

TOWN OF SHANDAKEN PLANNING BOARD
P O BOX 134, SHANDAKEN NY 12480
(845) 688-9863

INFORMATION AND REQUIREMENTS FOR LOT LINE ADJUSTMENTS

PLEASE NOTE: The following is a guide and is not intended to replace the actual provisions of the Subdivision Regulations, which stipulate that the division of a parcel of land requires the approval of the Planning Board, acting on an application submitted by the owners and following their inspection and review of plats and other required documents and the holding of a Public Hearing if the Planning Board so orders. Copies of §105 (subdivision regulations) and §116 (zoning regulations) are available in booklet form from the Shandaken Town Clerk's office.

THE APPLICATION PACKET: The applicant should complete a Lot Line Adjustment Application form, the front page of the short Environmental Impact Form, and attach a sketch plan (which may be prepared by the owners) showing the basic layout of the property and the proposed adjustment. The drawing should include Zoning and Flood Plain lines, adjacent owners, existing easements and restrictions as well as those proposed. Further information regarding setbacks, topography, grades, drainage, water supply, sewage disposal and stormwater runoff may also be required. The original application packet, plus eight (8) copies of the complete application packet should be submitted to the Planning Board office at least ten (10) days in advance of the Planning Board's Regular Monthly Meeting (see below)

If more than two properties are involved, be sure that the list of additional owners and parcel transfer information to/from each lot is copied as part of each completed application packet.

REPRESENTATION: While only one owner or representative needs to be present at the conference or subsequent meetings, any absent owner(s) must provide notarized letter(s) of authorization for the representative to act in his/her behalf.

FEE: The application fee for a Lot Line Adjustment is fifty dollars (\$50.00) per application sought, payable to the Town of Shandaken.

PLANNING BOARD MEETINGS: Scheduled monthly meetings are held on the second Wednesday of each month at 7:00 p.m. at the Shandaken Town Hall on Route 28. Workshop meetings are held eight (8) days prior to the regular meeting, at the same time and place. The board, as a body, previews all pending applications, which is the reason for the 10-day deadline

FINAL PLAT: Within sixty (60) days of approval of a preliminary plat, a FINAL PLAT (if not already submitted and approved) must be provided to the Board for final approval and signatures. It should consist of one linen or mylar copy, plus a minimum of seven (7) additional copies of any of the following dimensions: 8 ½ x 11, 17 x 22, 22 x 34, or 24 x 44 inches. Within forty-five (45) days of submission of the Plat in final form, the Planning Board shall, by resolution, conditionally approve (with or without modifications), disapprove or grant final approval and authorize the signing of the plat. The town will retain four (4) signed copies of the plat, and return the signed mylar and all other copies to the applicant, who is responsible to file the mylar plus two (2) signed copies with the Ulster County Clerk's office. *Failure to complete this last step will invalidate Planning Board approval, and the entire process will have to be repeated.*

PLANNING BOARD OFFICE: The Shandaken Planning Board's office hours are every Tuesday and Wednesday from 10am to 2pm or by appointment.

Last update 7/1/04

TOWN OF SHANDAKEN PLANNING BOARD

Town Hall Building - Route 28

P. O. BOX 134

Shandaken, NY 12480

845-688-9863

APPLICATION FOR LOT LINE ADJUSTMENT

OWNERS OF PROPERTIES BEING ADJUSTED - If more than two properties involved, list others on reverse side of this form, and check this block. []

NAMES: (A) _____ (B) _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: () _____ () _____

LOCATION OF PROPERTY: On the _____ side(s) of _____ (Road/Street) being also known as State/County Highway # _____, approximately _____ feet from _____ (Road/Street) in the hamlet of _____

ZONING DISTRICT: _____ SIZE OF PARCEL BEING TRANSFERRED: _____
FROM: SECTION: _____ BLOCK: _____ LOT#: _____ CURRENT LOT SIZE: _____
TO: SECTION: _____ BLOCK: _____ LOT#: _____ CURRENT LOT SIZE: _____

If more than two lots involved, continue on reverse and check this block []

EASEMENTS, COVENANTS OR OTHER RESTRICTIONS NOW APPLYING TO PROPERTY:

PURPOSE OF THIS APPLICATION:

SURVEYOR OR ENGINEER: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: () _____

APPLICANT - IF OTHER THAN OWNER NOTED IN (A), ABOVE:

NAME: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER: () _____

The undersigned, as individual owner(s) or as a qualified officer of the corporation of the above described property request approval of a proposed Lot Line Adjustment of that property, in accordance with a plat to be submitted with supporting data as provided in Subdivision Regulations of the Town of Shandaken, and hereby authorize entry upon the property for site inspection by members and authorized representatives of the Planning Board of the Town of Shandaken.

DATE: _____ SIGNATURE: _____

617.20
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? <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(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

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

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, a negative declaration may be superseded by another involved agency.
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain briefly:
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<input type="checkbox"/> 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.	
<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 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)

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