



TOWN OF GREENWICH PLANNING BOARD

2 Academy Street
Greenwich, NY 12834
518-692-7611 ext. 103

Dear **MINOR** Subdivision Applicant:

Enclosed are the preliminary requirements for your application.

1. Application Form
2. Designated Agent Form to be used if applicable.
3. Instruction sheet for the Short Environmental Assessment Form (SEQR).
4. Short form Environmental Assessment Form (SEQR). Please answer the questions through the end of page 1 **ONLY. Complete Part I only.**
5. Agricultural Data Statement, if needed.
6. A list of required plat notes.
7. Checklist for Minor Applications.

Please use this checklist to make sure you have as complete an application as possible before submitting it to the Planning Board for consideration.

8. Procedure to file Subdivision maps in Washington County.
9. Town of Greenwich Driveway Approval Form, if applicable.

Please understand that according to Real Property Law, Article 9, Sec. 334, there shall be no "offering of any such lots, plots, blocks, or sites for sale" before the subdivision is approved and recorded with the County Clerk.

Minor subdivision fee schedule:

Application Fee:	\$ 100.00 Due at submission
Lot Fee:	\$ 125.00 per lot created
Recreation Fee:	\$ 100.00 per lot created
(All Buildable lots are subject to a recreation fee)	
Boundary Line Adjustments	\$ 75.00 Due at submission

Note: Board regulations require submission of applications ten (10) days in advance of the regular meeting which is held the third Thursday of the month. Applications may be submitted to the Town Clerk, Elaine Kelly, during regular business hours or the Planning Board Clerk, Kellie Blake any Thursday evening from 6:00 p.m. to 8:00 p.m. For more information call the Planning Board Clerk at 692-7611 ext. 103.

An applicant may come to a regular meeting of the Planning Board, before making an application, for an informal conference on the proposed subdivision at no fee. This does require, however, that the applicant ask to be on the agenda ten (10) days in advance of the meeting. The Board will discuss the subdivision and offer on the conceptual plan.

The applicant must file the approved and signed final plat with the Washington County clerk within 30 days of approval.

APPLICATION FOR **MINOR** SUBDIVISION

Application No. _____ (assigned by Board) Date _____

COMPLETE ALL OF THE FOLLOWING:

Name(s) of Property Owners _____
Complete Mailing Address _____
Telephone Number: _____

I/We hereby make application to the Town of Greenwich Planning Board to sell or lease lot(s) from the property described below.

Site Location: Name of street or road: _____

Tax Map ID of Property: _____

Names & **COMPLETE 911 or PO BOX ADDRESSES AND ZIP CODES** (per tax rolls) of all adjoining property owners **including across the street** of the present total acreage.

North: _____

South: _____

East: _____

West: _____

Zoning District: _____ **Setbacks:** Front: _____ Side: _____ Rear: _____

Size of the present property _____ acres Size of lot(s) to be subdivided _____ acres

Nature of transaction: Lease Sale (circle one)

Please attach to this application a **SKETCH** showing:

1. Present property with approximate measurements, highways, buildings, etc.
2. Location and size of the proposed subdivision.

This preliminary sketch does not have to be a survey or precise, but should represent the location and size of the subdivision clearly. ***A survey IS REQUIRED for final approval.***

Please attach a copy of DEED.

The undersigned hereby requests approval by the Town of Greenwich Planning board of the above itemized subdivision and agrees to comply with the provisions of the subsequent Planning Board approval and with all applicable provisions of law and regulations with respect to development of this subdivision or portions thereof, and with applicable sections of the NYS Real Property Law.

Signature _____

Title _____ Date _____

AGENCY DESIGNATION FORM - SUBDIVISION

The owner or his representative must be present at all meetings on this proposal.

I, _____, the owner of property in the Town of Greenwich, Washington County, New York, Hereby designate _____, to act as Representative and agent in connection with any proceeding to subdivide real property in the Town of Greenwich, Washington County, New York and I grant to the said representative and agent the authority to fill applications, make representations and warranties as if they were my own, and in every respect act on my behalf. In making this designation I understand that the verbal and written comments, utterances or statements made by my representative and agent shall be treated and considered as if they were made by me, and I shall be bound by such comments, utterances and statements as if I made them. I make this agency designation so that my personal appearance before any governmental entity or board for the Town of Greenwich is not necessary, and with the understanding that my designated representative and agent shall have total authority to represent my interests.

Signature _____

Sworn to Before me on this _____ day of _____, 20_____

Notary Public _____

Ag & Markets Law:

Article 25-AA (Agricultural Districts) Section 301

Farm Operation: the land and on-farm buildings, equipment, manure processing and handling facilities, and practices which contribute to the production, preparation and marketing of crops, livestock and livestock products as a commercial enterprise, including a “commercial horse boarding operation” as defined in subdivision thirteen of this section. Such farm operation may consist of one or more parcels of owned or rented land, which parcels may be contiguous or noncontiguous to each other.

Agricultural Data Statements

NYS Agriculture and Markets Law (Article 25 AA, Section 305), Town Law 283a and Village Law 7-739 requires applicants for subdivision approvals, site plan reviews and use variances to submit an [Agricultural Data Statement](#) if the project meets the following criteria:

- The proposed project is within an Agricultural District or;
- The boundary of the proposed project site is with 500 feet of a farm operation with in an Agricultural District.

The local municipal board must evaluate and consider the Agricultural Data Statement in its review and consider the potential impacts of the proposed project on the functioning of the farm operation.

Pursuant to Town Law 283a and Village Law 7-739, the clerk of the reviewing board must send notice to the owners identified in the Agricultural Data Statement upon receipt of the application. The cost of such mailing shall be borne by the applicant. In addition, the clerk must refer all applications (except for subdivisions, Washington County Planning Board is not authorized to review subdivisions) requiring an Agricultural Data Statement to the County Planning Board for review as required by General Municipal Law 239-m.

The Agricultural Data Statement must contain the following information:

- Name and address of applicant
- Description of the proposed project and its location
- Name and address of any owner of an active farm operation
- A tax map (or other map) showing the site of the proposed project relative to the location of the farm operation.

The clerk of the reviewing board must send notice to the owners identified in the Agricultural Data Statement upon receipt of the application.

Please note, a sample [Agricultural Data Statement](#) (pdf)

<http://www.co.washington.ny.us>

TOWN /VILLAGE OF _____

Date _____

Application # _____

Agricultural Data Statement

Instructions: This form must be completed for any application for a special use permit, site plan approval, use variance or subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant

Owner (if different from Applicant)

Name: _____ Address: _____ _____
--

Name: _____ Address: _____ _____
--

Type of Application: ___ Special Use Permit; ___ Site Plan Approval; ___ Use Variance;
___ Subdivision Approval

Description of proposed project: _____

Location of project: _____

Address: _____

Tax Map Number : _____

Check with your local assessor if you do not know the following:

Is this parcel within an Agricultural District? ___ NO ___ YES

Agricultural District Number _____

Is this parcel actively farmed? ___ NO ___ YES

List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: _____ Address: _____ Is this parcel actively farmed? Yes/No

Name: _____ Address: _____ Is this parcel actively farmed? Yes /No
--

Name: _____ Address: _____ Is this parcel actively farmed? Yes/No

Name: _____ Address: _____ Is this parcel actively farmed? Yes/No

Signature of Applicant

Signature of Owner
(If other than applicant)

Reviewed by: _____
Signature of Municipal Official

Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Board.

<http://www.co.washington.ny.us>

**Town of Greenwich
Planning Board**

Required Plat Notes:

a.) Plat note required for perc tests:

Percolation test done on the property of: _____ on (date) _____

Property perc is as follows for Washington County septic systems.

Run 1 = _____ minutes

Run 2 = _____ minutes

Run 3 = _____ minutes

Name of person performing perc test _____

Title: _____

b.) Plat Note Required for Sanitation and Water:

All on site sanitation and water facilities must meet New York State Dept. of Health specifications.

c.) If any land is in or adjacent to an Agricultural District, the following Plat Note is required: The land plotted herewith lies within (adjacent to) Washington County Agricultural District No. ___ wherein the use of highest priority is commercial agriculture by N.Y.S. law. Residents may be subject to the noises, odors, dusts and vapors, lights and potentially harmful farm chemicals associated with commercial agricultural operations and farm management practices at any time of day or night.

d.) Plat Note Required: a box 4" x 5" to be reserved for Planning Board purposes.

e.) Plat Note Required: To be put within the 4" x 5" box:

“Approval of Subdivision number _____ of the Planning Board of the Town of Greenwich, New York, is herewith granted on the ___ day of ___, 200___ and is subject to all requirements and conditions of said motion. Any change, erasure, modification or revision of the Plat as approved, shall void this approval.”

Signed this ___ day of _____, 20____,

by _____, Chairman

or _____, Clerk.

TOWN OF GREENWICH PLANNING BOARD

Checklist of required information for MINOR Subdivisions

Minor # _____ (assigned by Planning Board) Date: _____ Payment: _____

1. _____ Application completed, signed and dated, including name, address and phone number of the applicant **and the tax ID number identifying the parcel to be subdivided.**
2. _____ Copy of Deed
3. _____ Zoning District
4. _____ Zoning Use - refer to Zoning Ordinance - Table 1 & Table 2
5. _____ Percent of lot coverage
6. _____ Names and **COMPLETE 911 OR PO BOX ADDRESSES WITH ZIP CODES** of adjoining landowners from the Tax rolls; including across the road and water courses.
7. _____ Application Fee - **Due at Submission**
8. _____ Preliminary sketch of property showing:
 - a) _____ Entire tract plus lot pattern
 - b) _____ Features (streams, roads, etc.)
 - c) _____ Utilities, proposed or existing
 - d) _____ Existing easements, deed covenants, etc.
 - e) _____ Agricultural District number, if applicable
 - f) _____ Contours extending 100' off site
9. _____ Designated Agent Form signed notarized and dated, **if needed.**
10. _____ Environmental Assessment Form (SEQR) **part 1 only.**
11. _____ Number of Subdivisions since May 29, 2007 **including contiguous lots.**
12. _____ Five (5) copies of the plat map 24" x 36" showing in addition to the above sketch:
 - a) _____ Description of boundary lines. Tax Map ID #
 - b) _____ Date, North arrow, scale, surveyor's certification
 - c) _____ Sanitation, water sites
 - d) _____ Percolation test sites, results and person who performed the testing
 - e) _____ Site Location
 - f) _____ Existing house or building (s) site, well, septic and driveway locations
 - g) _____ Proposed house or building site, well, septic and driveway locations
 - h) _____ Sketch plan (not to scale) of entire tract plus lot(s) pattern(s)
 - i) _____ Setbacks - see Zoning ordinance - **Table 2 Use**
 - j) _____ Battenkill/Hudson River 100 ft. setbacks
 - k) _____ Names & complete 911 or PO Box Addresses of landowners of adjoining properties, including across streets, roads and water courses.
 - l) _____ Agricultural Data Statement - if needed
 - m) _____ Subdivision Number
 - n) _____ Planning Board Approval Box - see application packet
 - o) _____ Required Plat notes - see application packet
 - p) _____ Driveway approval from appropriate agency, State, County or Town
13. _____ Minor Subdivision FINAL
 - a) _____ 1 Mylar and 5 paper copies of final plat with signatures
 - b) _____ Lot fee(s), number of lots x \$125 = _____
 - c) _____ Recreation fee(s) number of lots x \$100 = _____
14. _____ Realty Subdivision Checklist

PROCEDURE TO FILE SUBDIVISION MAPS IN WASHINGTON COUNTY

After Planning Board Approval, most towns require subdivision maps to be recorded at the County Clerks office within a specified time, usually 30, 60 or 90 days. Be sure the map has the following stamped or attached on separate stationery:

- (A) Surveyor's certification and seal, both signed.
- (B) Town Planning Board Approval, seal and/or signatures.
- (C) Compliance with Sect. 1115 of the New York State Public Health Law
(This form can be obtained from the County Clerk)

Required steps to file subdivision map are as follows:

1. Obtain a 10 year tax search from the Washington County Treasurer. Name & tax map number of subdivided parcel(s) are required. Fee for tax search is \$20.00. If paid by check, make payable to **Washington County Treasurer**. It may take the Treasurer's Office a few days or up to two weeks to complete, depending on current work load.

NOTE: Upon receipt of search, check bottom to see if there is a notation about the search not covering a specific tax bill. If there is such notation, be sure you have a copy of that PAID receipt with you when you file your map with the County Clerk.

2. Obtain a Tax Map Maintenance Certificate [WCRPTS 503 (7)] from Real Property Tax Service. Mylar subdivision map and tax map number of subdivided parcel (s) are required. Certificates are issued within a few minutes. Fees for certificates are as follows:

1-3 Lot Subdivision	\$25.00
4-9 Lot Subdivision	50.00
10 or more Lot Subdivision	100.00

If paid by check, make check payable to **Washington County Treasurer**.

NOTE: If the Planning Board considers the revision to be a "boundary line adjustment", there will be a fee charged and certificate issued since the revision necessitates a change to the tax map.

3. Bring the mylar subdivision map, tax map maintenance certificate and 10 yr. tax search to the County Clerk's office for recording. Fee for recording a subdivision map is \$10.00. If paid by check, make payable to **Washington County Clerk**.

Realty Subdivision Checklist

To be completed by owner/ applicant (or designated agent).

Please answer the following questions regarding your subdivision application:

- 1) Number of lots* created by this subdivision: _____
 - 2) Number of lots to be created of 5 acres or less: _____
 - 3) Has this tract* of land been subdivided within the past 3 consecutive years? _____
 - 4) If yes, please state the date(s) when the plats (maps) were filed with the Washington County Clerk's Office: _____
 - 5) Numbers of lots created by all previous subdivision(s) of 5 acres or less: _____
 - 6) Will the total number of lots of 5 acres or less from all subdivisions (including the subdivision currently being created) exceed 5 lots: _____
-

I, _____ hereby certify that the
(Please print)
Information given above and contained in this form is true and accurate.

Signature

Date

***Definitions:**

The term lot(s) shall mean all lots, including non-contiguous lots, which are less than one-half mile from any point on the boundary of any other lot in the tract of land to be subdivided.

The term tract refers to "any body of land, including contiguous parcel of land under one ownership or under common control of any group of persons acting in concert as part of a common scheme or plan."(Public Health Law, Article 11, Section 1115 Subsection 2).

Compliance with Public Health Law

Applicant; please read the following and proceed according:

If the answer to either question number 2 or 5 of the Realty Subdivision Checklist exceeds five (5) or if the answer to question number 6 is yes, then the applicant is creating a realty subdivision. Applicants creating a realty subdivision must apply to the New York State Department of Health for approval of the water supply and sewage service facilities in compliance with Public Health Law (Article 11, Title II).

Please use enclosed New York State Department of Health (NYSDOH) "Applicant's Checklist for Proposed Realty Subdivisions" and contact the NYSDOH for further information and instructions:

**Glens Falls District Office
77 Mohican Street
Glens Falls, NY 12801
Phone (518) 793-3893**

For office use:

If the applicant does not appear to meet the criteria of a realty subdivision and your municipality has determined that this subdivision does not require NYSDOH approval, please sign the statement below and attach this checklist to the approved subdivision plat (maps) for filing with the Washington County Clerk's Office. The municipal board with the authority to make the final decision regarding subdivision reviews should complete and sign the following statement:

The **Planning Board, Town Board or Village Board of Trustees** of the **Town/ Village**
(Circle One) *(Circle One)*
of _____ has determined that this subdivision does not meet the criteria of a Realty Subdivision as defined by Article 11 Title II Section 1115 of Public Health Law; therefore, does not require approval of the New York State Department of Health.

Planning Board Chair, Town Supervisor or Village Mayor
(Circle One)

Name (Please Print)

Signature

Date

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. Urban Rural (non-agriculture) Industrial Commercial Residential (suburban)			
<input type="checkbox"/> Forest Agriculture Aquatic Other(Specify):			
<input type="checkbox"/> Parkland			

<p>5. Is the proposed action,</p> <p>a. A permitted use under the zoning regulations?</p> <p>b. Consistent with the adopted comprehensive plan?</p>	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?</p>	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</p> <p>If Yes, identify: _____</p>	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. a. Will the proposed action result in a substantial increase in traffic above present levels?</p> <p>b. Are public transportation services available at or near the site of the proposed action?</p> <p>c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?</p>	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Does the proposed action meet or exceed the state energy code requirements?</p> <p>If the proposed action will exceed requirements, describe design features and technologies:</p> <p>_____</p> <p>_____</p>	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Will the proposed action connect to an existing public/private water supply?</p> <p>If No, describe method for providing potable water: _____</p> <p>_____</p>	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Will the proposed action connect to existing wastewater utilities?</p> <p>If No, describe method for providing wastewater treatment: _____</p> <p>_____</p>	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?</p> <p>b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?</p>	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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?</p> <p>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?</p> <p>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____</p> <p>_____</p> <p>_____</p>	NO	YES	
	<input type="checkbox"/>	<input 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 Agricultural/grasslands Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<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? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		

Project:

Date:

***Short Environmental Assessment Form
Part 2 - Impact Assessment***

Part 2 is to be completed by the Lead Agency.

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?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
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?		
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?		
7. Will the proposed action impact existing: a. public / private water supplies?		
b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Project:

Date:

Short Environmental Assessment Form Part 3 Determination of Significance

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.

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.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

TOWN OF GREENWICH HIGHWAY DEPARTMENT

DRIVEWAY PERMIT APPLICATION

(Section 213 of the Highway Law)

Check One:

_____ Driveway or Culvert

_____ Repair or Install Water Main Pipe

_____ Repair or Install Sewer Pipe

_____ Repair or Install Gas Pipes

TAX MAP # _____

Date: _____

To: Town of Greenwich Highway Superintendent:

Applicant's Name: _____

Applicant resides at (address): _____

Applicant's home phone: Day _____ Evening _____

Applicant's business address: _____

Applicant's business phone: _____

Applicant is applying to (perform what type of work and at what address) _____

This work will cross over or under a Town Highway situated in the Town of Greenwich, Washington County, known as _____ (road name) in accordance with the requirements as specified by the Town Superintendent of Highways, of the Town of Greenwich, which are hereinafter set forth; all forming a part hereof.

The work is to be performed between _____ and _____ 20__.

Signature and authorization (if other than applicant) _____

**PERMIT
(under section 213 of the Highway Law)**

Permission is hereby granted to _____ (name) to proceed as set forth and represented in the foregoing application, and at the particular location described therein, in accordance with the requirements specified and pursuant to the conditions and regulations whether general or special which are hereinafter set forth; all forming a part hereof; to wit:

1. This permit shall not be assigned or transferred without the written consent of the Town Superintendent of Highways.
2. The work authorized by this permit shall be performed in a manner satisfactory to the Town Superintendent of Highways.
3. Traffic shall be maintained by the applicant on the said section of Highway while the work is in progress and until its final completion.
4. The said Permittee shall be responsible for all damages resulting in bodily injury,

including death and/or property damage liability due to activities of the Permittee, its contractors, sub-contractors of either or both, agents or employees in connection with any act or omission hereunder; and does hereby expressly agree to indemnify and save harmless the Town of Greenwich from any and all responsibility and liability arising out of, or resulting from, any act or omission hereunder.

5. The said Town Superintendent of Highways reserves the right to revoke or annul this permit at any time, should the said Permittee fail to comply with the terms and conditions upon which it is granted.
6. It is understood that should future reconstruction or use of the highway make changes necessary in the proposed facilities covered by this application and permit, the Permittee shall, upon reasonable notice, from the Town Superintendent of Highways, make such changes at its own expense within such time as may be agreed upon.
7. Any gas pipe lines which are laid under this permit shall be placed at least _____ feet below and also in such a manner as in no way to interfere with the pavement, shoulders or drainage ditches of the highway.
8. Any electric lines which are constructed under this permit shall be constructed in accordance with the provisions of the National Electric Safety Code.
9. Upon the completion of the work authorized by this permit, the highway shall be left in a neat and orderly and as good a condition as before commencement of the work.
10. Provide all necessary barricades, lighting and flagmen to safeguard vehicle and pedestrian traffic.

SPECIAL CONDITIONS

DO LOCAL SUBDIVISION REGULATIONS APPLY? **YES or NO**
IF YES, IN WHAT WAY? _____

Town of Greenwich Code Enforcement Officer _____
Date

COMMENTS BY HIGHWAY SUPERINTENDENT: _____

Town of Greenwich Highway Superintendent _____
Date

In consideration of the granting of the within permit, the undersigned hereby accepts the same subject to the conditions and regulations therein set forth.

By _____ _____
Date
 (Applicant’s name and title)