



**JOINT PLANNING  
BOARD FOR THE  
TOWN AND VILLAGE  
OF GREENWICH**

2 Academy Street,  
Greenwich, NY 12834  
518-692-7611 ext. 107

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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. Agricultural Data Sheet (only needed if parcel is within an Ag District.)
4. A list of required plat notes. (for your surveyor's information)
5. A 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.***
6. Realty Subdivision Checklist (fill out page 1 only)
7. Short Environmental Assessment Form (SEQR). Please answer the questions through the end of page 3 **ONLY** to the best of your ability. **Complete Part 1 Only.**
8. Driveway Permit Application (only applicable if you live on a Town road)
9. Procedure to file Subdivision maps in Washington County.
10. *Village Only* Fence Permit Application (Not included - please request from Planning Board / Village Clerk)

**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 Fees:
  - \$100 **Due at Submission** OR \$75 if *Boundary Line Adjustment only*.
- Certified Mail Fees:
  - Based on the number of adjoining lots - total will be given by the clerk after the public hearing.
- Lot Fee:
  - \$125.00 per lot created **Due at Approval**
- Recreation Fee:
  - \$100.00 per lot created **Due at Approval (All buildable lots are subject to a recreation fee)**

**Note:** Board regulations require submission of applications ten (10) days in advance of the regular meeting which is held on the third Thursday of every month. Applications may be submitted to the Town Clerk or Planning Board Clerk during regular business hours. For more information call the Planning Board Clerk, Aaron Northrup, at 518-692-7611 ex. 107 or email [planning.clerk@greenwichny.org](mailto:planning.clerk@greenwichny.org).

An applicant may come to a regular Planning Board meeting before making an application for an informal conference on the proposed subdivision at no fee. This does require that the applicant ask the Clerk to be put on the agenda ten (10) days in advance of the meeting.

**The Applicant must file the approved and signed final plat with the Washington County clerk within 30 days of approval or the approval is deemed null and void!**

**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 Joint Planning Board for the Town and Village of Greenwich to sell or lease lot(s) from the property described below.

**Site Location: Name of street or road:** \_\_\_\_\_

**Tax Map ID / SBL # 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 OR sq ft \_\_\_\_\_

**Size of lot(s) to be subdivided:** \_\_\_\_\_ acres OR sq ft \_\_\_\_\_

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 Joint Planning Board for the Town and Village of Greenwich 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 or Village of Greenwich (whichever is applicable) in 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 or Village of Greenwich (whichever is applicable), in 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 or Village of Greenwich (whichever is applicable) 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>



**AGRICULTURAL DATA STATEMENT**

**Washington County Planning Agency General Municipal Law §239-M Referrals**

**Municipality:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** This form must be completed for any application requiring municipal review for Special Use Permit, Site Plan Approval, or Use Variance that is proposed to occur on property within 500 feet (500') of a farm operation located in an Agricultural District (Section 283-a of Town Law or 7-739 of Village Law).

**PART I (completed by Applicant)**

Applicant

Owner, if different from Applicant

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

1. Type of Application:  Site Plan Approval       Special Use Permit       Use Variance
2. Description of Project (purpose, acreages involved, etc.) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. Location of Project: Address: \_\_\_\_\_  
Tax Map Number(s) \_\_\_\_\_

4. Is this parcel actively farmed?  YES       NO    If yes, principle farm type \_\_\_\_\_
5. Is this parcel within an Agricultural District?  YES       NO (Check with your local assessor)
6. List all farm operations within 500 feet of your parcel. (Check with your local assessor)

Name: _____	Name: _____
Address: _____	Address: _____
Tax Map Number(s) _____	Tax Map Number(s) _____
Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO	Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO
Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____	Name: _____
Address: _____	Address: _____
Tax Map Number(s) _____	Tax Map Number(s) _____
Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO	Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO
Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____	Name: _____
Address: _____	Address: _____
Tax Map Number(s) _____	Tax Map Number(s) _____
Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO	Agricultural District: <input type="checkbox"/> YES <input type="checkbox"/> NO
Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Parcel Actively Farmed: <input type="checkbox"/> YES <input type="checkbox"/> NO

Attach a separate sheet if necessary.  
Attach tax map(s) showing the site of the proposed project relative to the location of the farm operation(s) identified above.

\*To create a map use GIS Web Map/Washington County: <https://washingtoncountyny.gov/270/GIS-Web-Map>

**Washington County Planning Agency General Municipal Law §239-M Referrals**

**Agricultural Data Statement**

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**PART II (completed by Municipal Clerk)**

Municipal Clerk **must** send Notice of the Project to the above farm operations by Return Receipt/Certified Mail. The applicant **must** pay for all postage costs. Return receipts must be presented to the Municipal Review Board.

Date Notice(s) Sent: \_\_\_\_\_

\_\_\_\_\_  
Signature of Clerk

\_\_\_\_\_  
Signature of Applicant

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**PART III (completed by Municipal Review Board)**

1. The municipal review board **shall** evaluate and consider this agricultural data statement in its review of the possible impacts of the proposed project upon the functioning of farm operations listed above within such agricultural district.

Reviewed by:

\_\_\_\_\_  
Signature of Municipal Official

\_\_\_\_\_  
Date

2. **All** applications requiring an Agricultural Data Statement **must** be referred to the Washington County Planning Agency in accordance with amended Section 239-m of the General Municipal Law. A copy of this completed Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

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Notice of Referral to Washington County Planning Agency – Date Sent: \_\_\_\_\_

## Joint Planning Board for the Village and Town of Greenwich

### Required Plat Notes:

1. Plat note required for perc tests:
  - a. Percolation test done on the property of: \_\_\_\_\_ on (date) \_\_\_\_\_
  - b. Property perc is as follows for Washington County septic systems.  
Run 1 = \_\_\_\_\_ minutes  
Run 2 = \_\_\_\_\_ minutes  
Run 3 = \_\_\_\_\_ minutes
  - c. Name of person performing perc test \_\_\_\_\_  
Title: \_\_\_\_\_
  
2. Plat Note Required for Sanitation and Water:
  - a. All on site sanitation and water facilities must meet New York State Dept. of Health specifications.
  
3. 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.

4. Plat Note Required: a box 4" x 5" to be reserved for Planning Board purposes.
  
5. Plat Note Required: To be put within the 4" x 5" box:

“Approval of Subdivision number \_\_\_\_\_ of the Joint Planning Board for the Town and Village of Greenwich, New York, is herewith granted on the \_\_\_ day of \_\_\_, 20\_\_\_ 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.

# JOINT PLANNING BOARD FOR THE VILLAGE AND TOWN OF GREENWICH, NY

## 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 / SBL # identifying the parcel to be subdivided.**
2. \_\_\_\_ Copy of Deed
3. \_\_\_\_ Zoning District – noting Town or Village
4. \_\_\_\_ Zoning Use - Refer to Zoning Ordinance - Table 1 & Table 2 for Town, or Attachment 1 in Village Zoning Law for Village
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 within the last 3 years **including contiguous lots.**
12. \_\_\_\_ Five (5) Paper copies and One (1) Digital copy of the plat map 24" x 36" showing in addition to the above sketch:
  - a) \_\_\_\_ Description of boundary lines. Tax Map ID / SBL #
  - 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** for Town Applications or Attachment 2 in the Village Zoning law for Village
  - j) \_\_\_\_ Battenkill/Hudson River 100 ft. setbacks
  - k) \_\_\_\_ Agricultural Data Statement - if needed
  - l) \_\_\_\_ Subdivision Number
  - m) \_\_\_\_ Planning Board Approval Box - see application packet
  - n) \_\_\_\_ Required Plat notes - see application packet
  - o) \_\_\_\_ Driveway approval from appropriate agency, State, County, Village, or Town
  - p) \_\_\_\_ Fence Permit (Village only)
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



## Washington County Office of the County Clerk

Washington County Municipal Center

383 Broadway, Fort Edward, NY 12828

Tel: (518) 746-2170, Fax: (518) 746-2177, TDD: (518) 746-2146

Stephanie C. Lemery, County Clerk

Vanita Z. LaFarr, Deputy Clerk

# COUNTY CLERK REQUIREMENTS FOR FILING SUBDIVISION MAPS

1. Map must be on mylar.
2. Planning Board has signed the map or signature is on its letterhead (we do NOT check dates.)
3. Real Property Certification
4. 10 year Tax Search from Treasurer's Office. If taxes have been levied, we also need a copy of Paid Taxes.
5. DOH Certificate
6. Surveyor's Seal (Signed)
7. Surveyor's Certification (Signed) – This can be on the map or on letterhead.

We will then send a letter to the Planning Board stating the date and map number.

Please make sure the ink is dry on the mylar as it could rub off, removing lines.

## PROCEDURE TO FILE MAPS IN WASHINGTON COUNTY

After Planning Board Approval, most towns require 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 maps are as follows:

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

1-3 Lot	\$25.00
4-9 Lot	50.00
10 or more	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.**

2. Obtain a 10 year tax search from the Washington County Treasurer. Name & tax map number of 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.**

3. Bring the mylar map, tax map maintenance certificate and 10 yr. tax search to the County Clerk's office for recording. Fee for recording a 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**

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**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.

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

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input 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: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?  b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	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"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor/name: _____ Date: _____  Signature: _____ Title: _____		

**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,

