

# TOWN OF LINCOLN PLANNING BOARD

## SPECIAL USE PERMIT APPLICATION

SPECIAL USE PERMIT NUMBER: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

ACTION: \_\_\_\_\_

TO THE PLANNING BOARD OF THE TOWN OF LINCOLN:

\_\_\_\_\_ (Applicant) hereby  
Request approval by the Planning Board of the Special Use Permit proposed herein and respectfully states:

1. Applicant is the (owner)(purchaser under contract) of the subject property containing approximately \_\_\_\_\_ acers, identified on the tax map as number(s) \_\_\_\_\_, and located at (show street address, or if none, general description; attach legal description, survey map and any Restrictive covenants if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Applicant acquired the subject property on \_\_\_\_\_, or if not the owner, the name(s), address(es) and telephone number(s) of the owner(s) of record of the subject property(ies) (are): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Applicant requests a Special Use Permit in relation to the subject property pursuant to Section \_\_\_\_\_ of the Town of Lincoln Land Management Law for the purpose of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The present land use of the subject property is \_\_\_\_\_  
and has been devoted to this use since \_\_\_\_\_
5. The subject property is located in the following zoning district(s): \_\_\_\_\_
6. There are no existing violations of applicable zoning or subdivision regulations with respect to the property except: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TOWN OF LINCOLN PLANNING BOARD

## SPECIAL USE PERMIT APPLICATION

7. The proposed zoning of the subject premises is \_\_\_\_\_.

8. The proposed operation under the requested Special Use Permit is (attach site plan):

a. Days of week and hours of operation \_\_\_\_\_

b. Maximum number of employees on site at one time \_\_\_\_\_

c. Size and location of all signage \_\_\_\_\_

d. Specific Requirements:	Ordinance	Proposal
Parking Spaces	_____	_____
Lot Coverage	_____	_____
Front Yard Setback	_____	_____
Side Yard Setback	_____	_____
Rear Yard Setback	_____	_____
Maximum Height of Building	_____	_____

9. The proposed use will be consistent with all provisions of the Town of Lincoln Land Management Law and Subdivision Regulations except: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. The subject premises are within 500 feet of:  
 \_\_\_\_\_ the boundary of any city, village or town; or  
 \_\_\_\_\_ the boundary of any existing or proposed county or state park or any other recreation area; or  
 \_\_\_\_\_ the right-of-way of any existing or proposed county or state parkway, thruway, expressway, road or highway; or  
 \_\_\_\_\_ the existing or proposed right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines; or  
 \_\_\_\_\_ the boundary of a farm operation located in an agricultural district, as defined by article twenty-five-AA of the agricultural and markets law.

11. Upon information and belief, the names and mailing addresses of all adjoining property owners of each adjoining parcel, are as follows (North, South, East, and West) (attach additional sheets if necessary):

<u>NAME</u>	<u>ADDRESS</u>
_____	_____

# TOWN OF LINCOLN PLANNING BOARD

## SPECIAL USE PERMIT APPLICATION

NAME

ADDRESS

---

---

---

---

---

---

---

---

12. Applicant's Licensed Land Surveyor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

13. Applicant's Engineer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

14. Applicant's Architect:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

15. Applicant's Attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

16. In the event that all required documents are not furnished to the Planning Board at the time of submission of this application, the applicant hereby waives any and all rights which might otherwise accrue by virtue of Article 15 of the New York Town Law.

17. Applicant consents to appropriate Town action either by revoking any approval which may be granted hereafter or obtaining necessary injunctive relief in the event applicant fails to abide by any conditions or restrictions contained herein or imposed hereafter by the Planning Board.

18. Applicant hereby acknowledges and represents that all disclosures required by law, and specifically those required by Section 809 of the New York General Municipal Law, have been submitted in writing to the Planning Board prior to or at the time of submission of this application.

# TOWN OF LINCOLN PLANNING BOARD

## SPECIAL USE PERMIT APPLICATION

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Print Name

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_) SS:

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, personally appeared, \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they/their executed the same in his/her/they/their capacity(ies), and that by his/her/they/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Print Name

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_) SS:

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, personally appeared, \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they/their executed the same in his/her/they/their capacity(ies), and that by his/her/they/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Corporate, Partnership or LLC Name

\_\_\_\_\_  
Officer, Partner, or Member Signature

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_) SS:

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, personally appeared, \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they/their executed the same in his/her/they/their capacity(ies), and that by his/her/they/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

# 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.

<b>Part 1 - Project and Sponsor Information</b>			
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.			<b>NO</b>
			<b>YES</b>
			<input type="checkbox"/>
			<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<b>NO</b>
			<b>YES</b>
			<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			



<p>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)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		

Project:

Date:

***Short Environmental Assessment Form  
Part 2 - Impact Assessment***

**Part 2 is to be completed by the Lead Agency.**

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:	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>



Project:

Date:

### ***Short Environmental Assessment Form Part 3 Determination of Significance***

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.

- 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.
- 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.

\_\_\_\_\_  
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)

**PRINT FORM**