



TOWN OF WEBSTER

SUBDIVISION / SITE PLAN APPLICATION

(4 lots or less)

Office (585) 872-7028 • Fax (585) 872-1352 • planning-zoning@ci.webster.ny.us

Applicant/Contact Person:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Property Owner Information (if different than above):

Name: _____

Phone: _____

E-mail: _____

Cell Phone: _____

Engineer / Surveyor (if applicable):

Name: _____

Address: _____

Phone: _____

E-mail: _____

Project Name: _____

Project Address: _____

Total Acreage: _____

Number of proposed lots: _____

Project Description (additional information can be attached):

APPLICANT: By the signature below, on behalf of the applicant or owner, I hereby authorize representatives from the Town of Webster to enter the above referenced property, during normal hours, for the purpose of conducting inspections of the proposed construction/activity, as required by applicable law, rules, regulations, ordinances and orders. I also certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the conditions and terms of that approval.

SIGNATURE: _____ **DATE:** _____

Office Use Only

Parcel Number (SBL): _____ **Zoning District:** _____

SUBDIVISION / SITE PLAN REQUIREMENTS

For subdivision proposals, the site plan shall be prepared by a licensed architect, engineer, surveyor, or landscape architect and include all of the following elements:

- ❖ Project Title or Developer Name
- ❖ Location map
- ❖ Map of entire parcel(s) with proposed lot lines, layouts and dimensions
- ❖ Adjacent properties shown with owner's name(s) and addresses listed
- ❖ Existing and proposed structures as well as any natural features on the site
- ❖ All proposed structures, additions, etc. must be indicated as such and drawn to scale
- ❖ North arrow
- ❖ Table illustrating zoning conformance
- ❖ Lot layout and approximate lot sizes indicated (if proposing a subdivision)
- ❖ Lots and unit numbers indicated
- ❖ Location and description of any existing or proposed easements, flood plains, or other specially protected area within 200 feet of project area
- ❖ Revision block to be provided with current revision date and revisions clearly indicated
- ❖ Any proposed dedicated lands to be shown
- ❖ Utility schematic
- ❖ Monumentation indicated
- ❖ Actual field topography at (2) feet intervals including adjacent properties within 100 feet (County Data)
- ❖ Benchmarks indicated on plan
- ❖ All utilities indicated with appropriate sizes, dimensions and inverts
- ❖ Cross sections and details for roads, gutters, streams and typical house pad grading
- ❖ Profiles of any proposed roads, sewers and streams or ditches to be constructed with inverts and existing and proposed grades shown
- ❖ Details of all utility structures such as manholes, catch basins, hydrants and erosion control measures
- ❖ SEQRA Determination
- ❖ Approval Block with space provided for the following signatures:
 - Director of Community Development
 - Town Engineer
 - Highway Superintendent (if road dedication is proposed)
 - Town Assessor
 - Fire Marshal
 - Planning Board Chairman
 - Webster Sewer Department
 - Monroe County Water Authority
 - Monroe County Department of Health
- ❖ Any other pertinent details as requested by the Engineering or Building divisions

NON-COLLUSION DISCLOSURE PURSUANT TO
SECTION 225-111
OF THE WESTER ZONING ORDINANCE

TO WHOM IT MAY CONCERN:

No officer or employee of the State of New York, County of Monroe or Town of Webster has any financial interest in the land affected by or in the partnership making application for the project known as _____

DATED: _____

BY: _____
Authorized Representative

OWNER'S AFFIDAVIT

(Sign and return if property owner is different than applicant)

I, _____ do hereby certify that I am an owner and/or contract purchaser of property involved in this request and that the foregoing statements, answers and supporting documentation submitted are in all respects true and correct to the best of my knowledge and belief. If this application is granted approval, all actions shall be in accordance with the terms of that approval.

NAME OF PROPERTY / BUSINESS OWNER

SIGNATURE OF PROPERTY/BUSINESS OWNER

DATE

Submission Checklist:**No. of copies:**

• Completed Subdivision / Site Plan Application	5	<input type="checkbox"/>
• Site Plan / Subdivision plan (folded to 9" x 14 1/2" maximum size)	5	<input type="checkbox"/>
• Environmental Assessment Form (EAF)	1	<input type="checkbox"/>
• Non-collusion disclosure signed	1	<input type="checkbox"/>
• Owner's Affidavit (if owner is different than applicant)	1	<input type="checkbox"/>
• Fees paid: \$ _____	N/A	<input type="checkbox"/>

❖ In some cases, subdivision of lots may require a review referral to Monroe County Planning & Development. For these projects, an additional (5) complete application sets will be required at time of submittal.

Fees:

Concept Plan (each application)	\$100.00
Environmental Assessment Form (EAF)	\$50.00
Preliminary / Final Administrative Review	\$200.00

All checks shall be made payable to Webster Town Clerk

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

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	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
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 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 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?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	NO	YES	
	<input 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 Agricultural/grasslands Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?			<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?			<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,			<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?			<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:			<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:			<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>
49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:			<input type="checkbox"/> NO <input type="checkbox"/> YES <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:			<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE			
Applicant/sponsor/name:		Date:	
Signature:		Title:	