



TOWN OF BETHANY

Special Use Permit Application

APPLICATION NO: _____

DATE: _____

PROPERTY OWNER: _____

ADDRESS: _____ PHONE NO: _____

APPLICANT (if other than owner): _____

ADDRESS: _____ PHONE NO: _____

LOCATION OF PROPERTY: _____

ZONING DISTRICT: _____ TAX MAP PARCEL NO: _____

PROVISION OF ZONING LAW INVOLVED:

ARTICLE: _____ SECTION: _____ SUBSEC: _____ PARA: _____

PURPOSE OF REQUEST: _____

The owner must submit appropriate supporting materials including site plans, elevations, landscaping diagrams, traffic circulation diagrams, neighborhood land use maps and any other materials that will assist the Board in understanding the request.

CERTIFICATION: I hereby certify that I have read the instructions and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and of work or use will be complied with whether specific herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or performance of construction.

Signature of Property Owner: _____ Date: _____
(only applications signed by the property owner may be considered)

OFFICE USE ONLY:

Amount/Date Fee Paid: _____ / _____
Check No/Cash: _____

G.C.P.B. Submission: _____
G.C.P.B. Recommend: _____
Date Received: _____

Planning Board 1st Hearing: _____
Planning Board 2nd Hearing: _____
Planning Board Recommend: _____
Signature: _____
Date: _____

500 ft. Notification: _____
1st Public Hearing: _____
Town Board Recommend: _____
Date of Meeting: _____
File Closed: _____

TOWN VILLAGE CITY OF _____
(circle one)

Application # _____

Agricultural Data Statement

Date _____

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

Applicant	Owner if Different from Applicant
Name: _____ Address: _____ _____	Name: _____ Address: _____ _____

1. Type of Application: ☐ Special Use Permit; ☐ Site Plan Approval; ☐ Use Variance;
(circle one or more) ☐ Subdivision Approval

2. Description of proposed project: _____

3. Location of project: Address: _____
Tax Map Number (TMP) _____

4. Is this parcel within an Agricultural District? ☐ NO ☐ YES (Check with your local assessor if
5. If YES, Agricultural District Number _____ you do not know)
6. Is this parcel actively farmed? ☐ NO ☐ YES
7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES	Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES
Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES	Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES

Signature of Applicant

Signature of Owner (if other than applicant)

Reviewed by: _____

Signature of Municipal Official

Date

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

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

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

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

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

5. Is the proposed action,		NO	YES	N/A
a. A permitted use under the zoning regulations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO	YES	
		<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		NO	YES	
If Yes, identify: _____		<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO	YES	
b. Are public transportation service(s) available at or near the site of the proposed action?		<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		<input type="checkbox"/>	<input 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 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 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 type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?		NO	YES	
b. Is the proposed action located in an archeological sensitive area?		<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		NO	YES	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		<input type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:				
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input 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 plain?		NO	YES	
		<input type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources?		NO	YES	
If Yes,		<input type="checkbox"/>	<input type="checkbox"/>	
a. Will storm water discharges flow to adjacent properties?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	
If Yes, briefly describe: _____				

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input 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 type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
_____	<input type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____		Date: _____
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
<div> <div>Name of Lead Agency</div> <div>Date</div> </div>	
<div> <div>Print or Type Name of Responsible Officer in Lead Agency</div> <div>Title of Responsible Officer</div> </div>	
<div> <div>Signature of Responsible Officer in Lead Agency</div> <div>Signature of Preparer (if different from Responsible Officer)</div> </div>	

PRINT

SPECIAL USE PERMIT 500 FT CONTACT LIST

TAX MAP #: _____

[illegible]

TOWN OF BETHANY

SPECIAL USE PERMIT MEETING SCHEDULE

These meetings are advisable for the applicant to attend on the listed dates:

- | | |
|--|---|
| > Town of Bethany Planning Board Meeting
10510 Bethany Center Road
East Bethany NY 14054 | Date: _____
Day: Thursday
Time: 7:00 p.m. |
| > Town of Bethany Town Board
Preliminary Review and Setting of Public Hearing
10510 Bethany Center Road
East Bethany NY 14054 | Date: _____
Day: Monday
Time: 7:00 p.m. |
| > Genesee County Planning Board Meeting
County Building #2
3837 West Main Street Road
Batavia NY 14020 | Date: _____
Day: Thursday
Time: 7:00 p.m.
(Arrive 15 min. early) |
| > Bethany Town Board Meeting
10510 Bethany Center Road
East Bethany NY 14054 | Date: _____
Day: Monday
Time: 7:00 p.m. |
| > Public Hearing
10510 Bethany Center Road
East Bethany NY 14054 | Date: _____
Day: _____
Time: _____ |
| > Town of Bethany Planning Board
10510 Bethany Center Road
East Bethany NY 14054 | Date: _____
Day: _____
Time: _____
(If Necessary) |
| > Bethany Town Board
10510 Bethany Center Road
East Bethany NY 14054 | Date: _____
Day: _____
Time: _____
(If Necessary) |

SPECIAL USE PERMIT CHECKLIST

Name _____

Application # _____

Address _____

TMP # _____

DATE COMPLETED

Application Date Including SEQOR

Application Received by Town Clerk

Resident Notification List Compiled

(R District – 250', any other District – 500')

Notification Sent to Residents

(at least 10 days prior to Public Hearing)

Legal Notice of Public Hearing Sent to Newspaper

(published at least 5 days prior to Public Hearing)

Application Sent Town Planning Board

(at least 30 days prior to Town Board Public Hearing)

Town Planning Board Meeting Date /Decision

Decision / Date

_____/_____

Town Planning Board Recommendation Sent To:

Genesee County Planning Board

Bethany Town Board

Application Sent to Genesee County Planning Board

(received at least 1 week prior to meeting)

Genesee County Planning Board Meeting/Decision

Decision / Date

_____/_____

Recommendation Sent to Bethany Town Board

Application Sent to Bethany Town Board

(at least 30 days prior to Public Hearing)

Bethany Town Board Public Hearing Date

Final Decision/Date

_____/_____

Genesee County Planning Board Notified of Town Board Final Decision

(within 7 business days of decision)

Letter of Approval/Denial Sent to Applicant

(within 62 days of Public Hearing)

File Closed
