

Notice is hereby given that the Regular Planning Board Meeting will be held on Monday, April 26, 2021 at 7:00 p.m. The meeting will be held remotely as part of the Village of Altamont's COVID-19 response plan and can be accessed by the public by using the following internet link or dial in phone number:

Topic: Planning Board Meeting

Time: April 26, 2021 at 07:00 PM Eastern Time (US and Canada)

Join Zoom Meeting: <https://us02web.zoom.us/j/81017012495>

Meeting ID: 810 1701 2495

Dial by your location: 646 558 8656 US (New York)

Copies of the Planning Board Agenda and related materials are available on the Village website at www.altamontvillage.org

Ginger Hannah

Secretary, Planning Board

April 26, 2021

ALTAMONT PLANNING BOARD
Regular Meeting Agenda – April 26, 2021

1. Open meeting - State time and that the meeting is being recorded
2. Topic & Discussion: Public Hearing on Special Use Permit (SUP) Request from Jeff Thomas for use of space at 187 Main Street, Altamont NY for operation of a Body Art (Tattoo) Studio. Read the Public Notice to Open the Public Hearing.

3. Consider Motion: Close the Public Hearing on SUP Request from Jeff Thomas.

Motion made by:_____ Seconded by:_____

Roll call: SC _____ DHitt _____ BM _____ SL _____ DHext (Chair) _____

4. Topic & Discussion: Pre- Concept Meeting to Review an Application for a Major Subdivision Request by VAMR Development, LLC (Ken Romanski) on Bozenkill Road, Altamont, NY.

Conditions:

5. Consider Motion: Classify application for subdivision as an Unlisted Action under SEQRA and refer application to the Albany County Planning Board pursuant to 239-n.

Motion made by:_____ Seconded by:_____

Roll call: SC _____ DHitt _____ BM _____ SL _____ DHext (Chair) _____

6. Topic & Discussion: Review of Application for an Amendment to a Special Use Permit Request for a Sit Down Restaurant from Nadia Raza at 187 Main Street. Amendment is to expand restaurant into new building additional and outdoor space and allow for outdoor music and entertainment.

Conditions:

7. Consider Motion: Classify application to amend Special Use Permit for Sit Down Restaurant as an Unlisted Action under SEQRA and Refer application to Albany County Planning Board pursuant to 239-m.

8. Review of meeting minutes of March 22, 2021 Planning Board Meeting.

Consider Motion: Motion made to approve Minutes of March 22, 2021 Planning Board Meeting

Motion made by: _____ Seconded by: _____

Roll call: SC _____ DHitt _____ BM _____ SL _____ DHext (Chair) _____

9. Other Business: _____

Motion: _____

Motion made by: _____ Seconded by: _____

Roll call: SC _____ DHitt _____ BM _____ SL _____ DHext (Chair) _____

10. Meeting Adjourned at Time: _____

Motion Made by: _____ Seconded by: _____

Roll call: SC _____ DHitt _____ BM _____ SL _____ DHext (Chair) _____

Village of Altamont

P.O. Box 643 Altamont, NY 12009
Telephone (518) 861-8554 Fax (518) 861-5379

Applicant Checklist for Special Use Permit (SUP)

Return to:

Village of Altamont
PO Box 643 115 Main Street
Altamont, NY 12009
(518) 861-8554 Ext 13

Fees:

\$ 300.00 Commercial
\$ 50.00 One Family
\$ 100.00 Two Family
(Payable at time of Submittal to Village)

APPLICANT INFORMATION:

Name: JEFF THOMAS
Address: 122 OLD STAGE RD
E BORNE, NY. 12059
Daytime Phone #: 518 365 4444
Date: MARCH 13 2021

PROPERTY INFORMATION:

Owner: ALTAMONT PLAZA, LLC.
Location: CORNER OF RT 156 AND RT 146
Tax Map #: 48.06 - 3-1
Zoning: CENTRAL BUSINESS DISTRICT
Acreage: < 1 A
Request for a: SUP

TO BE SUBMITTED:

- 1) 10 copies of signed & notarized SUP application .
- 2) 10 Copies of conditional purchase contract or rental agreement if applicable ☒ NA
- 3) 10 copies of project narrative containing the following: reasons which necessitate the need for a SUP including a brief detailed description of the project ☒ v
- 4) 10 copies Architectural drawings of proposed project
- 5) 10 copies of survey or plot plan (including a North Arrow) showing proposed project with
 - side setbacks
 - front and rear setbacks
 - all existing buildings
 - location of proposed construction
 - total size of parcel
 - all topographic elevations necessary to show proposed SUP
- 6) 10 copies completed, signed SEQRA if applicable
- 7) 10 copies of Sign Permit if applicable
- 8) 10 copies of Building and Zoning Permit if applicable
- 9) Escrow Fund for Legal / Engineering and other Fees as appropriate (if determined by Planning Board Chair

OTHER AGENCY APPROVALS OR RECOMMENDATIONS AS REQUIRED

- 1) NYS Department of Transportation 518-765-2841
- 2) Albany County Health Department 518-447-4631
- 3) Albany County Planning Board 518-447-5660

VILLAGE OF ALTAMONT PLANNING BOARD

115 MAIN STREET, P.O. BOX 643, ALTAMONT, NY 12009 PHONE (518) 861-8554 FAX (518) 861-5379

APPLICATION FOR SPECIAL USE PERMIT

Return to: Village of Altamont
115 Main Street, PO Box 643
Altamont, NY 12009

Fees: \$300.00 Commercial
\$100.00 Two Family
\$ 50.00 One Family
(payable at time of submission)

A. STATEMENT OF OWNERSHIP AND INTEREST

THE APPLICANT(S) JEFF THOMAS

is (are) the owner(s) of property situated at the following address:

CORNER OF ST. RT. 166 AND ST. RT 146 ALTAMONT, N.Y. 12009
Street PO Box Village State Zip

TAX MAP PARCEL NO. 48.06-3-1. The above described property was acquired by
applicant(s) on NOVEMBER 2000.

B. REQUEST

The applicant(s) request a Special Use Permit for the above described property under the provisions of Section
ARTICLE 1 355.35 of the Zoning Law of the Village of Altamont for the following purposes: USE OF 1200 SF
OF SPACE IN AN EXISTING MULTI TOWNT BUILDING AS A BOOM
ART STUDIO, A PERSONAL SERVICE BUSINESS

as shown on the attached plan drawn to scale.

C. REASONS FOR REQUEST

The applicant(s) allege(s) that the approval of said Special Use Permit would be harmony with the intent and
purpose of said Zoning Ordinance (local law) and that the proposed use conforms to the standards prescribed
therefore in said ordinance (local law) and would not be detrimental to property or persons in the neighborhood
for the following reasons: SEE ATTACHED.

D. SPECIAL FEATURES

In addition to meeting the standards prescribed by the Zoning Law of the Village of Altamont, the applicant will
provide THE WILL BE NO CHANGES TO THIS EXISTING PREVIOUSLY
APPROVED SITE OR BUILDING FOR THIS USE

in order that the public convenience and welfare will be further served.

THIS PORTION TO BE FILL OUT IN PRESENCE OF NOTARY

TO ME PERSONALLY APPEARED

Ronald Cropley
on the 8th day of March, 2021

Norah M. Murphy
NORAH M. MURPHY
Notary Public, State of New York
No. 02MU4979792
Qualified in Albany County
Commission Expires December 9, 2021

[Signature]
NOTARIZED SIGNATURE

7 PINE KNOLL DR.

ALBANY NEW YORK 12203

518 312 0795

Applicant Mailing Address & Phone #

AGENT FOR OWNERS

SPECIAL USE PERMIT (SUP) CONDITIONS

The Village of Altamont Planning Board will not consider any application for a Special Use Permit (SUP) complete until the following application is completed in full and submitted to the Building Department. The Planning Board will evaluate the applicant's responses and determine whether the applicant has adequately met the conditions for a SUP. The applicant is encouraged to attach additional sheets if necessary to fully answer the questions. The following conditions for a SUP are from Article V, Section 355-35 (E) of the Village of Altamont Zoning Law.

- 1) The physical characteristics, topography and other features of the lot and the scale and physical design and other features of any new or existing buildings to be occupied by the use are suitable and adaptable for the proposed use without any modifications which would change the established character of the street or neighborhood setting.

THIS PROPOSED PERSONAL SERVICE BUSINESS, A BODY ART STUDIO WILL
UTILIZE 1200 SF OF SPACE IN AN EXISTING MULTI TENANT BUILDING.
NO MODIFICATIONS TO THE SITE OR BUILDING ARE PROPOSED
FOR THIS USE.

- 2) The nature and intensity of operations of the use will not be more objectionable to surrounding properties than those of a permitted use.

A PERSONAL SERVICE BUSINESS IS A USE PERMITTED IN THE ZONE
BY SPECIAL USE PERMIT AND WILL NOT BE OBJECTIONABLE
TO SURROUNDING PROPERTIES.

- 3) The use is not in such proximity to a religious facility, school, community center, recreation place, or other prominent place of community activity and public assembly so as to regularly conflict with such other activity and thereby constitute a danger to health, safety or general welfare.

THE ACTIVITIES OF THE PROPOSED USE WILL BE
CONDUCTED WITHIN THE BUILDING AND WILL NOT CONSTITUTE
A DANGER TO THE HEALTH SAFETY OR GENERAL WELFARE
OF THE COMMUNITY

- 4) The use will not unreasonably increase or introduce traffic congestion or safety hazards or impose traffic volumes on streets and street patterns which are deficient in width, design, sight distance, intersection configuration, or other typical standards necessary to accommodate such traffic changes.

NO CHANGES IN THE CURRENT TRAFFIC PATTERNS AND OR
PARKING LOT USAGE IS ANTICIPATED

- 5) The use makes adequate provision for off-street parking in accordance with these regulations.

PARKING NEEDS CAN BE MET WITH EXISTING ON SITE
PARKING AREAS

- 6) The use and the proposed design of building and other structure and site facilities for the use are appropriate in the proposed location and have incorporated reasonable efforts to harmonize with surrounding uses and mitigate any adverse impacts on surrounding uses, including but not limited to traffic congestion and hazards, untimely scheduling of activities, removal of trees and other established natural features, and excessive stormwater runoff, noise, nuisance, odors, glare or vibration.

NO CHANGES TO THE EXISTING SITE ARE
PROPOSED FOR THE REQUESTED USE.

- 7) The cumulative impacts of the use in the proposed location will not unreasonably interfere with or diminish the continued use, preservation, stability, value, enjoyment, prosperity or growth of the neighborhood or community.

THIS BOOY ART STUDIO WILL REPLACE A PREVIOUSLY
APPROVED MARTIAL ARTS STUDIO AND HAVE LESS IMPACT.

- 8) The effect of the proposed use on the other properties in the neighborhood and the enjoyment by the inhabitants of their properties, and whether it will materially affect the value of such properties and the use and enjoyment of such properties by the occupants and any other effect of such use on the health, welfare and safety of the occupants of such properties.

THE BOOY ART STUDIO WILL UTILIZE AN EXISTING
SPACE IN THE PLAZA AND WILL NOT MATERIALLY AFFECT
THE ENJOYMENT OF OTHER PROPERTIES IN THE NEIGHBORHOOD

- 9) The use will not conflict in any way with the Comprehensive Plan.

THE USE OF SPACE IN AN EXISTING PLAZA AS A BOOY
ART STUDIO, A PERSONAL SERVICE BUSINESS IS A USE ALLOWED
WITH A SPECIAL USE PERMIT PURSUANT TO THE VILLAGE ZONING LAW
AND THEREFORE DOES NOT CONFLICT WITH THE VILLAGE COMPREHENSIVE
PLAN

Short Environmental Assessment Form



Part 1 - Project Information

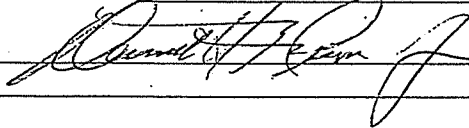
Instructions for Completing

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			
<u>ALTAMONT CORNERS</u>			
Name of Action or Project:			
<u>CORNER OF STATE RT 146 AND STATE RT 156</u>			
Project Location (describe, and attach a location map):			
<u>ALTAMONT NEW YORK 12009</u>			
Brief Description of Proposed Action:			
<u>USE OF ROOF OF SPACE IN AN EXISTING MULTI TENANT BUILDING AS A BODY ART STUDIO, A PERSONAL SERVICE BUSINESS</u>			
Name of Applicant or Sponsor:		Telephone: <u>518 365 4444</u>	
<u>JEFF THOMAS</u>		E-Mail: <u>JNT DEVELOPMENT@GMAIL.COM</u>	
Address:			
<u>122 OLD STAGE ROAD</u>			
City/PO:		State:	Zip Code:
<u>E. BERNES</u>		<u>N.Y.</u>	<u>12059</u>
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 checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<u>< 1.0</u> acres	
b. Total acreage to be physically disturbed?		<u>NONE</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>< 1.0</u> acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other(Specify): <u>RAIL ROAD</u>			
<input type="checkbox"/> Parkland			

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

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?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, N/A,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____ _____	<input checked="" 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 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 CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Donna D. Cropper Jr</u> Date: <u>3-10-21</u>		
Signature: <u></u> Title: <u>OWNERS REPRESENTATIVE</u>		

NARRATIVE

BODY ART STUDIO

THIS REQUEST ENTAILS THE USE OF ROOF OF SPACE IN AN EXISTING MULTI TENANT BUILDING KNOWN AS ALTAMONT CORNERS AS A BODY ART STUDIO.

THIS PERSONAL SERVICE BUSINESS WILL HAVE UP TO THREE EMPLOYEES AND CONDUCT BUSINESS DURING NORMAL BUSINESS HOURS FOR THE PLAZA, GENERALLY BETWEEN THE HOURS OF 9 AM TO 9 PM.

ALL EMPLOYEES WILL OBTAIN AND MAINTAIN ANY REQUIRED PERMITS AND LICENSES FROM ALBANY COUNTY DEPARTMENT OF HEALTH AND N.Y.S. DEPARTMENT OF HEALTH.

NO MODIFICATION TO THE SPACE IS CON-
TEMPLATED OTHER THAN PAINTING AND FLOORING.

THE PREVIOUSLY APPROVED ON SITE PARKING WILL ACCOMMODATE THE BUSINESS NEEDS AS ALL SERVICES WILL BE DONE BY APPOINTMENT.

ORDER OF OPERATIONS

- ZOOM CONSULTATION / ~~ea~~ SECURE APPT.
- CLIENTS ID & RELEASE FORM COMPLETED
- PROCEDURE COMPLETED / BANDAGED.
- DELIVER AFTERLARE INSTRUCTION
- PRIVACY SCREENS (MOVABLE AS REQUESTED)
- SPACE WILL HAVE BUNDS @ FRONT OF UNIT FOR OVERALL PRIVACY FROM OUTSIDE FOOT TRAFFIC

DISPOSAL (WASTE)

- ALL BIO/SHARPS TO BE DISPOSED OF BY (STERILIZE) LICENSED CONTRACTOR BY USE OF DESIGNATED AND APPROVED CONTAINERS AS INSTRUCTED BY ALBANY COUNTY DOH.

Clovid 19 Protocol

- Perform video consultations only
- Provide hand sanitizer for entry along with signage to note masks are required
- Control access to the studio by call ahead entry (locking entry)
- No early admittance, no guests, and clients are to wait outside until artist is ready to tattoo
- temp check upon check in
- Ask if they have flu like symptoms
- Exposed to anyone who has had covid in the past 14 days
- Client and artist must wear a mask correctly at all times during appointment
- Appointment based clients only (no walk in status)
- perform thorough cleaning/sanitization of all surfaces especially areas of frequent contact ie. doorknobs, countertops, pens & restrooms

Operations

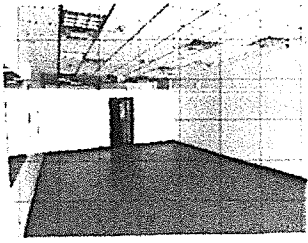
- Shop uses all disposable single use products
- All sharps will be disposed of in proper sharps disposal containers and processed by stericycle
- Handwashing will be frequented before and after each procedure and as warranted
- Solidifier will be used for rinse cups and disposed of in a sanitary manor
- Saniderm bandages are provided to each client for containment of each fresh tattoo
- Madicide or equivalent will be used to sanitize stations after completion of each procedure

^ Overview - STERICYCLE

Stericycle, Inc., together with its subsidiaries, offers regulated waste management services, sharps disposal containers to reduce the risk of needlesticks, healthcare compliance services, pharmaceutical disposal, and regulated returns management services for expired or recalled products through incineration processes. In addition, with the acquisition of Shred-it in 2015, Stericycle also offers secure information destruction services including document and hard drive destruction.

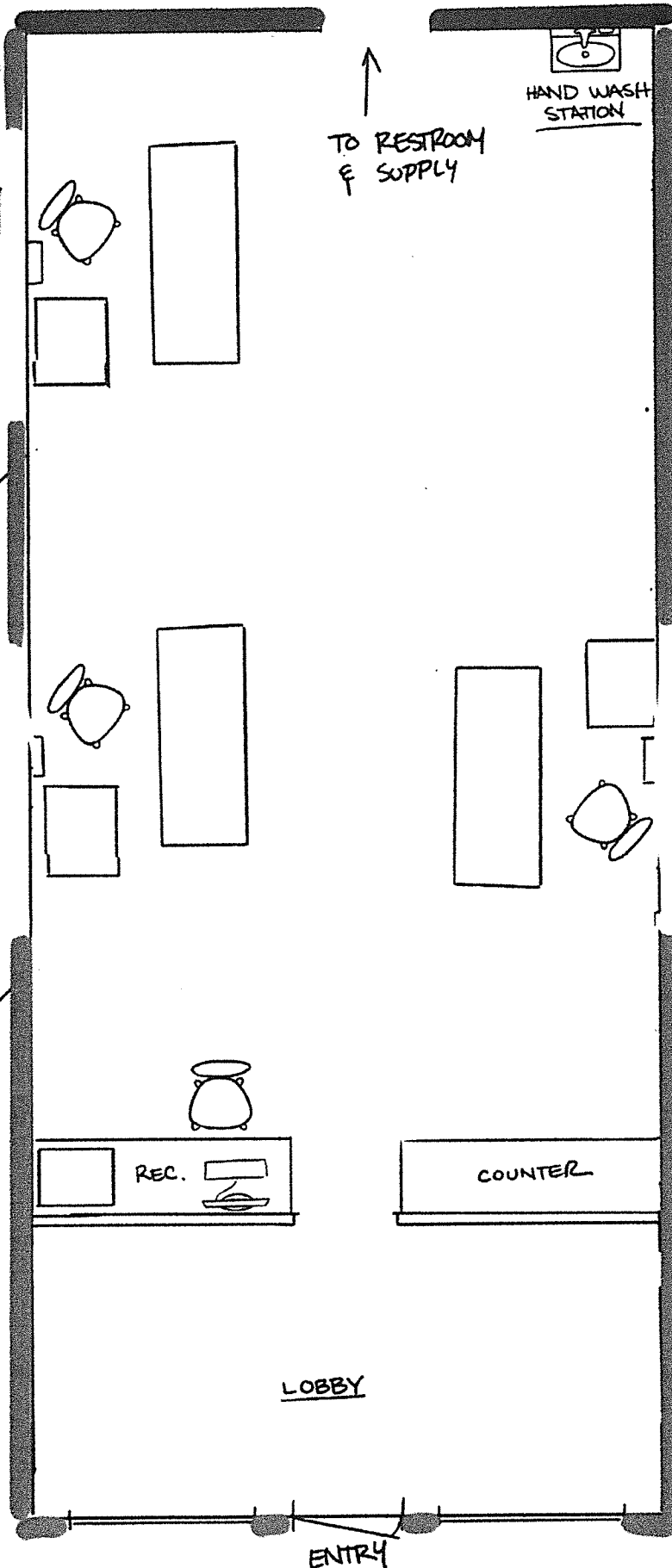
The company serves healthcare facilities such as hospitals, blood banks, pharmaceutical manufacturers,.

Stericycle also serves myriad small businesses, which include outpatient clinics, medical and dental offices, abortion clinics, veterinary and animal hospitals, funeral homes, home healthcare agencies, body art studios, and long-term and sub-acute care facilities. Medical device manufacturers, consumer goods manufacturers, and retailers are also key customers.



STATION 3
FUTURE ARTIST
STATION

STATION 1
MY STATION



HAND WASH
STATION

- TOUCHLESS FAUCET
- LVT
VINYL FLOORING

* ALL SINGLE
USE ITEMS
TO BE USED

NO AUTOCLAVE
NEEDED

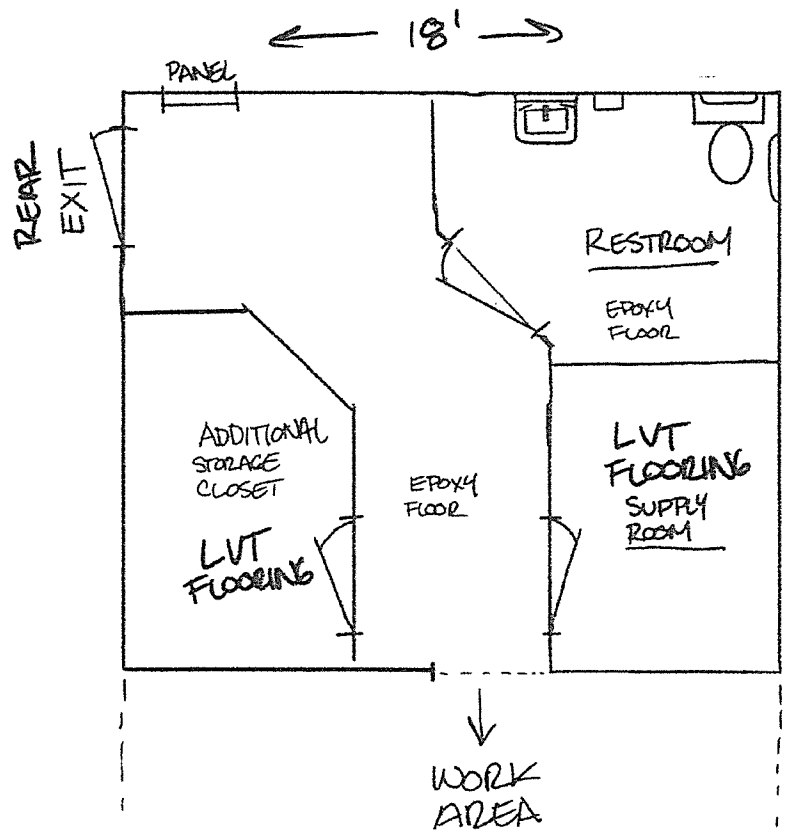
* WALL MOUNTED
SHARPS DISPOSAL
AT ALL STATIONS

STATION 2
FUTURE
ARTIST STATION

LOBBY

ENTRY

BODY ART STUDIO • FLOOR PLAN



ALBANY COUNTY
DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

**TATTOO ARTIST
CERTIFICATE**

Pursuant to the provisions of
Albany County Local Law No.4 for 1999

Michael Schramm

HAS BEEN CERTIFIED TO PRACTICE AS A
TATTOO/BODY PIERCING ARTIST
IN THE COUNTY OF ALBANY

EFFECTIVE DATE:
August 1, 2020

CERTIFICATE NO: 264

EXPIRATION DATE:
July 31, 2021



E. Whalen

Elizabeth F. Whalen, MD, MPH
Commissioner of Health

Ginger Hannah

From: Mike Schramm <mountainschramm@gmail.com>
Sent: Friday, April 23, 2021 10:50 AM
To: Ginger Hannah
Cc: DFCS
Subject: Re: Application for Certificate of Sanitation Plan Review

Hi Ginger,

Great speaking with you this AM! As requested Additional narrative notes for clarification. See below:

“It is anticipated and has been approved by Albany DOH to have up to 3 artists within the space as approved floor plan identifies. Approval has outlined this plan is sufficient as appointment based for 3 artists and will need to be revisited if covid is over and if the lobby is reopened for seating. “

Addition to the narrative:

It is the intent to operate with up to 3 artists and upon DOH approval to take walk-in clientele when covid restrictions are no longer upon us.

Stericycle will be utilized as a call in service when pickup service is in need. An account will be setup upon the SUP approval. This is DOH requirement and monitored and regulated by Albany County and has strict guidelines to ensure operations maintain a professional and sanitary environment to the public.

In regards to a call into Lance, Don Cropsey will be representing me for any questions about the space in regards to any possible permits. I will be at work today and will periodically checking emails if you need me for anything else.

Thanks again!
Michael Schramm
Crossroad Tattoo LLC

Sent from my iPhone

On Apr 23, 2021, at 10:07 AM, Mike Schramm <mountainschramm@gmail.com> wrote:

Hi Ginger,

See below for original DOH application.

Thank you,
Michael Schramm
Crossroad Tattoo LLC

Sent from my iPhone

Begin forwarded message:

From: Mike Schramm <mountainschramm@gmail.com>
Date: April 22, 2021 at 10:18:00 PM EDT
To: DFCS <dfcropsey@gmail.com>
Subject: Fwd: Application for Certificate of Sanitation Plan Review

Sent from my iPhone

Begin forwarded message:

From: Mike Schramm <mountainschramm@gmail.com>
Date: April 22, 2021 at 9:04:21 PM EDT
To: mike schramm <mountainschramm@gmail.com>
Subject: Fwd: Application for Certificate of Sanitation Plan Review

Sent from my iPhone

Begin forwarded message:

From: Mike Schramm
<mountainschramm@gmail.com>
Date: February 16, 2021 at 4:56:51 PM EST
To: ryan.ratigan@albanycountyny.gov
Subject: Application for Certificate of Sanitation Plan Review

Good evening Ryan,

Thank you for your assistance this afternoon!
Attached are the application and supporting documents discussed. Please let me know if you will need the physical check or if the check can be processed.

Respectfully,
<image7.jpeg>
<image8.jpeg>
<image9.jpeg>
<image10.jpeg>
<image11.jpeg>
<image12.jpeg>
<image13.jpeg>
<image14.jpeg>

Michael Schramm
Crossroad Tattoo
Managing Member
5162504224

Ginger Hannah

From: Mike Schramm <mountainschramm@gmail.com>
Sent: Friday, April 23, 2021 10:01 AM
To: Ginger Hannah
Cc: DFCS
Subject: Body Art Studio Supplement to Narrative

Good Morning Ginger,

See below and attached. I will be sending an additional email including original DOH application. As requested;

It is the intent of Crossroad Tattoo LLC. to act in accordance to Albany County's approved plan with submitted original application 2/16/21 along with supplemental submittal (2/23/21) for the 3 artist proposal for obtaining a certified contractor such as Stericycle to provide pick up services to the establishment as needed for disposal of biowaste sharps containers. This service will be obtained once town approval is determined.

It is anticipated and has been approved by Albany DOH to have up to 3 artists within the space as approved floor plan identifies. Approval has outlined this plan is sufficient as appointment based for 3 artists and will need to be revisited if covid is over and if the lobby is reopened for seating (walk in status). Scale is 1/4" grid =1'

Respectfully,
Michael Schramm
Crossroad Tattoo LLC



DANIEL P. McCOY
County Executive
ELIZABETH F. WHALEN, MD, MPH
Commissioner of Health

DEPARTMENT OF HEALTH
COUNTY OF ALBANY
175 GREEN STREET
ALBANY, NEW YORK 12202

MARIBETH MILLER, BSN, MS
Assistant Commissioner for Public Health

The Dr. John J.A. Lyons
ALBANY COUNTY HEALTH FACILITY
(518) 447-4580 FAX (518) 447-4698
www.albanycounty.com

APPLICATION FOR A NEW/RENEWAL TATTOO/BODY PIERCING SHOP CERTIFICATE OF
SANITATION

Operation of a tattooing or body piercing shop without certification is a violation of Albany County Law 4 of 1999

PLEASE INCLUDE \$180.00 PERMIT FEE WITH THIS COMPLETE APPLICATION

If a plan review is required an additional \$180.00 must be included

Type of Application: ☒ New ☐ Renewal Certificate# _____

Facility Information and Mailing Address:

1. SHOP NAME CROSSROAD TATTOO LLC
SHOP ADDRESS 187 MAIN ST.
CITY ALBANY NY ZIP 12209 PHONE 516-250-9224
2. Shop Type: ☒ Tattoo ☐ Body Piercing Shop ☐ Temporary Tattoo
☐ Temporary Body Piercing ☐ Temporary Both
3. Water Supply: A. ☒ Public B. ☐ Private B. ☒ Chlorinated ☐ Unchlorinated
4. Sewage System: A. ☐ Public B. ☒ Private
5. Hours of Operation: Weekdays 12 to 8 Weekends 12 to 8
6. Owner/Operator Information:
Owner/Operator Name MANAGING MEMBER MICHAEL G. SCHRAMM
Address _____
State NY Zip _____ Phone 516-250-9224
7. Insurance Information: One of the following forms: ☐ C-105.2 ☐ U-26.3 ☐ SI-12 ☐ GSI-105.2
AND one of the following forms: ☐ DB-120.1 ☐ DB-155 OR ☒ Form CE-200

Copies of Workers Compensation and Disability Insurance certificates or a CE-200 Workers' Compensation form must be submitted to Albany County Health Department with your application.

Please contact your insurance agent for one of the following forms.

-Form C-105.2 - Certificate of Workers' Compensation Insurance
-Form U-26.3 - Certificate of Workers' Compensation Insurance
-Form SI-12 - Certificate of Workers' Compensation Self Insurance
-Form GSI-105.2 - Certificate of Participation in Workers' Compensation Group Self Insurance

AND

Please contact your insurance agent for one of the following forms.

-Form DB-120.1 - Certificate of Disability Benefits
-Form DB-155 - Certificate of Disability Benefits Self Insurance

OR See next page

OR

Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. The CE-200 form can be processed electronically on-line at <http://www.wcb.ny.gov> and immediately upon completion, be able to print out a hard copy of the CE-200 that can be attached to your application. Computers are available at the Customer Service Center the New York State Workers' Compensation Board, 100 Broadway, Menands office. Paper application for the CE-200 can be obtained by writing or visiting the Customer Service Center at New York State Workers' Compensation Board, 100 Broadway, Menands, NY 12241, 1-866-750-5157.

Albany County will not issue a permit without copies of insurance certificates as stated above.

8. Services Provided:
Please briefly describe all tattoos, permanent cosmetic or piercing services to be provided.

TATTOO SERVICES FOR COLOR & BLACK & GREY TATTOOS
(MODERN TATTOO APPLICATION)

9. The applicant hereby agrees that the information contained herein is accurate.

[Signature]
Signature

MICHAEL G. SCHRAMM
Print name of person completing this form

OWNER
Title

2/11/21
mo day yr

10. Please mail completed application and certificate fee in the amount of \$180.00, payable to Albany County Department of Health, to:

Albany County Department of Health
Attn: Environmental Health
175 Green Street
Albany, NY 12202

Office Use Only

Certification issuance recommended ☐ No ☐ Yes Permit # _____

Date Fee Received ____/____/____ Amount of Fee Received \$ _____

Date Certificate Mailed ____/____/____ Effective date ____/____/____ Expiration date ____/____/____

Signature _____ Title _____
mo day yr



**Workers'
Compensation
Board**

**Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required. Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address): Crossroad Tattoo LLC 187 Main St Altamont, NY 12009-7714 PHONE: 516-250-4224 FEIN: XXXXX3249	Business Applying For: Health Permit or License From: Albany county department of health
--	--

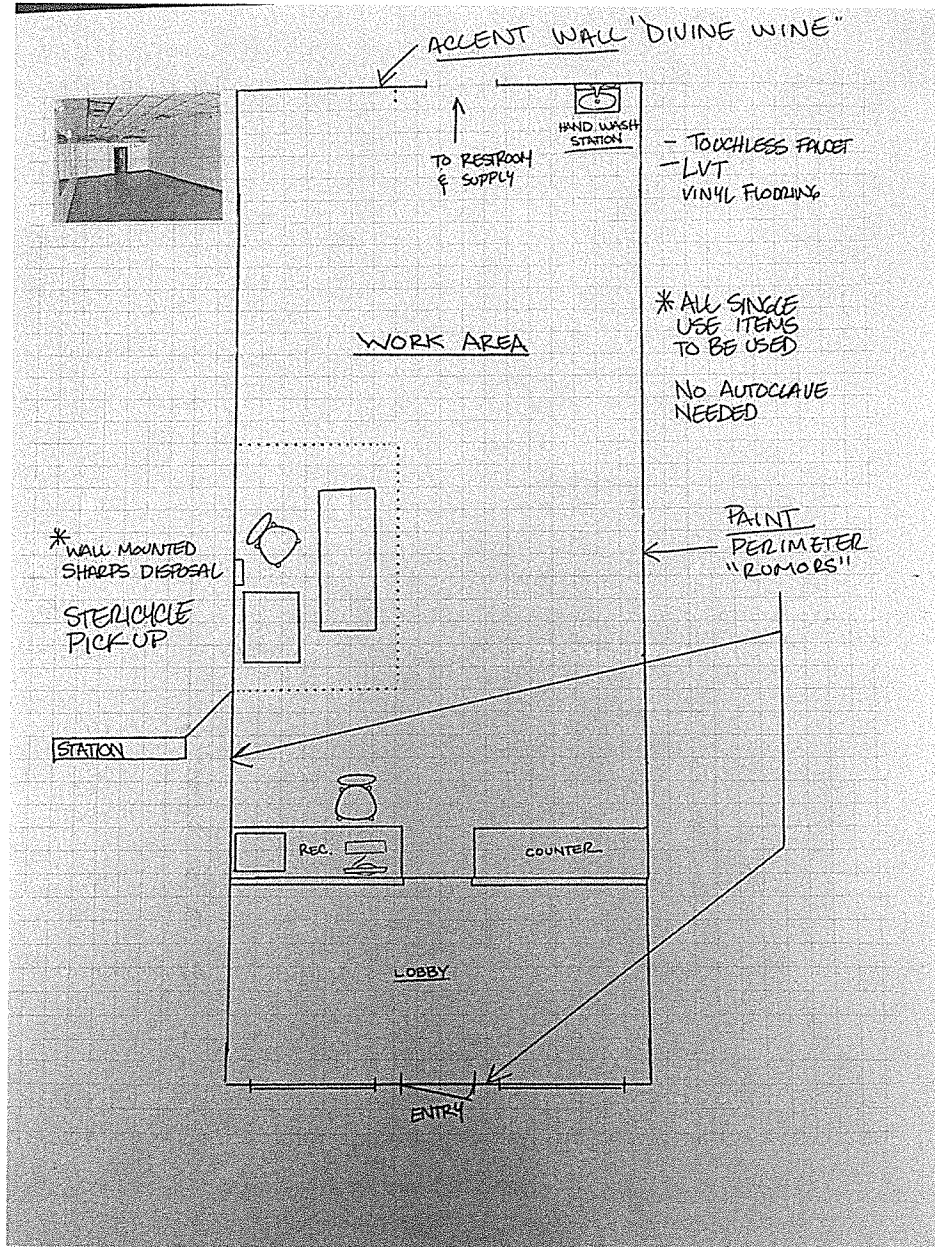
Workers' Compensation Exemption Statement:
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

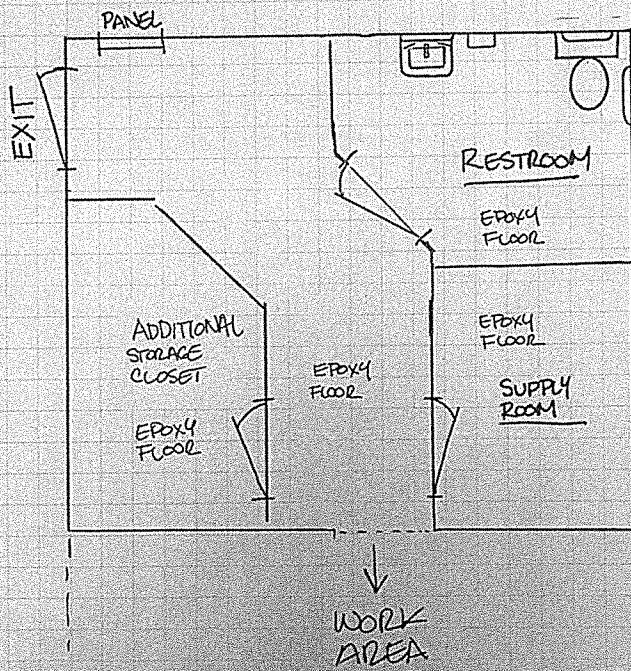
Partners / Members: Michael G Schramm

Disability and Paid Family Leave Benefits Exemption Statement:
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:
The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)

I, Michael G. Schramm, am the Member with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date: 2/16/21
Exemption Certificate Number 2021-007842		Received February 16, 2021 NYS Workers' Compensation Board







19

Proposed future art... ^ v

On Feb 24, 2021, at 11:24 AM,

Ratigan, Ryan

<Ryan.Ratigan@albanycountyny.gov

> wrote:

Mike,

You can move forward with this plan. My only concern (a good one for you) is that if business is good, you have three artists and covid lets up where you have people in the lobby that will need access to the bathroom. We must have unobstructed access to handwashing not in the path. We can cross that bridge when the time comes.

From: Mike Schramm

<mountainschramm@gmail.com>

Sent: Tuesday, February 23, 2021 11:53 AM

To: Ratigan, Ryan

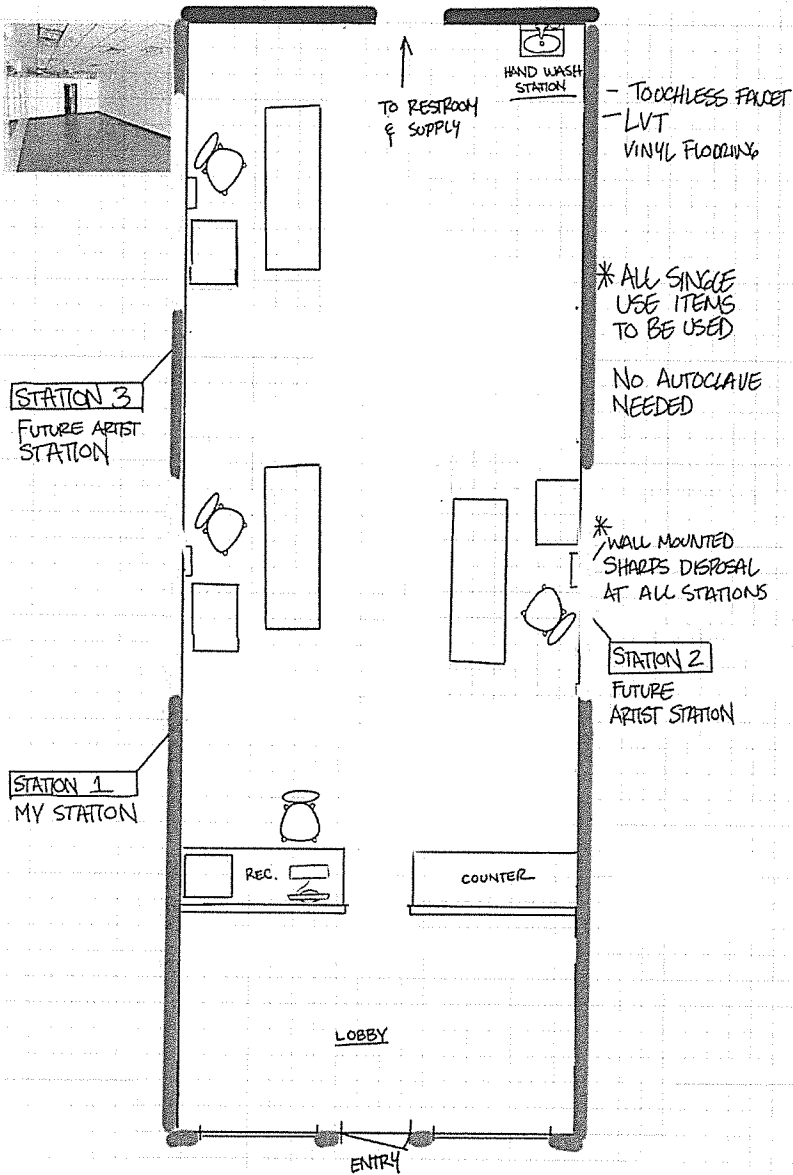
<Ryan.Ratigan@albanycountyny.gov>

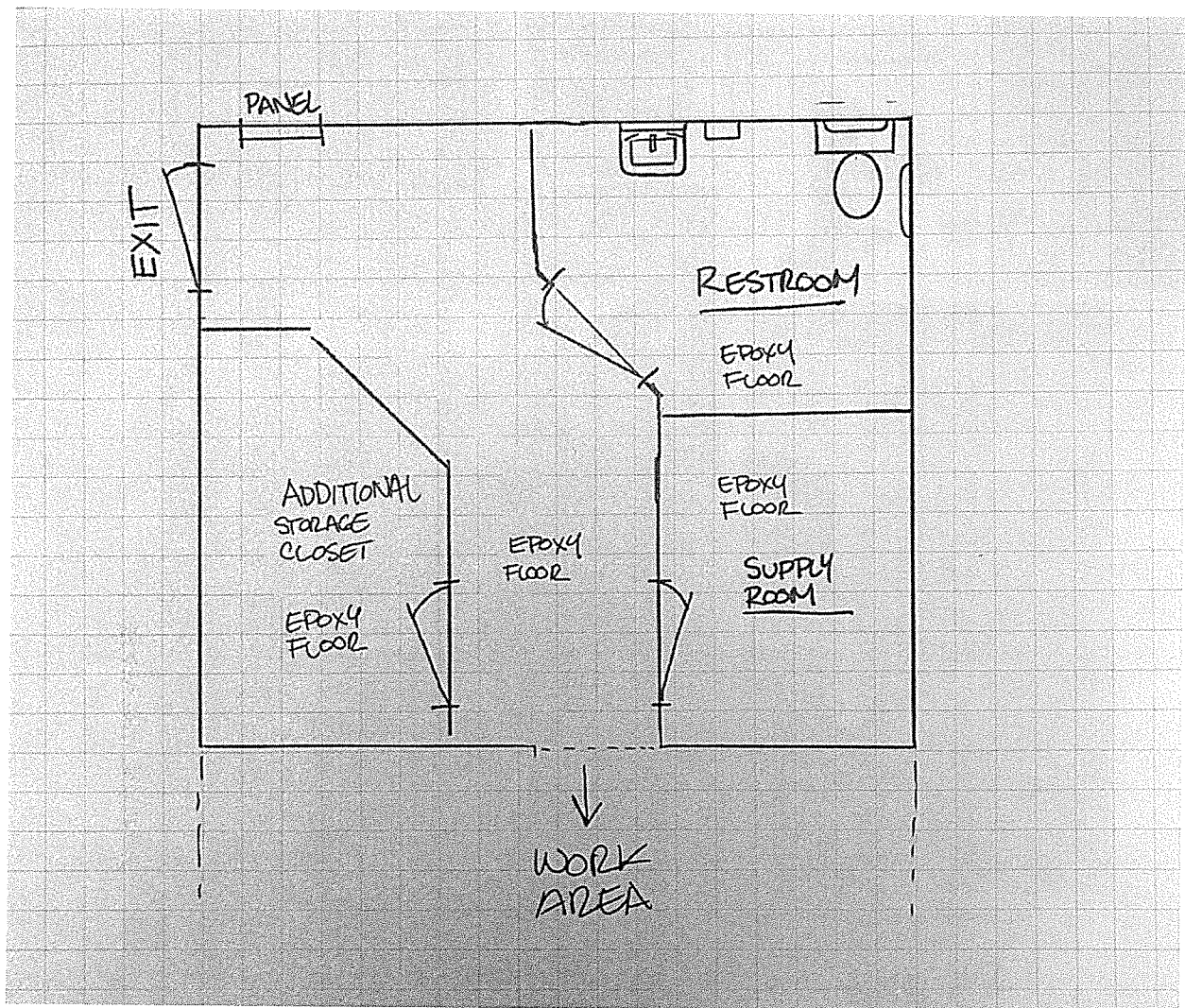
Subject: Proposed future artist stations

Untitled_Artwork.jpg

Good morning Ryan,

Below are the proposed locations for 2 additional artist locations. With coordinating color representations. Hopefully you received the hard copies of all completed documents I had sent in the







WALDO
Mako Studio Chair - Black



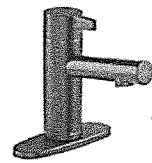
CLOSET, RESTROOM &
SUPPLY ROOM
WHITE

Plamps Fluorescent 2x2 Fixture



Modern Single Hole Touchless Bathroom Faucet in Matte Black
by Glacier Bay > Shop the Collection >

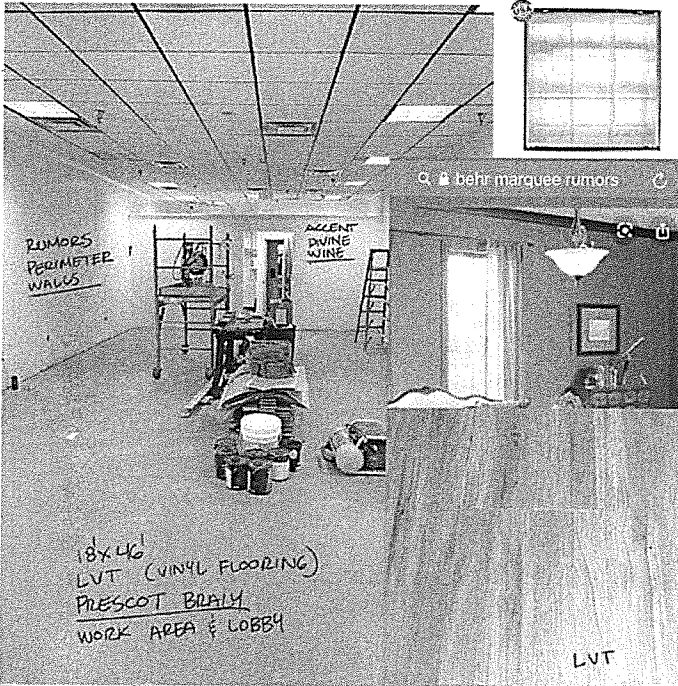
Internet #311553405, Model #HG708/FH-6012K



PERIMETER WALLS

ACCENT WALL 8'x18'

TUM



REMOVS PERIMETER WALLS

ACCENT DWINE WINE

18x46
LVT (VINYL FLOORING)
PRESCOTT BRUSH
WORK AREA & LOBBY

LVT



Bulk Liquid Soap Auto Wall-Mount Dispenser -
34 oz



X2



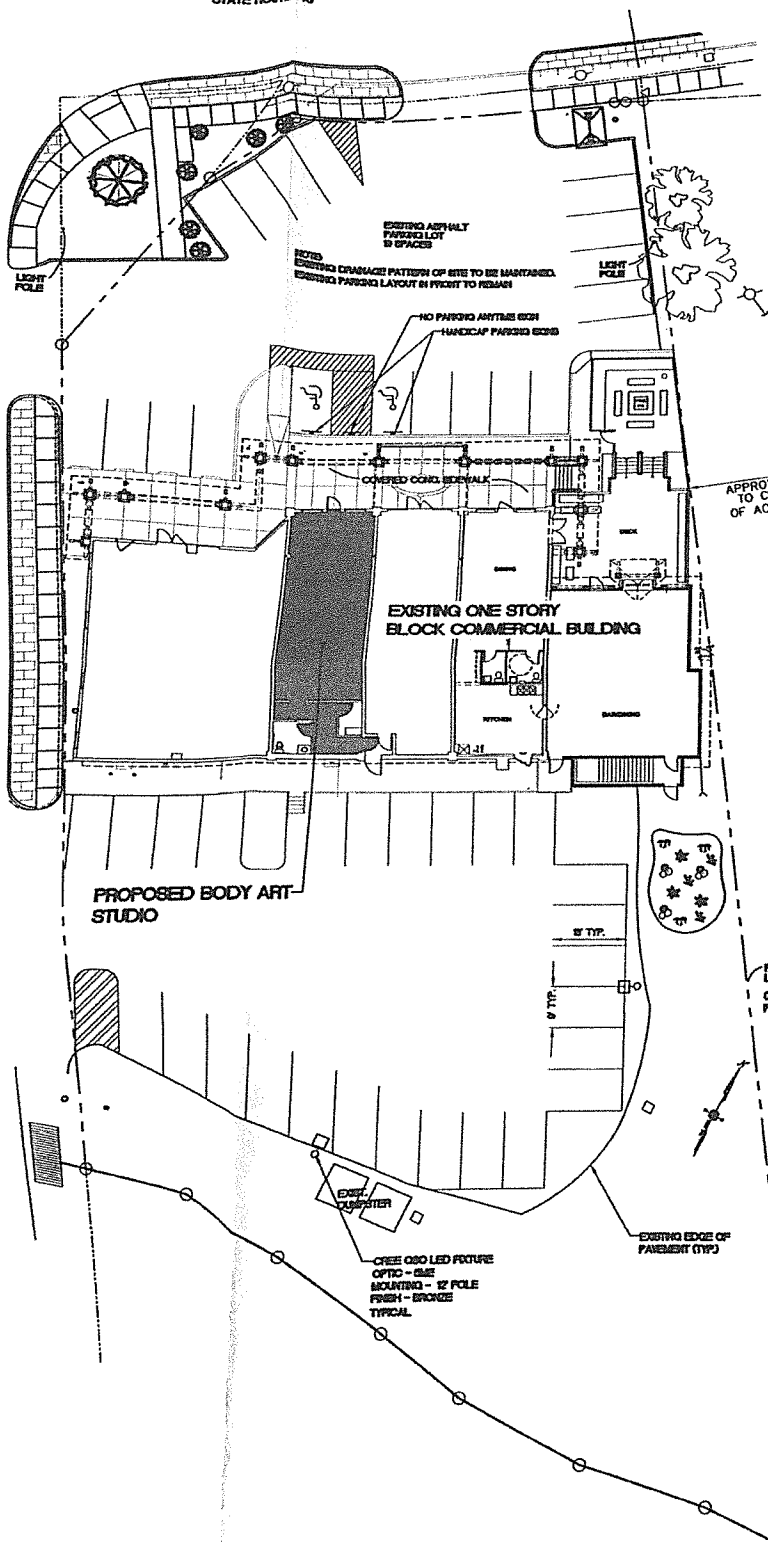
X2

Georgia Pacific® Professional Automated Touchless Paper Towel Dispenser by GP Pro, 16" 14.760" W x 9.500" D x 17.363" H, Black



STATE ROUTE 150

STATE ROUTE 150



SITE PLAN
SCALE: 1/16" = 1.0'

NOTE: 72 HOURS PRIOR TO ANY CONSTRUCTION ACTIVITIES, THE CONTRACTOR SHALL CONTACT THE DIG SAFELY NEW YORK TO LOCATE ALL UNDERGROUND UTILITIES. 1-800-962-7862

NO.	DATE	REVISIONS
1	3/2/21	REVISED AS PER PLANNING BOARD COMMENTS

Nothing in these drawings shall be done only for the purpose of providing a visual representation of the proposed project. The drawings shall not be used for any other purpose without the written consent of Brett L. Steenburgh, P.E., PLLC. This document is a violation of N.Y.S. Sub. 2 of the NYS Education Law. Copyright 2014 by Brett L. Steenburgh, P.E., PLLC. All rights reserved. No use or reproduction of these drawings is permitted without the written consent of Brett L. Steenburgh, P.E., PLLC.

BRETT L. STEENBURGH, P.E. PLLC

2832 Rosendale Road
Niskayuna, NY 12309
(518) 365-0675
bsteenburgh@bsteenburgh.com



ENGINEERING THAT TRANSFORMS IMAGINATION INTO REALITY
A comprehensive civil engineering firm with a personal touch

SITE PLAN
ALAMONT PLAZA LLC
BODY ART STUDIO
VILLAGE OF ALAMONT

STATE OF NEW YORK
COUNTY OF ALBANY

CHECKED BY: BLS
DATE: 03/02/21

SCALE: 1" = 20'

Village of Altamont

P.O. Box 643 Altamont, NY 12009
Telephone (518) 861-8554 Fax (518) 861-5379

APPLICATION FOR SIGN PERMIT

Date: APRIL 7 2021

Fee: \$ 75.00 (Payable to the Village)
(A separate sign permit is required for each sign)

APPLICANT INFORMATION: MIKE STRAMM

Name: CROSSROAD TATTOO LLC

Mailing Address: 187 MAIN STREET

ALTAMONT NEW YORK

12009

Daytime Phone: 516 250 4224

Property Address: 187 MAIN ST ALTAMONT NY 12009

Owner: JEFF THOMAS / ALTAMONT CORNERS

Mailing Address: 122 OLD STAGE RD

EAST BERNE NY 12059

Daytime Phone: 518 365 4444

ALTAMONT CORNERS

Please fill in the appropriate information:

SIGN: ☒ permanent free standing ☒ permanent bldg. mounted ☐ * temporary free standing ☐ * temporary bldg. mounted

*please indicate length of time requested

SIZE SIGN: BLOG MOUNTED 16" X 139" & FREE STANDING 11" X 48"

15.44 SF one sided 3.66 SF/SIDE two sided
sf per side 22.77 SF total sf of signage

ESTIMATED COST: \$500.00
FEE: _____

total height of sign
total sf of other signs for property
22.77 SF total sf of all signs combined for business

ILLUMINATION: _____ internal ☒ external (if external, where would lighting be placed)

U.L. label required on all illuminated signs. Wiring and other electrical details shall be shown on plans.

COLORS RENDERING SHALL INCLUDE THE FOLLOWING:

_____ dimensions on all items, including letters or symbols on signs
_____ colors shown to be exactly as actual sign
_____ materials used

** No more than 2 rectangles may be used to enclose and measure the area of a sign

*****NO CARDBOARD RENDERING WILL BE ACCEPTED*****

BUILDING MOUNTED SIGN - 15.44 SF

OPTION A

139.16"

CROSSROAD-TATTOO

16"

OPTION B

141.52"

CROSSROAD-TATTOO

12.05"

16"

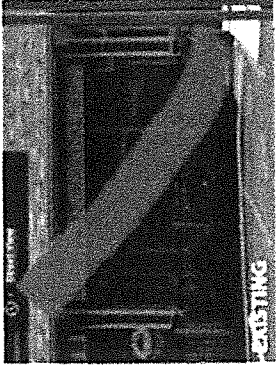
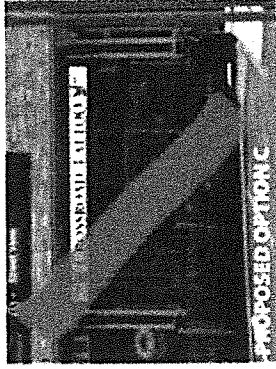
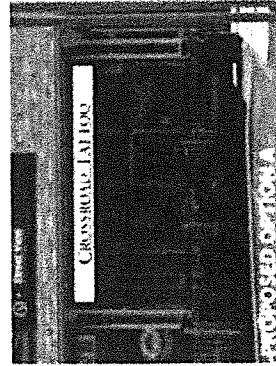
OPTION C

138.69"

CROSSROAD-TATTOO

12" 16"

204"



DESCRIPTION:

Vinyl graphics with cut, acrylic lettering. Stud-mount letters to available 16"h x 17"w area.



1-800-942-6366
518.732-7704
fax: 518.732-7716
saxtonsign.com

CLIENT:

Crossroads Tattoo

JOB LOCATION:

187 Main Street
Altamont, NY 12009

CUSTOMER APPROVAL

DATE

DATE: 3/1/2021

FOLDER: Drawings Lisa Crossroads Tattoo

FILE NAME:

Crossroads Sign

REVISION:

DRAWN BY: CM

SALESPERSON: LT



CROSSROAD-TATTOO

44" 11"



PANEL SIZE
10 3/4 x 48 1/2
EXISTING
SIGN &
PANEL
RELETTER



DESCRIPTION:

Vinyl graphic lettering.

SAXTON
SIGNCORP

800-942-6366
518.732-7704
x: 518.732-7716
xtonsign.com

CLIENT:
Crossroad Tattoo

JOB LOCATION:
187 Main Street
Altamont, NY 12009

CUSTOMER APPROVAL

DATE

THIS ORIGINAL DRAWING AND DESIGN IS THE PROPERTY OF SAXTON SIGN CORPORATION
AND MAY NOT BE DUPLICATED OR REPRODUCED IN WHOLE OR IN PART AS A DRAWING
OR SIGN WITHOUT WRITTEN PERMISSION FROM SAXTON SIGN CORP.

DATE: 3/2/2021
FOLDER: Drawings/Lisa/Crossroad Tattoo
FILE NAME:
Crossroads Sign 2
REVISION:
DRAWN BY: CM
SALESPERSON: LT



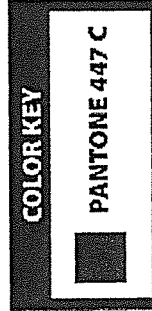
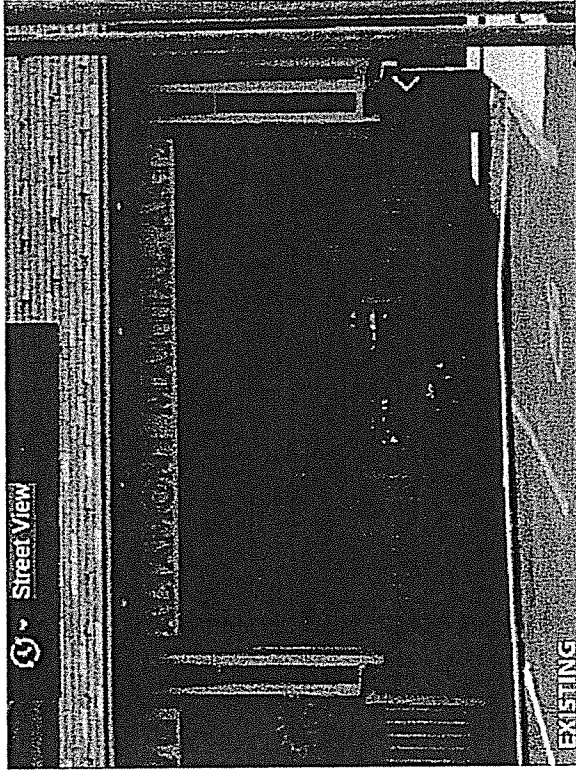
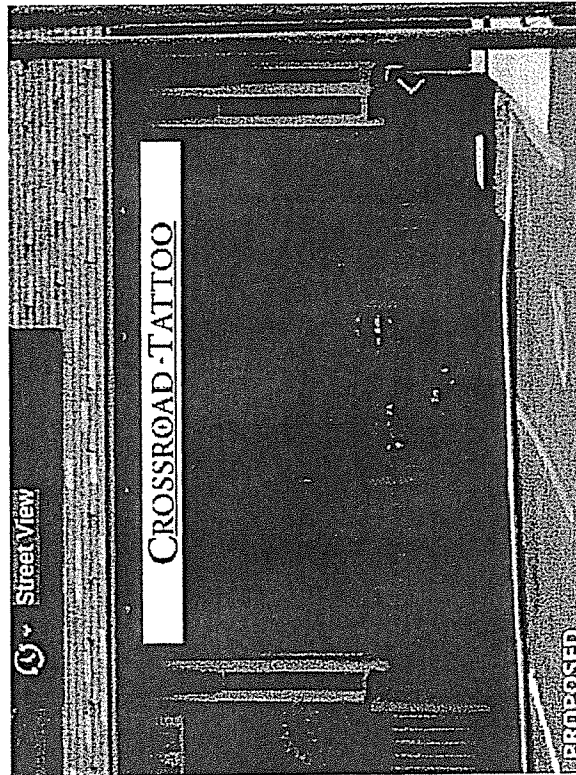


139.16"

CROSSROAD-TATTOO

12" 16"

204"



DESCRIPTION:

Vinyl graphics with cut, acrylic lettering.
Stud-mount letters to available 16"h x 17'w area.



300-942-6366
518.732-7704
x: 518.732-7716
xtonsign.com

CLIENT:
Crossroad Tattoo

JOB LOCATION:
187 Main Street
Altamont, NY 12009

CUSTOMER APPROVAL

DATE

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AND MAY NOT BE DUPLICATED OR REPRODUCED IN WHOLE OR IN PART AS A DRAWING
OR SIGN WITHOUT WRITTEN PERMISSION FROM SAXTON SIGN CORP.



DATE: 3/2/2021
FOLDER: Drawings/Lisa/Crossroad Tattoo
FILE NAME: Crossroads Sign 2
REVISION:
DRAWN BY: CM
SALESPERSON: LT

VILLAGE OF ALTAMONT

APPLICATION FOR SUBDIVISION

RETURN TO:

Village of Altamont
PO Box 643 115 Main Street
Altamont, NY 12009
(518) 861-8554

FEES:

Major Sub-division Application Fee \$ 1,500.00
Minor Sub-division Application Fee \$ 150.00
Fee in lieu of 10% Park/Green Space Fee
\$ 1,500.00 per lot (payable with Building Permit Application)

APPLICANT INFORMATION:

Name: VAMR Development, LLC (Ken Romanski)
division: Bozenkill Road Subdivision
Address: 1614 McGuire School Road
Delanson, NY 12053
Daytime Phone: 518-461-0605

RELATIONSHIP TO PROPERTY

- ☒ Owner
☐ Contract Vendor
☐ Other – Explain:

Email

SUB-DIVISION INFORMATION:

Name of Sub-

General Location: Bozenkill Road, Altamont
Zoning: R-20 Total Acreage: 23.87±
Tax Map Number(s): 37.09-1-5.1

Presenter (if other than applicant):

Luigi A. Palleschi, P.E., ABD Engineers, LLP
Address: 411 Union Street, Schenectady, NY 12305
Daytime Phone: 518-377-0315

PROPERTY DESCRIPTION:

Generally describe any easement or other restrictions on the property: _____

Does the site contain any of the following : ☐ Stream ☐ Pond ☐ Other Body of Water ☒ Wetlands
☐ Floodplain ☐ Steep Slopes ☐ Historic/Archeological Resources

If yes, elaborate: Federal Wetlands as shown on map

Water Source: ☐ Well ☒ Hook-up to existing Village Water ☐ Extension of Village Water District

Sewer Source: ☐ Septic ☒ Hook-up to existing Village Sewer ☐ Extension of Village Sewer District

Will there be any land dedicated to the Village for a park or open space commonly owned by a Homeowner's Association? If yes, what is the percentage and proposed ownership of the open space? _____

X MAJOR SUB-DIVISION – 3 or more lots

_____ MINOR SUB-DIVISION – 2 lots

CONCEPT PLAN

This application must be accompanied by 10 copies of a concept plan containing ALL INFORMATION required by the Village of Altamont Sub-division Regulations and a check payable to the Village of Altamont, in the amount required by the above application fee.

APPLICATION FOR SUBDIVISION PAGE 2

Please note: The applicant/owner is responsible for payment of engineering fees for services deemed necessary by the Village of Altamont Planning Board.

Has applicant satisfied NYS Storm Water Management Requirements? Yes

Within 60 day after final approve and endorsement of the sub-division plat the applicant must file the plat for recording with the County Clerk. If not recorded within such time period, final approval of the plat shall expire and become null and void. To complete the Village process, the Village shall receive two copies of the said file plat.

AGREEMENT

The applicant hereby certifies that he/she is the owner of record for the above listed property or has duly authorized, in writing, by the owner of record to make this application. Further, by signing this application, the owner gives permission for a representative(s) of the Village of Altamont to walk the property for the purposes of conducting a Site Review.

SIGNATURE OF APPLICANT: [Signature] DATE: 4/9/21

SIGNATURE OF OWNER: [Signature] DATE: 4/9/21

OFFICE USE ONLY

APPLICATION RECEIVED ON: _____ Concept Hearing set for: _____

FEE RECEIVED: _____

Approved for concept hearing:

_____ Planning Board Chair

Notifications made on:

_____ Albany County Planning Board

Materials sent to:

_____ Village of Altamont Public Works

_____ Board members

_____ Altamont Fire Department

_____ Village Attorney

_____ Board Liaison

APPLICATION FOR SUBDIVISION PAGE 3

CONTENTS OF THE SKETCH PLAN REQUIRED:

The sketch plan shall be a scale drawing, based on tax map information or some other similarly accurate base map, and other supporting documentation which contains the following:

1. The subdivision name or title, the entire tract shown on one sheet; North direction, which shall be oriented toward the top of the plan; the plan date; and the label "Sketch Plan";
2. The subdivision boundaries and the owners of all contiguous properties;
3. The zoning classification and tax map number(s) of the property to be subdivided, and all of contiguous;
4. The total acreage of the subdivision, the proposed number, layout and size of lots, and the streets;
5. Any proposed recreation areas, drainage systems, water supply, waste water and storm water systems and any other proposed utilities;
6. All the utilities available and all the streets, whether proposed, mapped or built, adjacent to the tract;
7. All existing restrictions on the use of land, including easements and covenants;
8. All existing structures, wooded areas, State or Federal wetlands, watercourses, and other significant features within the part to be subdivided and within two hundred (200) feet of the proposed subdivision boundaries;
9. The building envelope, which is determined by showing all the yard and other applicable setbacks in which proposed structures may be built;
10. If applicable, the location and required setbacks from watercourses, wetlands, angle of repose reserves, protected slope reserves, and the 100 year floodplain. All federal wetland delineations must be approved by the Army Corps of Engineers and all New York State wetlands delineations must be approved by the New York State Department of Environmental Conservation;
11. Topographic conditions shall be shown by contours which shall also be indicated at intervals of not more than 10 feet; and
12. Any other information the subdivision reviewer or the Planning Commission deems appropriate.
13. A vicinity map shall appear on the face of the sketch plan.

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: Bozenkill Road Subdivision		
Project Location (describe, and attach a general location map): Bozenkill Road, Altamont, NY		
Brief Description of Proposed Action (include purpose or need): Project includes the land subdivision of the main 23.87 AC± parcel (Tax Map Parcel # 37.09-1-5.1) into (4) lots. (3) new lots will be developed as Single-Family Residences, totaling 1.42 AC±. The remaining 22.45 AC± lot (Lot 4) to the north, will remain undeveloped. The (3) residential lots range in acreage from 0.46 AC± to 0.50 AC±, & will be served by public water & sanitary sewer services.		
Name of Applicant/Sponsor: VAMR Development, LLC (Ken Romanski)		Telephone: (518) 461-0605
		E-Mail: kromanski@cma.com
Address: 1614 McGuire School Road		
City/PO: Delanson	State: NY	Zip Code: 12053
Project Contact (if not same as sponsor; give name and title/role): Same as Applicant		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor): Same as Applicant		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No or Village Board of Trustees		
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Village Planning Board - Subdivision Approval	July 2018
c. City, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Other local agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Village DPW - Water & Sewer Approval	February 2019
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Albany County Planning Board - GML 239 Referral, Albany County DPM - Driveway Permits	February 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 type="checkbox"/> Yes <input checked="" 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	
<ul style="list-style-type: none"> 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 checked="" type="checkbox"/> Yes <input 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): NYS Heritage Areas: Mohawk Valley Heritage Corridor	
<hr/> <hr/> <hr/>	
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):	
<hr/> <hr/> <hr/>	

C.3. Zoning	
a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. If Yes, what is the zoning classification(s) including any applicable overlay district?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>R-20, Residential One-Family</u>	
b. Is the use permitted or allowed by a special or conditional use permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Is a zoning change requested as part of the proposed action?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<u>Guilderland Central School District</u>
b. What police or other public protection forces serve the project site?	<u>Village of Altamont Police Department</u>
c. Which fire protection and emergency medical services serve the project site?	<u>Village of Altamont Fire Department</u>
d. What parks serve the project site?	<u>Angel Park, Bozenkill Park, Shilling Park, & Orisini Park</u>

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)? <u>Residential</u>	
b. a. Total acreage of the site of the proposed action?	<u>23.87±</u> acres
b. Total acreage to be physically disturbed?	<u>0.78±</u> acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?	<u>23.87±</u> acres
c. Is the proposed action an expansion of an existing project or use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types) <u>Residential</u>	
ii. Is a cluster/conservation layout proposed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
iii. Number of lots proposed? <u>4</u>	
iv. Minimum and maximum proposed lot sizes? Minimum <u>0.46 AC±</u> Maximum <u>22.45 AC±</u>	
e. Will the proposed action be constructed in multiple phases? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
i. If No, anticipated period of construction: <u>18±</u> months	
ii. If Yes:	
<ul style="list-style-type: none"> • 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	3			
At completion of all phases	3			

g. Does the proposed action include new non-residential construction (including expansions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes,	
i. Total number of structures _____ ii. Dimensions (in feet) of largest proposed structure: _____ height; _____ width; and _____ length iii. Approximate extent of building space to be heated or cooled: _____ 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? (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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:

i. Total anticipated water usage/demand per day: _____ 990± 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: Village of Altamont
- 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: _____ 990± 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): _____

iii. Will the proposed action use any existing public wastewater treatment facilities? ☒ Yes ☐ No
If Yes:

- Name of wastewater treatment plant to be used: Village of Altamont
- Name of district: Village of Altamont
- 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • Will a line extension within an existing district be necessary to serve the project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ 	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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? _____ 	
<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>_____</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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>_____</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 type="checkbox"/> No 	
<p>iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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>	
<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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</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) <input type="checkbox"/> Yes <input type="checkbox"/> No</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) 	

<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 1/2 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____ <u>Typical electric usage for 3-Bedroom Single-Family Homes</u></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): <u>National Grid</u></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: _____ Approx. 7am - 5pm Saturday: _____ Approx. 8am - 4pm Sunday: _____ N/A Holidays: _____ N/A </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> Monday - Friday: _____ N/A Saturday: _____ N/A Sunday: _____ N/A Holidays: _____ N/A </td> </tr> </table>		<p>i. During Construction:</p> <ul style="list-style-type: none"> Monday - Friday: _____ Approx. 7am - 5pm Saturday: _____ Approx. 8am - 4pm Sunday: _____ N/A Holidays: _____ N/A 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> Monday - Friday: _____ N/A Saturday: _____ N/A Sunday: _____ N/A Holidays: _____ N/A
<p>i. During Construction:</p> <ul style="list-style-type: none"> Monday - Friday: _____ Approx. 7am - 5pm Saturday: _____ Approx. 8am - 4pm Sunday: _____ N/A Holidays: _____ N/A 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> Monday - Friday: _____ N/A Saturday: _____ N/A Sunday: _____ N/A Holidays: _____ N/A 		

<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>General construction equipment for home-building & utility installation activities, during the hours of operation.</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: <u>No major tree clearing is required.</u></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>Typical residential home lighting fixtures.</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 covertypes on the project site.

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	0.00 AC	0.20 AC±	+ 0.20 AC±
• Forested	14.29 AC±	14.29 AC±	0.00
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	8.23 AC±	7.65 AC±	- 0.58 AC±
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)	0.22 AC±	0.22 AC±	0.00
• Wetlands (freshwater or tidal)	1.13 AC±	1.13 AC±	0.00
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____			

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v. Is the project site subject to an institutional control limiting property uses? ☐ Yes ☐ No

- 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? ☐ Yes ☐ No
- Explain: _____

E.2. Natural Resources On or Near Project Site

a. What is the average depth to bedrock on the project site? _____ > 5± feet

b. Are there bedrock outcroppings on the project site? ☐ Yes ☒ No
If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %

c. Predominant soil type(s) present on project site:

HnB	_____	5.6± %
Ae	_____	53.9± %
LoD	_____	31.9± %

d. What is the average depth to the water table on the project site? Average: _____ > 5± feet

e. Drainage status of project site soils: ☒ Well Drained: 32.8± % of site
☒ Moderately Well Drained: 5.6± % of site
☒ Poorly Drained: 61.6± % of site

f. Approximate proportion of proposed action site with slopes: ☒ 0-10%: 100 % of site
☐ 10-15%: _____ % of site
☐ 15% or greater: _____ % of site

g. Are there any unique geologic features on the project site? ☐ Yes ☒ 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)? ☒ Yes ☐ No

ii. Do any wetlands or other waterbodies adjoin the project site? ☒ Yes ☐ No
If Yes to either i or ii, 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? ☒ Yes ☐ No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name 863-677 Classification C
- Lakes or Ponds: Name _____ Classification _____
- Wetlands: Name Federal Waters, Federal Waters, Federal Waters,... Approximate Size 1.13 AC±
- 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? ☐ Yes ☒ No
If yes, name of impaired water body/bodies and basis for listing as impaired: _____

i. Is the project site in a designated Floodway? ☐ Yes ☒ No

j. Is the project site in the 100-year Floodplain? ☐ Yes ☒ No

k. Is the project site in the 500-year Floodplain? ☐ Yes ☒ No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? ☒ Yes ☐ No
If Yes:

i. Name of aquifer: Principal Aquifer

<p>m. Identify the predominant wildlife species that occupy or use the project site: _____</p> <p>_____</p> <p>_____</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>Northern Long-eared Bat</p> <p>_____</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>_____</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>_____</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>_____</p> <p>_____</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District ii. Name: _____ 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 type="checkbox"/> Yes <input checked="" 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

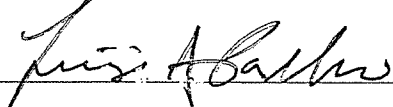
Attach any additional information which may be needed to clarify your project.

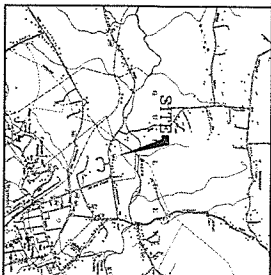
If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

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

Applicant/Sponsor Name Luis A. Paleschi ABD Engineers, LLP Date 4/2/2021

Signature  Title Professional Engineer



Applicant Checklist for Special Use Permit (SUP)

Return to:

Village of Altamont
PO Box 643 115 Main Street
Altamont, NY 12009
(518) 861-8554 Ext 13

Fees:

\$ 300.00 Commercial
\$ 50.00 One Family
\$ 100.00 Two Family
(Payable at time of Submittal to Village)

APPLICANT INFORMATION:

Name: Nadia Raza
Address: 1143 Leese Lane
Altamont NY 12009
Daytime Phone #: 518-495-1715
Date: 3/26/21
Email: nadiaraza1@gmail.com

TO BE SUBMITTED:

PROPERTY INFORMATION:

Owner: Jeff Thomas
Location: 187 Main St. Altamont NY 12009
Tax Map #: 48.06-3-1
Zoning: CENTRAL BUSINESS DISTRICT
Acreage: < 1.0
Request for a: AMENDED SUP

- 1) 15 copies of signed & notarized SUP application
- 2) 15 copies of completed SUP Conditions Form
- 3) 15 Copies of conditional purchase contract or rental agreement if applicable
- 4) 15 copies of project narrative statement containing the following: reasons which necessitate the need for a SUP, including a brief detailed description of the project
- 5) 15 copies Architectural drawings of proposed project
- 6) 15 copies of survey or plot plan (including a North Arrow) showing proposed project with
 - side setbacks
 - front and rear setbacks
 - all existing buildings
 - location of proposed construction
 - total size of parcel
 - all topographic elevations necessary to show proposed SUP
- 7) 15 copies completed, signed SEQRA if applicable
- 8) 15 copies of Sign Permit if applicable
- 9) 15 copies of Building and Zoning Permit if applicable
- 10) Escrow Fund for Legal/Engineering & other Fees as appropriate (determined by Planning Bd Chair)

OTHER AGENCY APPROVALS OR RECOMMENDATIONS AS REQUIRED

- 1) NYS Department of Transportation 518-765-2841
- 2) Albany County Health Department 518-447-4631
- 3) Albany County Planning Board 518-447-5660

VILLAGE OF ALTAMONT PLANNING BOARD

115 MAIN STREET, P.O. BOX 643, ALTAMONT, NY 12009 PHONE (518) 861-8554 FAX (518) 861-5379

APPLICATION FOR SPECIAL USE PERMIT

Return to: Village of Altamont
115 Main Street, PO Box 643
Altamont, NY 12009

Fees: \$300.00 Commercial
\$100.00 Two Family
\$ 50.00 One Family
(payable at time of submission)

A. STATEMENT OF OWNERSHIP AND INTEREST

THE APPLICANT(S) Curry Patta.
is (are) the owner(s) of property situated at the following address:
187 Main Street, Altamont NY 12009.
Street PO Box Village State Zip
TAX MAP PARCEL NO. 42.06-3-1 The above described property was acquired by
applicant(s) on the following date 3/26/21

B. REQUEST

The applicant(s) request a Special Use Permit for the above described property under the provisions of Section
of the Zoning Law of the Village of Altamont for the following purposes:

amended SUP for entertainment music
from 6-9pm, low volume, nothing too
loud.
as shown on the attached plan drawn to scale. (see narrative)

C. REASONS FOR REQUEST

The applicant(s) allege(s) that the approval of said Special Use Permit would be harmony with the intent and
purpose of said Zoning Ordinance (local law) and that the proposed use conforms to the standards prescribed
therefore in said ordinance (local law) and would not be detrimental to property or persons in the neighborhood
for the following reasons:

to replace a restaurant w/
a restaurant specializing in
Pakistani cuisine.

D. SPECIAL FEATURES

In addition to meeting the standards prescribed by the Zoning Law of the Village of Altamont, the applicant(s)
will provide

employment for the village youth
and to offer a new cuisine
to the village

in order that the public convenience and welfare will be further served.

THIS PORTION TO BE FILL OUT IN PRESENCE OF NOTARY

TO ME PERSONALLY APPEARED

Nisha Kato
on the 19 day of April, 2021

NOTARIZED SIGNATURE

Attachment: SUP Conditions Form

(2/21)

PATRICIA BLACKWOOD
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN ALBANY COUNTY

NO. 01BL6194251
MY COMMISSION EXPIRES SEPT. 29, 2024

Applicant Mailing Address & Phone #

I am Requesting an amendment to my sup,
due to the fact that my landlord is expanding
the space for me and adding an addition to
the current property that I rent.

with the addition I will have more space to
have entertainment, which will include
but not ~~be~~ limited to, belly dancers twice
a month, traditional dancers twice a month,
live bands (w/ noise level at a respectful
level for the neighbors & community.
our spring / summer hours will be
extended to: Tuesday, wed, thur 12-9pm
Friday, Saturday, Sunday 12-10pm, with
bar remaining open until 12-1am,
depending on how busy it gets.
Music will remain at light ^{sound} level
after 9pm.

I am also requesting permission for
a hookah & cigar area, where guests
will be far enough from non-smoking
guests and will be able to enjoy a
nice cigar / hookah.

I will always keep in mind to respect my fellow neighbors, including the library & park and respect the noise level when they hold events at their said locations.

I have run a very professional & respectable restaurant here in Altamant for the past 4 months, and I plan to continue great service to the community.

If you have any questions or concerns, please feel free to contact me @ 518-495-1715 (cell)

Thanking you all for your continued support for me and my family —

(Nadia Raza
owner Curry Patta)

SPECIAL USE PERMIT (SUP) CONDITIONS

The Village of Altamont Planning Board will not consider any application for a Special Use Permit (SUP) complete until the following application is completed in full and submitted to the Building Department. The Planning Board will evaluate the applicant's responses and determine whether the applicant has adequately met the conditions for a SUP. The applicant is encouraged to attach additional sheets if necessary to fully answer the questions. The following conditions for a SUP are from Article V, Section 355-35 (E) of the Village of Altamont Zoning Law.

- 1) The physical characteristics, topography and other features of the lot and the scale and physical design and other features of any new or existing buildings to be occupied by the use are suitable and adaptable for the proposed use without any modifications which would change the established character of the street or neighborhood setting.

Curry Patta Restaurant intends to occupy a previously approved 1470 sq ft addition and uncovered deck at Altamont

Corners to provide for additional seating capacity and will not change the character of the street or the neighborhood setting.

- 2) The nature and intensity of operations of the use will not be more objectionable to surrounding properties than those of a permitted use.

The proposed use of additional space will be consistent with the use of the existing restaurant and will include indoor and outdoor entertainment. Typical entertainment will include live cultural and seasonal entertainment, including music such as: jazz, string/violin, guitar and caroling. It is the intention to maintain exterior entertainment sound levels consistent with the Town of Guilderland decibel levels outlined in its noise ordinance.

- 3) The use is not in such proximity to a religious facility, school, community center, recreation place, or other prominent place of community activity and public assembly so as to regularly conflict with such other activity and thereby constitute a danger to health, safety or general welfare.

The use of the expanded restaurant will be operated similarly to the existing restaurant, and will not conflict with the use of nearby properties and uses. Any outdoor entertainment will not overlap with other community events that may be scheduled or occur.

- 4) The use will not unreasonably increase or introduce traffic congestion or safety hazards or impose traffic volumes on streets and street patterns which are deficient in width, design, sight distance, intersection configuration, or other typical standards necessary to accommodate such traffic changes.

The Altamont Corners property has received prior approvals for uses such as a restaurant, and no unreasonable increase in traffic or congestion is anticipated with the proposed request.

- 5) The use makes adequate provision for off-street parking in accordance with these regulations.

Adequate off-street parking is available on site. Forty four (44) parking spaces are provided at Altamont Corners.

- 6) The use and the proposed design of building and other structure and site facilities for the use are appropriate in the proposed location and have incorporated reasonable efforts to harmonize with surrounding uses and mitigate any adverse impacts on surrounding uses, including but not limited to traffic congestion and hazards, untimely scheduling of activities, removal of trees and other established natural features, and excessive stormwater runoff, noise, nuisance, odors, glare or vibration.

The previously approved addition has been designed with architectural elements consistent with the existing building.

The use of the space as an expansion of the existing restaurant will be consistent with its current operation. Any outdoor entertainment will be conducted so as not to conflict with other community events and will conform to reasonable decibel noise levels. We will collaborate with the library and Village officials to enhance cross-functional community planning efforts.

- 7) The cumulative impacts of the use in the proposed location will not unreasonably interfere with or diminish the continued use, preservation, stability, value, enjoyment, prosperity or growth of the neighborhood or community.

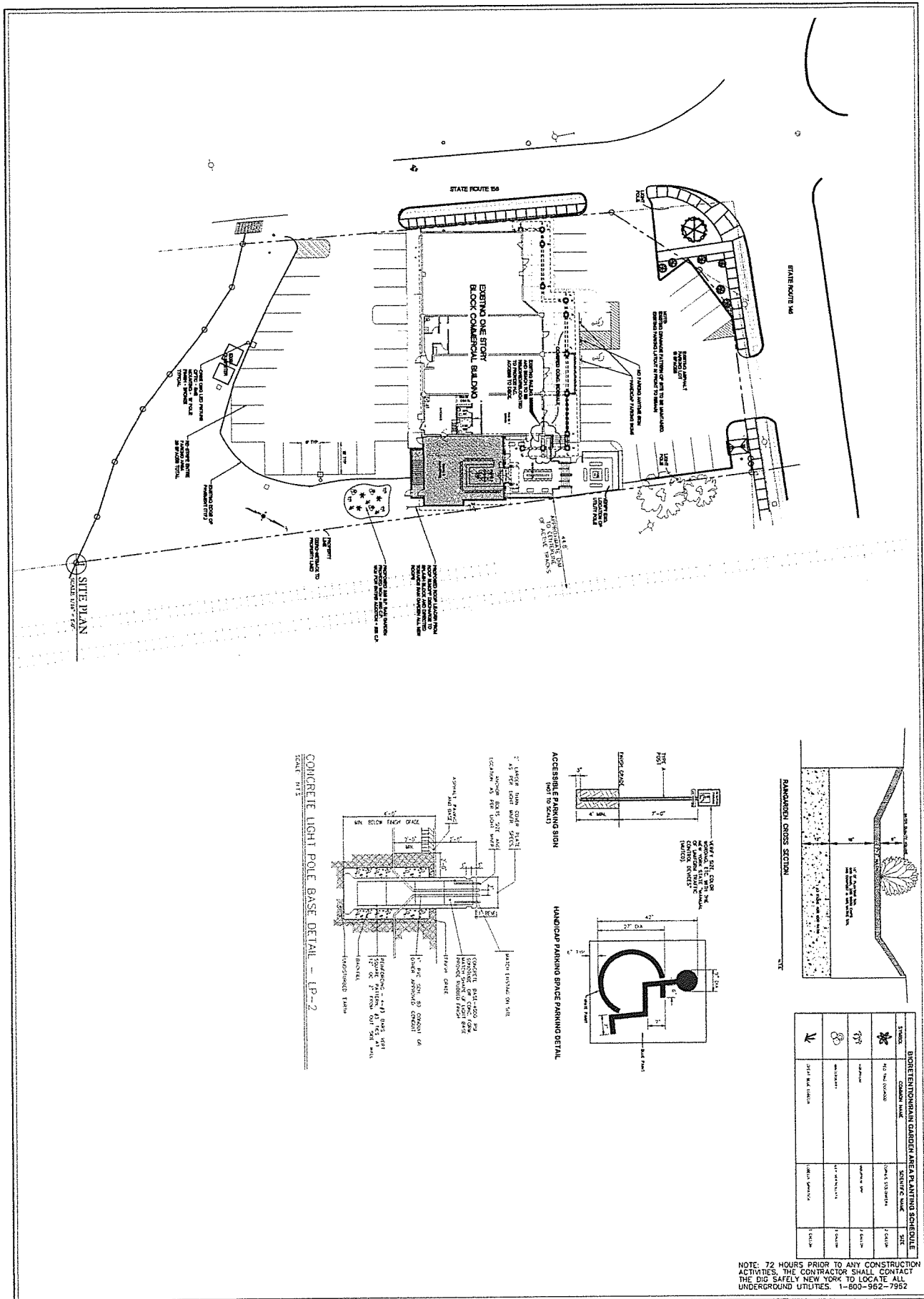
The proposed expanded restaurant will continue to provide for, and fill a need, for a quality restaurant and entertainment venue for village residents.

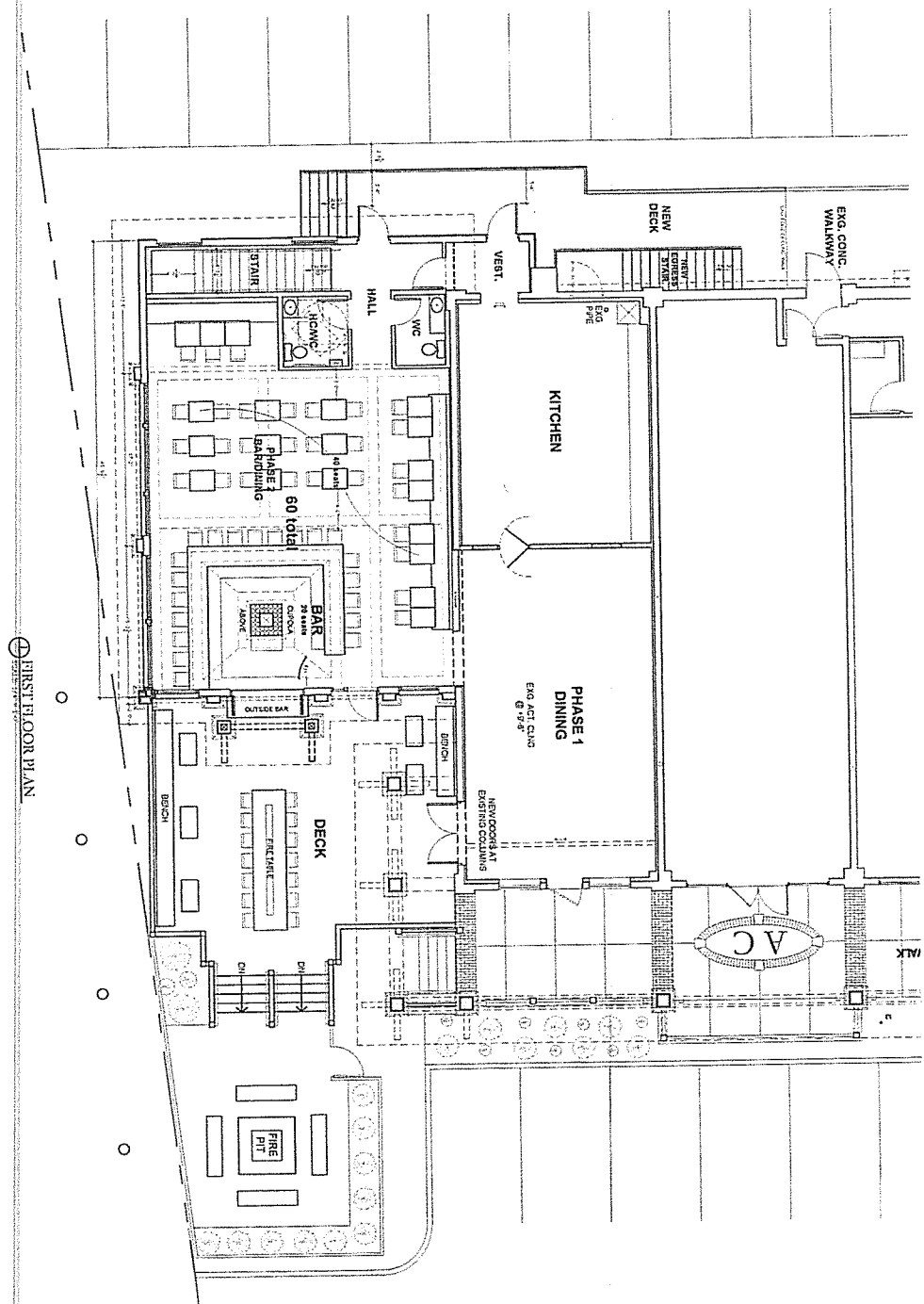
- 8) The effect of the proposed use on the other properties in the neighborhood and the enjoyment by the inhabitants of their properties, and whether it will materially affect the value of such properties and the use and enjoyment of such properties by the occupants and any other effect of such use on the health, welfare and safety of the occupants of such properties.

The use of the expanded space as a restaurant with entertainment will continue to enhance the enjoyment and attraction of living in the Village of Altamont.

- 9) The use will not conflict in any way with the Comprehensive Plan.

A restaurant use is a use permitted by Special Use Permit and is consistent with the Village of Altamont Master Plan.





⊕ FIRST FLOOR PLAN

A1	PROPOSED RENOVATIONS FOR ALTAMONT CORNERS ALTAMONT NEW YORK	FIRST FLOOR PLAN	
	DATE: JAN. 8, 2020 DRAWN: J. A. BROWN CHECKED: M. SCALE: 1/8" = 1'-0"		
	REVISIONS:		
	NO.		
	DESCRIPTION		

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			
CURRY PATTA RESTAURANT EXPANSION			
Name of Action or Project:			
187 MAIN STREET			
Project Location (describe, and attach a location map):			
ALTA MONT, N.Y. 12009			
Brief Description of Proposed Action:			
USE OF A PREVIOUSLY APPROVED ADDITION TO AN EXISTING SHOPPING PLAZA TO EXPAND AN EXISTING RESTAURANT			
Name of Applicant or Sponsor:		Telephone: 518 365 4444	
JEFF THOMAS		E-Mail: JNT DEVELOPMENT@GMAIL.COM	
Address:			
122 OLD STAGE ROAD			
City/PO:		State:	Zip Code:
EAST BERNIE		NEW YORK	12059
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 checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		< 1.0 acres	
b. Total acreage to be physically disturbed?		NA acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		< 1.0 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other(Specify): RAILROAD			
<input type="checkbox"/> Parkland			

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

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 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?	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 checked="" 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? <i>NA</i> b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <u>STATE STORM SYSTEM</u>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" 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 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 CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>JEFF THOMAS</u> Date: <u>04.13.2021</u> Signature: <u>[Signature]</u> FOR JEFF THOMAS Title: <u>OWNER REPRESENTATIVE</u>		