

# Town of Greene Planning Board

## Site Plan Procedure

To the applicant:

This procedure and attached forms will help your project through the Town of Greene site plan review process. Please contact the Town Enforcement Officer with any questions.

**To be considered your application and supporting documentation must be complete.**

**Step 1.** Complete the application for Site plan Review Complete **Pages 1 and 2.** Be sure to include the Tax Map number and a copy of the tax map. (See the Town of Greene Assessor for the for the tax map number and a copy of the tax map)

**Step 2.** Using the tax map or plain paper, prepare a sketch of your project. Include dimensions of the project and the distance from all adjacent properties.

**Step 3.** Complete the Short Environmental Assessment Form SEQR **(complete Part 1 only).** The Planning Board will complete Part II).

**Step 4.** Include as much data as you can. i.e.: Size of the sign, lights if any, to be used and hours of operation, grading plan, drainage plan, etc.

**Step 5.** Meet with the Code Enforcement Officer to review your project. Be sure to bring the completed documentation with you.

**Step 6.** Submit the completed application , application fee, and all required documentation to the Town Clerk.

**Step 7.** Set up a meeting with the Planning Board . Seven (7) copies of your documentation will be required when you meet with the Planning Board.

Attachments:

- Application For Site Plan Review
- EAS Short form(SEQR)

Revised Dec. 2003

APPLICATION FOR SITE PLAN REVIEW  
TOWN OF GREENE

MOBILE HOME PARK \_\_\_\_\_  
LAND USE CHANGE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_  
OTHER \_\_\_\_\_

PRELIMINARY [ ] FINAL [ ] check one

Name of Proposed Development \_\_\_\_\_

**Applicant**

Name \_\_\_\_\_ Plans Prepared By \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Owner** (if different from applicant) If more than one, provide information for each.

Name \_\_\_\_\_ Plans Prepared By \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Ownership Intentions (i.e., purchase options) \_\_\_\_\_

Location of Site \_\_\_\_\_

Tax Map Description Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Current Zoning Classification \_\_\_\_\_

State and Federal permits needed (List types and appropriate department)

Proposed Use or Uses of Site

Total Site Area (Sq ft or acres) \_\_\_\_\_ Anticipated Construction Time \_\_\_\_\_

Will Development be in stages? \_\_\_\_\_

Property owner signature must appear below authorizing review by any person other than the property owner.

I, \_\_\_\_\_ authorize \_\_\_\_\_ to apply to the  
(owner) (applicant)

Town of Greene Planning Board for review of the project described above involving property owned by me.

APPLICATION FOR SITE PLAN REVIEW  
TOWN OF GREENE

Current land use of site (agriculture, commercial, undeveloped, etc.)

Current condition of site (buildings, brush, etc.) \_\_\_\_\_

Character of surrounding lands (suburban, agricultural, wetlands, etc.) \_\_\_\_\_

Anticipated cost of the proposed improvement \$ \_\_\_\_\_

Anticipated increase of residents, shoppers, employees, etc (as applicable) \_\_\_\_\_

Describe the proposed use, including principal and accessory uses; ground floor area, height and the number of stories for each building:

- for each residential building including number of dwelling units by size (efficiency, one, two, three or more bedrooms) and number of parking spaces to be provided.
- For nonresidential buildings, including total floor area, total sales area and number of automobile / truck parking spaces.
- Other proposed structures

Use separate sheets if necessary

\_\_\_\_\_  
Signature of Owner / Developer

APPENDIX C  
STATE ENVIRONMENTAL QUALITY REVIEW  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
for UNLISTED ACTIONS Only

**PART 1 - 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. IS PROPOSED ACTION: <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 RESTRICTIONS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If no, describe briefly:	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.)	
<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 (describe)	
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 name and permit / approval:	
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 name and permit / approval:	
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 a Coastal Area, and you are a state agency,  
complete the Coastal Assessment Form before proceeding with this assessment**