Town of Canandaigua

5440 Routes 5 & 20 West Canandaigua, NY 14424

Phone: (585) 394-1120 / Fax: (585) 394-9476

CPN#: 22-0

| Sketch Plan Checklist | | | | |
|--|----------------------------------|--------------------------|-------------------------------|--|
| Applicant: LISA CALLAWAY Project Address: 2970 STATE ROUTE 21, CANANDAIGUA | NY 14 | 424 | | |
| | ning District: | | | |
| Project Description Narrative: | | | | |
| Sketch Plan Checklist – Chapter 220 §220-66 (Not required for any property in a major subdivision) | Shown on Plan by Applicant | Initial PRC Review | PRC Follow Up Review | |
| A. The sketch plan shall be clearly designated as such and shall | | | | |
| identify all existing and proposed: | 93.4 | | | |
| Zoning classification and required setbacks. | | | | |
| ✓2) Lot lines. | | | | |
| 3) Land features including environmentally sensitive features identified on the NRI. (woods, streams, steep slopes, wetlands) | | | | |
| A) Land use(s). (residential, agricultural, commercial, or industrial) | 02.6 | | | |
| (, , , , , , , , , , , , , , , , , , , | 10th | | | |
| 6) Development including buildings, pavement and other improvements including setbacks. |) | | | |
| Location and nature of all existing easements, deed restrictions and other encumbrances. | | | | |
| B. Sketch plans shall be drawn to scale. | | | | |
| C. It is the responsibility of the applicant to provide a sketch plan that depicts a reasoned and viable proposal for development of | | | 9 | |
| the lot. | | | | |

I have reviewed my submitted application and drawings against the above noted criteria and hereby certify that the submitted application matches this check list.

*May be obtained from UFPO - dial 811 for assistance.

| 5. Is the proposed action, | NO | YES | N/A |
|--|----------|-------------|-------------|
| a. A permitted use under the zoning regulations? | | | |
| b. Consistent with the adopted comprehensive plan? | | | |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape? | | NO | YES |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape | 1 | | X |
| 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: | | \boxtimes | |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels? | | NO | YES |
| | | X | |
| b. Are public transportation services available at or near the site of the proposed action? | | X | |
| c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? | * | | \boxtimes |
| 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: | | | |
| 10. Will the proposed action connect to an existing public/private water supply? | | NO | YES |
| If No, describe method for providing potable water: | | | |
| 11. Will the proposed action connect to existing wastewater utilities? | | NO | YES |
| If No, describe method for providing wastewater treatment: Noy CONNECTING TO SEPTICE [NSTALLING DRAINAGE FOR RAIN RUNDEF | <u>-</u> | | |
| 12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or distr | ict | NO | YES |
| 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 | ie | \boxtimes | |
| State Register of Historic Places? | | | |
| 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? | | \boxtimes | |
| 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? | | | |
| If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: | | <u> </u> | |
| | | | |
| | | | |

| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: | | |
|---|-------------|-------------|
| Shoreline Forest Agricultural/grasslands Early mid-successional | | |
| ☐ Wetland ☐ Urban ☑ Suburban | | |
| 15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or | NO | YES |
| Federal government as threatened or endangered? | \boxtimes | П |
| 16. Is the project site located in the 100-year flood plan? | NO | VEC |
| 10. Is the project site located in the 100-year moot plan: | | YES |
| | \boxtimes | |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources? | NO | YES |
| If Yes, | \boxtimes | |
| a. Will storm water discharges flow to adjacent properties? | X | |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? | | \boxtimes |
| If Yes, briefly describe: INSTALLING DRAINAGE ON EAST [NORTH WEST SIDES | | |
| OF TOTAL STRUGURE | | |
| | | |
| 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)? | NO | YES |
| If Yes, explain the purpose and size of the impoundment: | | |
| | | Ш |
| 49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste | NO | YES |
| management facility? If Yes, describe: | | |
| If Yes, describe: | | П |
| | | |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? | NO | YES |
| If Yes, describe: | N 21 | |
| | | |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BE | CT OF | |
| MY KNOWLEDGE | SI OF | |
| Applicant/sponsor/name: Lisa M. Callaway Date: 5-31-20 | 122 | |
| | Ola | |
| Signature: Title: | | |
| | | |