSE FORM TO CITY OF BEACON PLANNING BOARD

To: City of Beacon Planning Board

From: _____ [please insert your agency name]

Date: _____ [please insert date]

Subject: 1182 North Avenue, Beacon, New York
Tax Grid No. 30-5955-19-738049-00
Designation of Lead Agency in Accordance with SEQRA

With respect to the declaration that the City of Beacon Planning Board intends to serve as the Lead Agency for Subdivision (lot line realignment) Approval, Special Use Permits and Site Plan Approvals for property located at 1182 North Avenue in connection with a lot line realignment, new single-family house, including an attached accessory apartment and an attached for-rent artist studio, the above identified agency:

[please check one box below]

- ☐ Has no objection to the Planning Board serving as Lead Agency.
- ☐ Takes no position with respect to the Planning Board serving as Lead Agency.
- ☐ Objects to the Planning Board serving as Lead Agency.

Printed Name


Signature

Title

APPLICATION FOR SPECIAL USE PERMIT

Submit to Planning Board Secretary, One Municipal Plaza, Suite One, Beacon, New York 12508

IDENTIFICATION OF APPLICANT

Name: Andrew G. MacDonald
Address: 97 Roosevelt Drive
Poughquag, NY 12570
Signature: 
Date: 10/28/2019
Phone: 914-645-4351

(For Official Use Only)

Application & Fee Rec'd

Initial Review

PB Public Hearing

Sent to City Council

City Council Workshop

City Council Public Hearing

City Council Approve/Disapprove

Date Initials

10-29-19 AG

11-13-19

IDENTIFICATION OF REPRESENTATIVE / DESIGN PROFESSIONAL

Name: Daniel G. Koehler, P.E.
Address: 174 Main Street, Beacon, NY 12508

Phone: 845-440-6926

Fax: 845-440-6631

Email address: dkoehler@hudsonlanddesign.com

IDENTIFICATION OF SUBJECT PROPERTY:

Property Address: 1182 North Avenue, Beacon, NY 12508

Tax Map Designation: Section 5955

Block 19

Lot(s) 747060

Land Area: 0.676 acres total (after Lot Line alteration)

Zoning District(s) R1-7.5

DESCRIPTION OF PROPOSED DEVELOPMENT:

Proposed Use: Proposed 726 sqft of artist studio space and 646 Accessory apartment within proposed single-family residence

Gross Non-Residential Floor Space: Existing 0 Proposed 726 sqft

TOTAL: 726 sqft non-residential; 646 sqft residential accessory apartment

Dwelling Units (by type): Existing 0 Proposed 2

TOTAL: 2

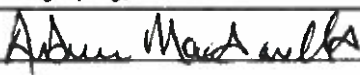
ITEMS TO ACCOMPANY THIS APPLICATION

- Five (5) **folded** copies and One (1) digital copy of a site location sketch showing the location of the subject property and the proposed development with respect to neighboring properties and developments.
- Five (5) **folded** copies and One (1) digital copy of the proposed site development plan, consisting of sheets, showing the required information as set forth on the back of this form and other such information as deemed necessary by the City Council or the Planning Board to determine and provide for the property enforcement of the Zoning Ordinance.
- Five (5) **folded** copies and One (1) digital copy of additional sketches, renderings or other information.
- An application fee, payable to the City of Beacon, computed per the attached fee schedule.
- An initial escrow amount, payable to the City of Beacon, as set forth in the attached fee schedule.

APPLICATION FOR SITE PLAN APPROVAL

Submit to Planning Board Secretary, One Municipal Plaza, Suite One, Beacon, New York 12508

IDENTIFICATION OF APPLICANT

Name: Andrew G. MacDonald
Address: 97 Roosevelt Drive
Poughquag, NY 12570
Signature: 
Date: 10/29/19
Phone: 914-645-4351

(For Official Use Only)

Application & Fee Rec'd

Initial Review

Public Hearing

Conditional Approval

Final Approval

Date Initials

10-29-19 EB

11-13-19

IDENTIFICATION OF REPRESENTATIVE / DESIGN PROFESSIONAL

Name: Daniel G. Koehler, P.E.
Address: 174 Main Street
Beacon, NY 12508

Phone: 845-440-6926

Fax: 845-440-6637

Email address: dkoehler@hudsonlanddesign.com

IDENTIFICATION OF SUBJECT PROPERTY:

Property Address: 1182 North Avenue, Beacon, NY 12508
Tax Map Designation: Section 5955 Block 19 Lot(s) 747060
Land Area: 0.68 acres total (After lot line alteration) Zoning District(s) R1-7.5

DESCRIPTION OF PROPOSED DEVELOPMENT:

Proposed Use: Lot Line realignment of Existing Lots into 2 new lots with a single-family residence, accessory apartment and artist studio on new lot.
Gross Non-Residential Floor Space: Existing 0 sqft Proposed 728 sqft
TOTAL: 728 sqft
Dwelling Units (by type): Existing 1 Proposed 2
TOTAL: 3

ITEMS TO ACCOMPANY THIS APPLICATION

- One electronic and five (5) **folded** paper copies of a site location sketch showing the location of the subject property and the proposed development with respect to neighboring properties and developments.
- One electronic and five (5) **folded** paper copies of the proposed site development plan, consisting of sheets, showing the required information as set forth on the back of this form and other such information as deemed necessary by the City Council or the Planning Board to determine and provide for the property enforcement of the Zoning Ordinance.
- One electronic and five (5) **folded** paper copies of additional sketches, renderings or other information.
- An application fee, payable to the City of Beacon, computed per the attached fee schedule.
- An initial escrow amount, payable to the City of Beacon, as set forth in the attached fee schedule.

FOR OFFICE USE ONLY

Application #

CITY OF BEACON
1 Municipal Plaza, Beacon, NY
Telephone (845) 838-5000 • <http://cityofbeacon.org/>

INDIVIDUAL DISCLOSURE FORM

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any person(s))

Disclosure of the names and addresses of all persons) filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

SECTION AName of Applicant: Andrew G. MacDonaldAddress of Applicant: 97 Roosevelt Drive, Poughquag, NY 12570Telephone Contact Information: 914-645-4351**SECTION B. List all owners of record of the subject property or any part thereof.**

Name	Residence or Business Address	Telephone Number	Date and Manner title was acquired	Date and place where the deed or document of conveyance was recorded or filed.
Andrew MacDonald		845-592-8176		
	97 Roosevelt Dr			
	Poughquag NY		Dec 2013	Dutchess
				County NY
				Jan 2014

SECTION B. Is any owner of record an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon?

☐

YES

☒

NO

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship

SECTION C. If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

SECTION D. Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.

☐ YES

☒ NO

I, Andrew Mardas being first duly sworn, according to law, deposes and says that the statements made herein are true, accurate, and complete.

(Print) Andrew Mardas

(Signature) Andrew Mardas

APPLICATION PROCESSING RESTRICTION LAW

Affidavit of Property Owner

Property Owner: Andrew G. MacDonald

If owned by a corporation, partnership or organization, please list names of persons holding over 5% interest.

List all properties in the City of Beacon that you hold a 5% interest in:

Applicant Address: 97 Roosevelt Drive, Poughquag, NY 12570

Project Address: 1182 North Avenue, Beacon, NY 12508

Project Tax Grid # 5955-19-738049 & 747060

Type of Application Lot Line Realignment, Site Plan and Special Use Permits

Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent (5%) interest in a corporation or partnership or other business.

I, Andrew MacDonald, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.

1. No violations are pending for ANY parcel owned by me situated within the City of Beacon AM
2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon
3. ALL tax payments due to the City of Beacon are current AM
4. Tax delinquencies exist on a parcel or parcels owned by me within the City of Beacon
5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon
6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current AM

Andrew MacDonald

Signature of Owner

Title if owner is corporation

Office Use Only:	NO	YES	Initial
Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)	✓		AM
ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)	—	X	AM
ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)	—	X	AM

**CITY OF BEACON
SITE PLAN SPECIFICATION FORM**

Name of Application: 1182 NORTH AVENUE SITE PLAN

PLEASE INDICATE WHETHER THE SITE PLAN DRAWINGS SHOW THE SUBJECT INFORMATION BY PLACING A CHECK MARK IN THE APPROPRIATE BOXES BELOW.

	YES	NO
The site plan shall be clearly marked "Site Plan", it shall be prepared by a legally certified individual of firm, such as a Registered Architect or Professional Engineer, and it shall contain the following information:		
LEGAL DATA		
Name and address of the owner of record.		
Name and address of the applicant (if other than the owner).		
Name and address of person, firm or organization preparing the plan.		
Date, north arrow, and written and graphic scale.		
NATURAL FEATURES		
Existing contours with intervals of two (2) feet, referred to a datum satisfactory to the Planning Board.		
Approximate boundaries of any areas subject to flooding or stormwater overflows.		
Location of existing watercourses, wetlands, wooded areas, rock outcrops, isolated trees with a diameter of eight (8) inches or more measured three (3) feet above the base of the trunk, and any other significant existing natural features.		
EXISTING STRUCTURES, UTILITIES, ETC.		
Outlines of all structures and the location of all uses not requiring structures.		
Paved areas, sidewalks, and vehicular access between the site and public streets.		
Locations, dimensions, grades, and flow direction of any existing sewers, culverts, water lines, as well as other underground and above ground utilities within and adjacent to the property.		
Other existing development, including fences, retaining walls, landscaping, and screening.		
Sufficient description or information to define precisely the boundaries of the property.		
The owners of all adjoining lands as shown on the latest tax records.		
The locations, names, and existing widths of adjacent streets and curb lines.		
Location, width, and purpose of all existing and proposed easements, setbacks, reservations, and areas dedicated to private or public use within or adjacent to the properties.		

PROPOSED DEVELOPMENT	YES	NO
The location, use and design of proposed buildings or structural improvements.		
The location and design of all uses not requiring structures, such as outdoor storage (if permitted), and off-street parking and unloading areas.		
Any proposed division of buildings into units of separate occupancy.		
The location, direction, power, and time of use for any proposed outdoor lighting.		
The location and plans for any outdoor signs.		
The location, arrangement, size(s) and materials of proposed means of ingress and egress, including sidewalks, driveways, or other paved areas.		
Proposed screening and other landscaping including a planting plan and schedule prepared by a qualified individual or firm.		
The location, sizes and connection of all proposed water lines, valves, and hydrants and all storm drainage and sewer lines, culverts, drains, etc.		
Proposed easements, deed restrictions, or covenants and a notation of any areas to be dedicated to the City.		
Any contemplated public improvements on or adjoining the property.		
Any proposed new grades, indicating clearly how such grades will meet existing grades of adjacent properties or the street.		
Elevations of all proposed principal or accessory structures.		
Any proposed fences or retaining walls.		
MISCELLANEOUS		
A location map showing the applicant's entire property and adjacent properties and streets, at a convenient scale.		
Erosion and sedimentation control measures.		
A schedule indicating how the proposal complies with all pertinent zoning standards, including parking and loading requirements.		
An indication of proposed hours of operation.		
If the site plan only indicates a first stage, a supplementary plan shall indicate ultimate development.		

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date: _____

APPLICATION FOR SUBDIVISION APPROVAL

Submit to Planning Board Secretary, One Municipal Plaza, Suite One, Beacon, New York 12508

IDENTIFICATION OF APPLICANT

Name: ANDREW G. MACDONALD
Address: 97 Roosevelt Drive
Poughquag, NY 12570
Signature: Andrew MacDonald
Date: 10/29/2019
Phone: 917-645-4351

(For Official Use Only)

Preliminary Application Rec'd

Application Fee:

Public Hearing

Preliminary Plat Approved:

Final Plat Approved:

Recreation Fee:

Performance Bond:

Date Initials

10-29-19 EB

IDENTIFICATION OF REPRESENTATIVE / DESIGN PROFESSIONAL

Name: Daniel G. Koehler, P.E.
Address: 174 Main Street, Beacon, NY 12508

Phone: 845-440-6926

Fax: 845-440-6637

Email address: dkoehler@hudsonlanddesign.com

IDENTIFICATION OF SUBJECT PROPERTY:

Subdivision name or identifying title:

MacDonald Subdivision

Street which property abuts: NYS Route 9D (North Avenue) and Ralph Street

Current Tax Map Designation: Section 5955 Block 19 Lot(s) 738049 & 747060

Property (does) (~~does not~~) connect directly into a (State) (~~County~~) highway. NYS Route 9D

Land in subdivision (~~is~~) (is not) within 500 feet of a Municipal boundary.

Total area of property is 0.68 acres

ITEMS TO ACCOMPANY THIS APPLICATION

- One electronic and five (5) **folded** copies of a subdivision plat showing the location of the subject property and the proposed development with respect to neighboring properties and developments.
- An application fee, payable to the City of Beacon, computed per the attached fee schedule.
- An initial escrow amount, payable to the City of Beacon, as set forth in the attached fee schedule.

**CITY OF BEACON
FINAL SUBDIVISION PLAT
AND CONSTRUCTION PLANS SPECIFICATION FORM**

Name of Application: 1182 NORTH AVENUE SITE PLAN

FINAL SUBDIVISION PLAT	YES	NO
The final subdivision plat shall be drawn clearly and legibly on transparent tracing cloth with black waterproof ink, at a scale no smaller than one inch equals 100 feet but preferably at a scale of one inch equals 50 feet. The sheet size shall not exceed 36 inches by 48 inches. If the size of proposed subdivision required a drawing larger than this, two or more sheets may be submitted, with match lines clearly indicated, and an index map shall be prepared on the same size sheet.		
The final plat shall contain the following information:		
Proposed subdivision name or identifying title, name, and address of owner of record and of subdivider (if other than owner), certification and seal of the registered engineer or licensed land surveyor who prepared the plat, names of the owners of record of adjoining properties and of properties directly across the street or private road, graphic scale, approximate true North point, and date.		
The location and dimensions of all boundary lines of the proposed subdivision, and all existing and proposed streets, private roads, lot lines, easements and rights-of-way, with sufficient data to readily determine the location, bearing and length of all such lines and to reproduce such lines upon the ground.		
The names of all existing and proposed streets and private roads.		
The locations of all water bodies and watercourses.		
The location of all existing buildings, including identification of all buildings to be removed as a condition of plat approval.		
The total acreage included in the entire subdivision, and the identification number and acreage of all lots and land reservations within the proposed subdivision.		
Location of all existing and proposed monuments.		
A site location map, at a scale of one inch equals 400 feet, showing the location of the subject property with respect to neighboring properties, streets and private roads.		
Notations explaining any drainage, sight slope, street widening, park area or other reservations or easements, including any self-imposed restrictions or covenants.		
Endorsement of approval by the Dutchess County Health Department.		
Plan for the provisional delivery of mail, as approved by the local postmaster.		
Endorsement of the owner as follows: <div style="text-align: center;"> <p>“Approved for filing: _____”</p> <p>Owner _____ Date _____</p> </div>		

PRELIMINARY CONSTRUCTION PLANS	YES	NO
The preliminary construction plans shall be drawn at the same scale as the preliminary plat and shall include the following information:		
Location and sizes of any existing water, sewer storm drainage and other utility lines and structures within and nearby the proposed subdivision.		
The proposed system for the provision of water supply and fire protection facilities, sewage disposal, stormwater drainage, and other utility services.		
Proposed street or private road profiles and cross-sections showing the approximate grade of proposed streets or private roads, the relationship of existing to proposed grades, and the proposed grades, and the proposed vertical curvature along the center line of all new streets or private roads.		
Location of all existing and proposed monuments and other subdivision improvements.		
Such additional information as may be required by this chapter, the Zoning chapter, or the Planning Board.		

FINAL SUBDIVISION PLAT (continued)	YES	NO
<p>Form for endorsement by Planning Board Chairman as follows:</p> <p>“Approved by Resolution of the Planning Board of the City of Beacon, New York, on the _____ day of _____, 20_____, subject to All requirements and conditions of said Resolution. Any change, erasure, modification or revision of this plat, as approved, shall void this approval.</p> <p>Signed this _____ day of _____, 20_____, by _____, Chairman _____, Secretary</p> <p>In absence of the Chairman or Secretary, the Acting Chairman or Acting Secretary Respectively may sign in this place.</p>		
Such additional information as may be required by Chapter 195 – Subdivision of Land; Chapter 223 – Zoning; or the Planning Board.		
Stormwater pollution prevention plan. A stormwater pollution prevention plan consistent with the requirements of Chapter 190 and with the terms of preliminary plan approval shall be required for final subdivision plat approval. The SWPPP shall meet the performance and design criteria and standards in Chapter 190, Article II. The approved final subdivision plat shall be consistent with the provisions of Chapter 190.		

FINAL CONSTRUCTION PLANS	YES	NO
Final construction plans and profiles shall be prepared for all proposed streets, private roads and other required improvements. Plans shall be drawn at the same scale as the final plat and on the same size sheets, but not on the same sheets. The following information shall be shown:		
Plans and profiles showing the location and a typical cross-section of street and/or private road pavements including curbs and gutters, sidewalks, manholes and catch basins; the location of street or private road trees, lighting and signs; the location, size and invert elevations of existing and proposed sanitary sewers, stormwater drains and fire hydrants; the location and size of all water, gas or other underground utilities or structures; and the location and design of any other required improvements.		
Profiles showing existing and proposed elevations along the center line of all streets and private roads. Where a proposed street or private road intersects an existing street or private road, the elevation along the center line of the existing street or private road within 100 feet of intersection, shall be shown. All elevations must be referred to established U.S. Government of approved local benchmarks, where they exist within ½ mile of the boundary of the subdivision.		
The Planning Board may require, where steep slopes exist, cross-sections showing existing and proposed elevations of all new streets and private roads every 100 feet at five points on a line at right angles to the center line of the street or private road, said elevation points to be at the center line of the street or private road, each property line, and points 30 feet inside each property line.		
Location, size, elevation and other appropriate description of any existing facilities which will be connected to proposed facilities and utilities within the subdivision.		

FINAL CONSTRUCTION PLANS <i>(continued)</i>		
Where the design of the subdivision requires the regarding of land, the regarding of land, the regraded contours shall be shown along with estimates of the quantity of material to be added or removed and the proposed measures to be implemented by the subdivider to rehabilitate the disturbed area or areas.		
Title of all sheets, name, address, signature and seal of licensed engineer preparing the construction plans, the date prepared, including revisions dates if any, approximate true North point, scale, and consecutive numbering as sheet _____ of _____		
A notation of approval, on all sheets as follows <div style="margin-left: 40px;"> “Approved by: <div style="display: flex; justify-content: space-between; width: 80%;"> <div>Owner _____</div> <div>Date _____</div> </div> and <div style="display: flex; justify-content: space-between; width: 80%;"> <div>Planning Board Chairman _____</div> <div>Date” _____</div> </div> </div>		
Such additional information as may be required by Chapter 195 – Subdivision of Land; Chapter 223 – Zoning; or the Planning Board.		

For all items marked “NO” above, please explain below why the required information has not been provided:

Applicant/Sponsor Name: _____

Signature: _____

Date: _____

Full Environmental Assessment Form
Part 1 - Project and Setting

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project: MacDonald Lot Line Realignment, Site Plan and Special Use Permit		
Project Location (describe, and attach a general location map): 1182 North Avenue, Beacon, NY 12508		
Brief Description of Proposed Action (include purpose or need): Lot Line realignment between two parcels, where an existing single-family residence will remain, and a single-family residence with an accessory apartment (646 sqft) and an accessory artist studio (728 sqft) is proposed on the enlarged vacant lot.		
Name of Applicant/Sponsor: Andrew MacDonald		Telephone: 914-645-4351
		E-Mail: andrew.g.macdonald@aol.com
Address: 97 Roosevelt Drive		
City/PO: Poughquag	State: New York	Zip Code: 12570
Project Contact (if not same as sponsor; give name and title/role):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)		
Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Counsel, Town Board, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees	City Council - Special Use Permit in Historic District and Landmark Overlay Zone	
b. City, Town or Village <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Planning Board or Commission	Planning Board - Site Plan and Lot Line Realignment	
c. City, Town or <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Village Zoning Board of Appeals		
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dutchess County Department of Community and Behavioral Health - Permission To File	
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i. Coastal Resources. i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No iii. Is the project site within a Coastal Erosion Hazard Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

C. Planning and Zoning

C.1. Planning and zoning actions.	
Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • If Yes, complete sections C, F and G. • If No, proceed to question C.2 and complete all remaining sections and questions in Part I	
C.2. Adopted land use plans.	
a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify the plan(s): <u>Historic District and Landmark Overlay</u> _____ _____	
c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, identify the plan(s): _____ _____ _____	

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☒ Yes ☐ No

If Yes, what is the zoning classification(s) including any applicable overlay district?

R1-7.5 and Historic District and Landmark Overlay Zone

b. Is the use permitted or allowed by a special or conditional use permit? ☒ Yes ☐ No

c. Is a zoning change requested as part of the proposed action? ☐ Yes ☒ No

If Yes,

i. What is the proposed new zoning for the site? _____

C.4. Existing community services.

a. In what school district is the project site located? City of Beacon School District

b. What police or other public protection forces serve the project site?

City of Beacon Police Department

c. Which fire protection and emergency medical services serve the project site?

City of Beacon Fire Department

d. What parks serve the project site?

Memorial Park; South Avenue Park; River Front Park; Green Street Park

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Residential with Artist Studio

b. a. Total acreage of the site of the proposed action? 0.68 acres

b. Total acreage to be physically disturbed? 0.35 acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 0.68 acres

c. Is the proposed action an expansion of an existing project or use? ☐ Yes ☒ No

i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % _____ Units: _____

d. Is the proposed action a subdivision, or does it include a subdivision? ☒ Yes ☐ No

If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)

Lot Line realignment to correct existing land-locked parcel.

ii. Is a cluster/conservation layout proposed? ☐ Yes ☒ No

iii. Number of lots proposed? 2

iv. Minimum and maximum proposed lot sizes? Minimum 12391 sqft Maximum 17082 sqft

e. Will the proposed action be constructed in multiple phases? ☐ Yes ☒ No

i. If No, anticipated period of construction: 6 months

ii. If Yes:

- Total number of phases anticipated

- Anticipated commencement date of phase 1 (including demolition) _____ month _____ year

- Anticipated completion date of final phase _____ month _____ year

- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

f. Does the project include new residential uses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, show numbers of units proposed.				
	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	2	0		
At completion of all phases	2	0		

g. Does the proposed action include new non-residential construction (including expansions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes,	
i. Total number of structures <u>1</u>	
ii. Dimensions (in feet) of largest proposed structure: <u>32</u> height; <u>44.5</u> width; and <u>85</u> length	
iii. Approximate extent of building space to be heated or cooled: <u>3,601</u> square feet (726 sqft non-residential)	

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes,	
i. Purpose of the impoundment: _____	
ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify: _____	
iii. If other than water, identify the type of impounded/contained liquids and their source. _____	
iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres	
v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length	
vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____	

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)	
If Yes:	
i. What is the purpose of the excavation or dredging? _____	
ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?	
• Volume (specify tons or cubic yards): _____	
• Over what duration of time? _____	
iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. _____	
iv. Will there be onsite dewatering or processing of excavated materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe. _____	
v. What is the total area to be dredged or excavated? _____ acres	
vi. What is the maximum area to be worked at any one time? _____ acres	
vii. What would be the maximum depth of excavation or dredging? _____ feet	
viii. Will the excavation require blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ix. Summarize site reclamation goals and plan: _____	

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____	

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will the proposed action cause or result in disturbance to bottom sediments?

☐ Yes ☐ No

If Yes, describe:

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?

☐ Yes ☐ No

If Yes:

- acres of aquatic vegetation proposed to be removed:

- expected acreage of aquatic vegetation remaining after project completion:

- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access):

- proposed method of plant removal:

- if chemical/herbicide treatment will be used, specify product(s):

v. Describe any proposed reclamation/mitigation following disturbance:

c. Will the proposed action use, or create a new demand for water?

☒ Yes ☐ No

If Yes:

4 BR @ 110 GPD/BR

i. Total anticipated water usage/demand per day:

470 gallons/day + 2 Artists @ 15 GPD/artist

ii. Will the proposed action obtain water from an existing public water supply?

☒ Yes ☐ No

If Yes:

- Name of district or service area: City of Beacon Municipal Water Supply

- Does the existing public water supply have capacity to serve the proposal?

☒ Yes ☐ No

- Is the project site in the existing district?

☒ Yes ☐ No

- Is expansion of the district needed?

☐ Yes ☒ No

- Do existing lines serve the project site?

☒ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project?

☐ Yes ☒ No

If Yes:

- Describe extensions or capacity expansions proposed to serve this project:

- Source(s) of supply for the district:

iv. Is a new water supply district or service area proposed to be formed to serve the project site?

☐ Yes ☒ No

If, Yes:

- Applicant/sponsor for new district:

- Date application submitted or anticipated:

- Proposed source(s) of supply for new district:

v. If a public water supply will not be used, describe plans to provide water supply for the project:

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: gallons/minute.

d. Will the proposed action generate liquid wastes?

☒ Yes ☐ No

If Yes:

i. Total anticipated liquid waste generation per day: 470 gallons/day 4 BR @ 110 GPD/BR + 2 Artists @ 15 GPD/Artist

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each):

Sanitary Wastewater

iii. Will the proposed action use any existing public wastewater treatment facilities?

☒ Yes ☐ No

If Yes:

- Name of wastewater treatment plant to be used: City of Beacon Wastewater Treatment Plant

- Name of district: City of Beacon Municipal Sewer System

- Does the existing wastewater treatment plant have capacity to serve the project?

☒ Yes ☐ No

- Is the project site in the existing district?

☒ Yes ☐ No

- Is expansion of the district needed?

☐ Yes ☒ No

<ul style="list-style-type: none"> • Do existing sewer lines serve the project site? • Will a line extension within an existing district be necessary to serve the project? <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site?</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____ 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge or describe subsurface disposal plans):</p> <p>_____</p> <p>_____</p>		
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____</p> <p>_____</p>		
<p>e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction?</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p style="padding-left: 40px;">_____ Square feet or _____ acres (impervious surface)</p> <p style="padding-left: 40px;">_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources. _____</p> <p>iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> • If to surface waters, identify receiving water bodies or wetlands: _____ _____ • Will stormwater runoff flow to adjacent properties? _____ 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? _____</p>		
<p>f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations?</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)</p> <p>_____</p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)</p> <p>_____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)</p> <p>_____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit?</p> <p>If Yes:</p> <p>i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year)</p> <p>_____</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ Tons/year (short tons) of Carbon Dioxide (CO₂) • _____ Tons/year (short tons) of Nitrous Oxide (N₂O) • _____ Tons/year (short tons) of Perfluorocarbons (PFCs) • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆) • _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs) • _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs) 		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>			
<p>i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>			
<p>j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Randomly between hours of _____ to _____.</p> <p>ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____</p> <p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____</p> <p>iv. Does the proposed action include any shared use parking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p> <p>vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____</p> <p>iii. Will the proposed action require a new, or an upgrade, to an existing substation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 08:00-16:00 • Saturday: _____ 09:00-16:00 • Sunday: _____ • Holidays: _____ </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations: 24/7 residential, Artist Studio Hours are below:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 10:00-8:00 • Saturday: _____ 11:00-8:00 • Sunday: _____ 11:00-8:00 • Holidays: _____ </td> </tr> </table>		<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 08:00-16:00 • Saturday: _____ 09:00-16:00 • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations: 24/7 residential, Artist Studio Hours are below:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ 10:00-8:00 • Saturday: _____ 11:00-8:00 • Sunday: _____ 11:00-8:00 • Holidays: _____
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<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration: <u>Excavation machinery during construction hours outlined in Section D.2 I.</u></p>	
<p>ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p>	
<p>n. Will the proposed action have outdoor lighting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures: <u>Building mounted lighting for entrances and garage. Fixtures are >18 feet from nearest structure to the east.</u></p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____ _____</p>	
<p>p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally, describe the proposed storage facilities: _____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe proposed treatment(s): _____ _____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> • Construction: _____ tons per _____ (unit of time) • Operation : _____ tons per _____ (unit of time) <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> • Construction: _____ • Operation: _____ <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • Construction: _____ • Operation: _____ 	

s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☒ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____

ii. Anticipated rate of disposal/processing:

- _____ Tons/month, if transfer or other non-combustion/thermal treatment, or
- _____ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: _____ years

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☐ Yes ☒ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____

ii. Generally describe processes or activities involving hazardous wastes or constituents: _____

iii. Specify amount to be handled or generated _____ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☐ Yes ☐ No

If Yes: provide name and location of facility: _____

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: _____

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

- ☒ Urban ☐ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Rural (non-farm)
- ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____

ii. If mix of uses, generally describe:

b. Land uses and covertsypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	0.0482	0.258	+ 0.2103
• Forested	0.123	0.110	- 0.013
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0	0	0
• Agricultural (includes active orchards, field, greenhouse etc.)	0	0	0
• Surface water features (lakes, ponds, streams, rivers, etc.)	0	0	0
• Wetlands (freshwater or tidal)	0	0	0
• Non-vegetated (bare rock, earth or fill)	0.0303	0	- 0.0303
• Other Describe: <u>Grassed Areas</u>	0.475	0.308	- 0.167

c. Is the project site presently used by members of the community for public recreation? ☐ Yes ☒ No
i. If Yes: explain: _____

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? ☒ Yes ☐ No
If Yes,
i. Identify Facilities:
Astor Head Start _____

e. Does the project site contain an existing dam? ☐ Yes ☒ No
If Yes:
i. Dimensions of the dam and impoundment:
• Dam height: _____ feet
• Dam length: _____ feet
• Surface area: _____ acres
• Volume impounded: _____ gallons OR acre-feet
ii. Dam's existing hazard classification: _____
iii. Provide date and summarize results of last inspection: _____

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? ☐ Yes ☒ No
If Yes:
i. Has the facility been formally closed? ☐ Yes ☐ No
• If yes, cite sources/documentation: _____
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____
iii. Describe any development constraints due to the prior solid waste activities: _____

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? ☐ Yes ☒ No
If Yes:
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? ☐ Yes ☒ No
If Yes:
i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: ☐ Yes ☒ No
☐ Yes – Spills Incidents database Provide DEC ID number(s): _____
☐ Yes – Environmental Site Remediation database Provide DEC ID number(s): _____
☐ Neither database
ii. If site has been subject of RCRA corrective activities, describe control measures: _____
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? ☒ Yes ☐ No
If yes, provide DEC ID number(s): 314069, V00293
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s):
314069: Classification N: No Further Action at this Time
V00293: Classification C: Completed

<p>m. Identify the predominant wildlife species that occupy or use the project site: _____</p> <p>Grey Squirrel _____</p> <p>All Northeastern Bird Species _____</p>	
<p>n. Does the project site contain a designated significant natural community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p style="margin-left: 20px;">ii. Source(s) of description or evaluation: _____</p> <p style="margin-left: 20px;">iii. Extent of community/habitat: _____</p> <ul style="list-style-type: none"> • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres 	
<p>o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing (endangered or threatened): _____</p> <p>Atlantic Sturgeon, Shortnose Sturgeon, Indiana Bat</p>	
<p>p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing: _____</p>	
<p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p>	
<p>E.3. Designated Public Resources On or Near Project Site</p>	
<p>a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, provide county plus district name/number: _____</p>	
<p>b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="margin-left: 20px;">i. If Yes: acreage(s) on project site? _____</p> <p style="margin-left: 20px;">ii. Source(s) of soil rating(s): _____</p>	
<p>c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p style="margin-left: 20px;">ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____</p>	
<p>d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. CEA name: _____</p> <p style="margin-left: 20px;">ii. Basis for designation: _____</p> <p style="margin-left: 20px;">iii. Designating agency and date: _____</p>	

e. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input checked="" type="checkbox"/> Historic Building or District ii. Name: <u>Lower Main Street Historic District, Bogardus--DeWindt House</u> iii. Brief description of attributes on which listing is based: <u>Site is located in Historic District and Landmark Overlay Zone</u> 	
f. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
g. Have additional archaeological or historic site(s) or resources been identified on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Describe possible resource(s): _____ ii. Basis for identification: _____ 	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Identify resource: <u>Hudson Highlands Scenic Area of State Significance</u> ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): <u>Natural, Historical and Cultural Feature</u> iii. Distance between project and resource: _____ 1 miles. 	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Identify the name of the river and its designation: _____ ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? <input type="checkbox"/> Yes <input type="checkbox"/> No 	

F. Additional Information

Attach any additional information which may be needed to clarify your project.

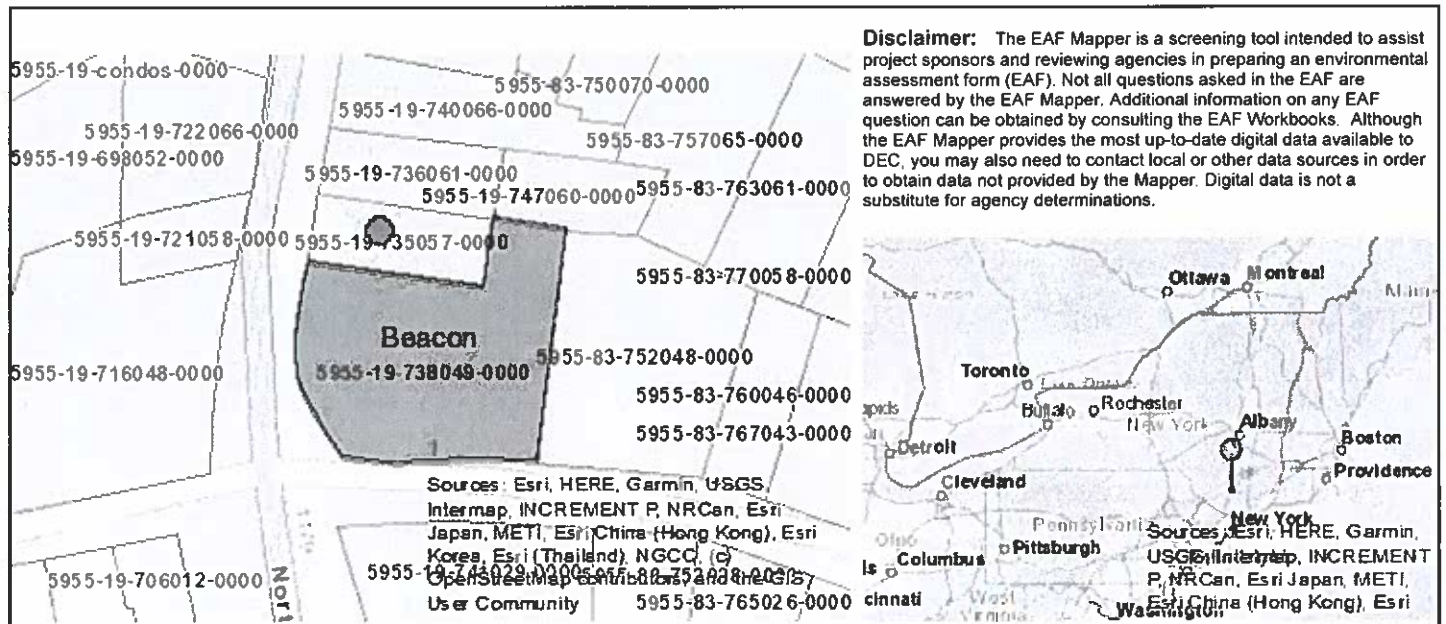
If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Daniel G. Koehler, P.E. Date _____

Signature _____ Title Engineer for Applicant



B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	Yes
C.2.b. [Special Planning District]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	Yes
E.1.h.iii [Within 2,000' of DEC Remediation Site - DEC ID]	314069, V00293
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	No
E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	Yes

E.2.o. [Endangered or Threatened Species - Name]	Atlantic Sturgeon, Shortnose Sturgeon, Indiana Bat
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e.ii [National or State Register of Historic Places or State Eligible Sites - Name]	Lower Main Street Historic District, Bogardus--DeWindt House
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No

