

# PROCEDURE FOR COMPLETING GARDINER ZONING BOARD OF APPEALS APPLICATION

1. Complete all 4 pages of the application. Be sure to include what variance(s) are being applied for. This information is provided by the Town of Gardiner Building Inspector (Type or print legibly).
2. Complete Short Environmental Assessment Form. (Side 1 only). Return with the application to the Town Hall.
3. Obtain plot map (from Assessor's office) and draw in appropriate changes, additions, etc., with detailed measurements being applied for. Attach plot map to packet. Have application notarized and return packet to the Town Hall along with a CHECK (made payable to the Town of Gardiner) in the amount \$200.00.
4. Address a plain #10 envelope to each neighbor within 500 feet of the of the neighboring property owners. List of neighboring land owners can be compiled with assistance from the Assessor's Office. The return address on each envelope should be just your name. The remainder of the return address will be the Town of Gardiner address and will be completed by the Town. The envelopes must have a stamped postage of \$ .39. Return envelopes to Clerk of the Zoning Board of Appeals at the Town Hall.
5. For an application to be placed on the ZBA monthly agenda all of the above must be completed no later than the first of the month for the month's ZBA meeting. (Example if you want to be on the August agenda, the application must be turned in by the first business day of August). There are no exceptions.
6. If there are any further questions concerning these procedures, please refer to the Code of the Town of Gardiner § 220-61 B & § 220-61 C. Or call ZBA Secretary, Margarete Wagner at (845) 255-9675 ext. 108.



2. Describe the uses surrounding property owners make of their properties.

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3. Will the proposed use increase traffic congestion?

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If not, why?

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4. Will off-street parking be provided for customers? \_\_\_\_\_

If so, how many spaces? \_\_\_\_\_ Size of each space: \_\_\_\_\_ ft. by  
\_\_\_\_\_ ft.

Submit a diagram of the parking available on the site, indicated entry and exit from the public streets.

5. List any churches, public buildings, playgrounds and recreation facilities which are located within 500 ft. of the exterior property lines of the property on which the proposed use is to be located.

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6. How many persons will be employed by the use?

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

7. State the maximum number of customers, clients, patients or patrons expected to be on the premises at any one time. \_\_\_\_\_

8. State the size of the lot on which the use is to be located both in square footage and dimensions of front, side and rear lot lines.

Square footage: \_\_\_\_\_

Lot Lines: Front \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft.

9. State the dimensions of the building or structures to be used. If more than one

Building No. \_\_\_\_\_ Building No. \_\_\_\_\_ Building No. \_\_\_\_\_

Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

10. How many square feet of usable space is in each building?

Building No. \_\_\_\_\_ Building No. \_\_\_\_\_ Building No. \_\_\_\_\_

Usable Sq. ft. \_\_\_\_\_ Usable Sq. ft. \_\_\_\_\_ Usable Sq. ft. \_\_\_\_\_

Sq. ft. to be devoted to proposed use: \_\_\_\_\_ Sq. ft. to be devoted to proposed use: \_\_\_\_\_ Sq. ft. to be devoted to proposed use: \_\_\_\_\_

11. State the distance of the building in which the use will be located from all front, rear and side property lines. If more than one building or structure is to be used, list each individually.

Submit a drawing diagramming this information.

Building No. \_\_\_\_\_

Distance from property lines:

Front: \_\_\_\_\_ ft. Rear, \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

Building No. \_\_\_\_\_

Distance from property lines:

Front: \_\_\_\_\_ ft. Rear, \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

Building No. \_\_\_\_\_

Distance from property lines:

Front: \_\_\_\_\_ ft. Rear, \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.



**Appendix C**  
**State Environmental Quality Review**  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
**For UNLISTED ACTIONS Only**

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres    Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Describe: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____ Date: _____	
Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

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

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.  
 Yes  No

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

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

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

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

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

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

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

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

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

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

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
Signature of Preparer (if different from responsible officer)