

Town of Canandaigua

5440 Routes 5 & 20 West

Canandaigua, NY 14424

(585) 394-1120

Fax: (585) 394-9476

Established 1789

NOTICE TO ALL PLANNING BOARD APPLICANTS FOR SKETCH SITE PLAN REVIEW

The applicant is responsible for the completeness of all forms for the application to be processed. All completed applications are subject to the rules and regulations as established by the State of New York and the Town of Canandaigua. The Development Office cannot guarantee any board approvals for completed applications.

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2016 Board Calendar

Meeting dates are subject to change

** All Applications are due by 12:00pm on deadline day**

APPLICATION DEADLINE 12:00 pm	PRC MEETING To review applications 9:00AM	ZONING BOARD OF APPEALS Public Hearings 6:00 PM	PLANNING BOARD Public Meetings and Hearings 6:30 PM	
FRIDAY	MEETING DATE	MEETING DATE	MEETING DATES	
December 11, 2015	December 14, 2015	January 19, 2016	January 12, 2016	January 26, 2016
January 15	January 19	February 16	February 9	February 23
February 12	February 16	March 15	March 8	March 22
March 11	March 14	April 19	April 12	April 26
April 15	April 18	May 17	May 10	May 24
May 13	May 16	June 21	June 14	June 28
June 17	June 20	July 19	July 12	July 26
July 15	July 18	August 16	August 9	August 23
August 12	August 15	September 20	September 13	September 27
September 16	September 19	October 18	October 11	October 25
October 14	October 17	November 15	November 9*	November 29**
November 10	November 14	December 20	December 13	----
December 16	December 19	January 17, 2017	January 10, 2017	January 24, 2017

*Meeting date moved back one day due to Election Day

**Meeting date moved back one week due to Thanksgiving holiday

The applicant will receive written notification of their scheduled meeting.

If your application is deemed incomplete, it will not be placed on an agenda until the requested information has been submitted to the Town Development Office.

All new Planning Board applications submitted on / before the application deadline will be first heard at 2nd meeting of the following month. Continued applications will be reviewed at the 1st meeting of the following month.

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CPN #: _____

Sketch Plan Checklist

Applicant: _____

Project Address: _____

Tax Map #: _____ Zoning District: _____

Project Description Narrative: _____

Sketch Plan Checklist – Chapter 220 §220-66***	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:			
1) Zoning classification and required setbacks.			
2) Lot lines.			
3) Land features including environmentally sensitive features identified on the NRI. (woods, streams, steep slopes, wetlands)			
4) Land use(s). (residential, agricultural, commercial, or industrial)			
5) Utilities. (i.e. location of electric, gas, well, septic, sewer, cable)*			
6) Development including buildings, pavement and other improvements including setbacks.			
7) 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 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.

 Signature of Applicant / Representative

 Date

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

**Development that exceeds 1,000 square feet, requires the site plan to be completed by a NYS licensed professional engineer and/or surveyor. (§220-99-C-1-c)

***This form is not required for the construction of a new single-family dwelling within an approved subdivision.

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PLANNING BOARD APPLICATION SITE PLAN / SPECIAL USE PERMIT

CPN _____

- FOR:** _____ **Sketch Plan Review**
_____ **One Stage Site Plan Approval (Preliminary & Final Combined)**
_____ **Two Stage Preliminary Site Plan Approval** _____ **Two Stage Final Site Plan Approval**
_____ **Special Use Permit (New)** _____ **Special Use Permit (Renewal)**

Permission for on-site inspection for those reviewing application: _____ Yes _____ No

1. Name and address of the property owner: _____

Telephone Number of property owner: _____

Fax # _____ E-Mail Address: _____

***If you provide your e-mail address, this will be the primary way we contact you ***

2. Name and Address Applicant *if not the property owner*: _____

Telephone Number of Applicant: _____

Fax # _____ E-Mail Address: _____

***If you provide your e-mail address, this will be the primary way we contact you ***

3. Subject Property Address: _____

Nearest Road Intersection: _____

Tax Map Number: _____ Zoning District: _____

4. Is the Subject Property within 500' of a State or County Road or Town Boundary? (If yes, the Town may refer your application to the Ontario County Planning Board.)

Please circle one: YES NO

5. Is the Subject Property within 500' of an Agricultural District? (If yes, an Agricultural Data Statement must be completed and submitted with this application.)

Please circle one: YES NO

(Continued on Back)

6. What is your proposed new project?

7. Have the necessary building permit applications been included with this form? If not, please verify which forms are required to be submitted with the Development Office.

8. If applying for Site Plan Approval or Special Use Permit, attach a completed Soil Erosion and Sedimentation Control Plan and Permit Application as described in Chapter 165 of the Town Code.

9. Are you requesting a waiver from a professionally prepared site plan?

Please circle one: YES NO

If "yes" the property owner acknowledges and accepts full responsibility for any errors or misrepresentation depicted on the site plan and agrees to indemnify the Town of Canandaigua for any and all expenses, including reasonable attorney's fees, incurred by the Town as a result of any such error or misrepresentation.

_____ (*property owner's initials*)

10. If no, attach a professionally prepared site plan as described in Chapter 220 Article VII (Site Plan Regulations) of the Town Code.

11. If a Special Use Permit is requested, attach plans and documentation as required in Chapter 220 Article VI (Regulations Governing Special Permit Uses) of the Town Code.

The applicant / property owner is on notice that their personal/bank check submitted to the Town to meet the landscaping/soil erosion surety requirement(s) as noted in the Planning Board decision sheet will be deposited into a Town non-interest bearing bank account.

***Property Owner is responsible for any consultant fees*
(Town Engineer, Town Attorney, etc.) incurred during the application process.***

****See Town Clerk for current Fee Schedule***

I hereby acknowledge that I have reviewed all the questions contained in this application and certify that the information provided is accurate and complete to the best of my knowledge and ability. Finally, I hereby grant my designated person in Question #2 of this application form, permission to represent me during the application process.

(Signature of Property Owner)

(Date)

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.			NO	YES
			<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:			NO	YES
			<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>NO</p> <p><input type="checkbox"/></p>	<p>YES</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>NO</p> <p><input type="checkbox"/></p>	<p>YES</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>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		