SOIL EROSION AND SEMENTE ON FROM PERMIT APPLICATION (Standards Approved by Fown: NY Guidelines for Urban Erosion and Sedimentation Control)

ON-SITE INSPECTION REQUIRED PRIOR TO THE ISSUANCE OF A BUILDING PERMIT
WART 12 2020 E V
Date: Zoning District: CC
Property Owner Name and Address: Smmons Rockwell Realty Association
784 COUNTY RHE 64, Elmira, NY 14903
Telephone / Fax # 607 - 796 - 5555 E-mail address: Bran Liddy asimmons-Rockwell Com
Site Location: 1947 Ste Rife 332
Size of Site (Acres/ Sq.Ft.): 7.4879 Acres Tax Map Number 510.00 - 1 - 13.210
Description of proposed activity: <u>Construction of a 4800 SF Structure</u> . For an
optometry practice that manufacture's and dispenses eye glasses.

Shown on Plan Yes / No	Initial Review	Follow Up Review
Y		
Y		
Y		
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Y		
	on Plan Yes / No	on Plan Review Y Y Y Y Y Y Y Y Y Y Y Y Y

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Per Chapter 165 §165-10-B, at a <u>minimum</u> , the map, plan or sketch prepared shall include the following:	Shown on Plan Yes / No	Initial Review	Follow Up Review
9. A time schedule indicating:	1037110		
a. When major phases of the proposed project are to be initiated and completed; Construction Sequence	MY		
b. When major site preparation activities are to be initiated and completed;	HY		
c. When the installation of temporary and permanent vegetation and drainage, erosion and sediment control facilities is to be completed; and	y		
d. The anticipated duration (in days) of exposure of all major areas of site preparation before the installation of erosion and sediment control measures.	N		
Other Information Required to be Provided:	Shown on Plan Yes / No	Initial Review	Follow Up Review
10. What is the general topography and slope of the subject property (in %):	Y		
11. How much area (in square feet) and/or volume (in cubic yards) will be disturbed?	·		
12. Does the subject property drain offsite? (Yes) No			
North. No impact.	Y		
3. How will erosion be controlled on site to protect catch basins from silt?	Y		
4. If sedimentation basins are proposed, where will they overflow to if they become clogged? Describe:	Y		
5. Is there any offsite drainage to subject property? Yes No Syes, where does the drainage come from? NYS DOT	Y		

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Other Information Required to be Provided:	Shown on Plan Yes / No	Initial Review	Follow Up Review
16. How will off site water courses be protected?			
Sit Fence	Y.		
17. How will any adjacent roadside ditches or culverts be protected during construction? Silf Fence	Y		
18. Has the appropriate highway superintendent been contacted? Name of the person contacted and date contacted: ———————————————————————————————————	Y		
20. Is existing vegetation proposed to be removed? Yes No (If yes, the vegetation to be removed must be identified on the plan.)	>		
21. Will any temporary seeding be used to cover disturbed areas? Ves No If yes, a note shall be added to the plans.	У		
22. What plans are there for permanent revegetation? Describe: Lawns Lambscynny	Y		
23. How long will project take to complete? 6 Months	y		
24. What is the cost estimate to install and maintain erosion and sedimentation control facilities before, during, and after construction?	N		

Attach additional sketches, calculations, details as needed to this form.

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Form prepared by: Marks Engineering P.C.	Date: 2/26/2020
The undersigned represents and agrees as a condition to the issuance of the accomplished in accordance with the Town Soil Erosion and Sediment	-

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State Uniform Fire Prevention and Building Code, and the plans and specifications annexed hereto.

PERMIT APPLICATION CANNOT BE ACCEPTED WITHOUT PROPERTY OWNER'S SIGNATURE.				
Please <u>DO NOT</u> sen	d payment with	this application.		
Owner's Signature: Authentision Simmons Rockwell Realty (3/13/2020 2:03:36 PM ED	osign So Rockwell Realty Association 3/13/2020 2:03:36 PM EDT Date:			
**************************************	* * * * * * * * * * * Office Use Only	*****	****	
Application requires further review by Planning B	oard and/or Zonir	ng Board of Appeals	. Yes	No
Zoning Officer	•		Date	
Flood Zone				
Floodplain Development Permit Required?			Yes	No
Code Enforcement Officer		,	Date	
Permit Fee: \$		Permi	t #:	