

**IMPORTANT INFORMATION FOR APPLICANTS**  
*(Please Read Before Beginning the Application Process!)*

It is the **APPLICANT'S RESPONSIBILITY** to **FULLY** complete the attached application **AND** the "Short Environmental Assessment Form" (SEQR) **BEFORE** submission to the Town of Schuylers. Please make sure that **ALL** applicable information has been completed and included which, with the exception of Applications for Zoning Text Amendments and Zoning Map Amendments, **REQUIRES INCLUSION OF THE FOLLOWING:**

- ***A SKETCH of the proposed business site drawn to scale, depicting existing and proposed buildings, proposed ingress/egress, internal traffic circulation patterns, designated parking, areas, existing zoning district map, and north arrow.***

**RESOURCES FOR OBTAINING THE REQUIRED INFORMATION WILL INCLUDE THE FOLLOWING:**

- ***Tax bills, personal records and your familiarity of your property, its location and adjacent neighboring area.***

**PLEASE NOTE** that **ALL** applications to the Zoning Board of Appeals are **REQUIRED** to be forwarded to the Herkimer-Oneida Planning Program (HOCPP) for review at their monthly Board meeting. **NO** Public Hearings can legally be held until this review is completed & the agency's recommendation on the project has been rendered to the Town of Schuylers.

- ***The HOCPP will NOT accept incomplete applications. Therefore, NO Public hearing can be scheduled until ALL applicable information is included on your application.***
- ***Applicants are encouraged NOT to submit payment until ALL required information has been included in and/or submitted with the application.***

**INCOMPLETE APPLICATIONS** received by the ZBA Secretary for scheduling of a Public Hearing will be **RETURNED TO THE APPLICANT** via 1<sup>st</sup> Class Mail for completion & return to the Town. This includes **PAID** applications that may have also been reviewed by the Codes Officer.

- ***Due to missed deadlines for submission of your application to the HOCPP in time for their once-monthly meeting, this can, and most likely will, result in a SIGNIFICANT DELAY in setting your Public Hearing date.***

**HELP IS AVAILABLE!**

- ***For TELEPHONE ASSISTANCE in completing your application, please contact the ZBA Secretary, Bette Szesny, at 724-7305.***

**ZONING ORDINANCE**  
**TOWN OF SCHUYLER • HERKIMER COUNTY, NEW YORK**  
**APPLICATION TO THE ZONING BOARD OF APPEALS**

Appeal Number: \_\_\_\_\_

Date: \_\_\_\_\_  
*(Office Use Only)*

**This Section to be Completed by Applicant(s):**

To the Zoning Board of Appeals, Town of Schuyler, New York:

I  We: \_\_\_\_\_ of \_\_\_\_\_  
[Name(s) of Applicant(s)] [Street and Number/Municipality — Legal Residence]

Hereby appeal to the Zoning Board of Appeals from the decision of the Building Inspector on Application for Permit:

Dated: \_\_\_\_\_, 20\_\_\_\_\_, whereby the Building Inspector did:  grant  deny  
[Permit Application Date]

\_\_\_\_\_ of \_\_\_\_\_, Town of Schuyler, NY:  
[Name of Applicant for Permit] [Street & Number — Legal Residence]

Permit for Use  Temporary Permit or Extension Thereof  Certificate of Existing Use  Permit for Occupancy  
[check appropriate box above]

Location of Property: \_\_\_\_\_ [Street & Number — Proposed Project] \_\_\_\_\_ [Zoning Map District]  
(R-1, R-2, R-M, R-A, C-H, C-I, C-T, F-P, P-D)

**This Section to be Completed by Codes Officer:**

Building Permit No. *(if applicable)*: \_\_\_\_\_ Date of Issuance *(if applicable)*: \_\_\_\_\_

Provision(s) of the Zoning Ordinance Appealed:

\_\_\_\_\_ [Article, Section, Subsection and Paragraph]

Reason for Denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ [Codes Officer's Signature]

**3. Type of Appeal**

Appeal is herewith made for:

- Temporary Permit
- Interpretation of the Zoning Ordinance or Zoning Map
- Variance to the Zoning Ordinance
- Special Use Permit under the Zoning Ordinance

**This Section to be Completed by Applicant(s):**

Applicant Name(s): \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell / (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

Location of Real Property (*Please fill out completely*):

A. Frontage Road Name: \_\_\_\_\_

B. Nearest Intersecting Road Name: \_\_\_\_\_

Direction:  East  West  North  South Distance: \_\_\_\_\_  miles  feet

C. Tax Map Parcel: Map No.: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

D. Dimensions/Area of Property: \_\_\_\_\_  Acres \_\_\_\_\_  Sq. Ft. • Dimensions: \_\_\_\_\_ x \_\_\_\_\_

D. Existing Zoning District:  R-1  R-2  R-A  C-H  C-I  C-T  F-P  P-D

R-1: Residential-1 • R-2: Residential-2 • R-M: Residential-Manufactured Home Park • R-A: Residential-Agricultural  
C-H: Commercial-Highway • C-T: Commercial-Telecommunications • F-P: Flood Plain • P-D: Planned Development

***Please include a plot plan on separate sheet, with all measured setbacks from all structures and proposed structures.***

Brief Summary of Proposed Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Office Use Only)*

State of New York )  
County of Herkimer )<sup>ss</sup>

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
[Town Clerk or Notary Public]

\_\_\_\_\_  
[Signature of Applicant]

\_\_\_\_\_  
[Signature of Applicant]

**Area Variance or Special Use Permits:**

Residential FEE: \$100.00, Plus Cost of Publication

Commercial and Multi-Residential FEE: \$150.00, Plus Cost of Publication

Additional Meetings: \$100 each

Additional Meetings: \$100 each

**Zoning Change:** FEE: \$200 plus cost of publication

**Change of Use:** NO FEE

Application Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_

Fee/Amount Received: \_\_\_\_\_

Cash  Check # \_\_\_\_\_

PROJECT I.D. NUMBER
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617.21  
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. IS PROPOSED ACTION: <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) 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 name and permit/approval	
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**

**PART II - ENVIRONMENTAL ASSESSMENT (To be completed by Agency)**

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? <span style="float: right;">If yes, coordinate the review process and use the FULL EAF.</span></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p>  <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p>  <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p>  <p>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.</p>  <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.</p>  <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly.</p>  <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly.</p>
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, explain briefly</p>

**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.

<p><input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which <b>MAY</b> occur. Then proceed directly to the <b>FULL EAF</b> and/or prepare a positive declaration.</p> <p><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 <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> provide on attachments as necessary, the reasons supporting this determination:</p>				
<p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Lead Agency</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print or Type Name of Responsible Officer in Lead Agency</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>Title of Responsible Officer</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>Signature of Responsible Officer in Lead Agency</p> </td> <td style="border: none;"> <p>_____</p> <p>Signature of Preparer (If different from responsible officer)</p> </td> </tr> </table>	<p>_____</p> <p>Print or Type Name of Responsible Officer in Lead Agency</p>	<p>_____</p> <p>Title of Responsible Officer</p>	<p>_____</p> <p>Signature of Responsible Officer in Lead Agency</p>	<p>_____</p> <p>Signature of Preparer (If different from responsible officer)</p>
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<p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>				