

# REFERRAL PACKAGE - SITE PLAN REVIEW

## PLANNING BOARD

Site Plan Approval is needed when a project falls within a permitted use but the Board has questions on safety issues.

Required sizes depends on zones

R-1-1 acres 150ft frontage 50' ft. front & back & 20' ft. sides

R-2-1/2 acre 100 ft. frontage 50' ft. front & back & 20' ft. sides

A-2 acres 150 ft. frontage 50 ft. front & back & 20' ft. sides

### Required Materials for Placement on Board Agenda

7 copies of all information: 5 for Board member, 1 for Code Enforcement Officer and 1 for file

1. Referral form from Code Enforcement Officer
2. Property Information Sheet
3. Short Form SEQR
4. Copy of survey map by certified surveyor or map drawn to scale by applicant containing property dimensions, showing all structures and distances between structures if within 50 ft. Survey map must also contain location of well and approximate location of septic system. Survey should also contain road names and owners of neighboring properties and proposed dimensions of lot splits.
5. Map of the Town of Volney with property location highlighted.
6. Copy of a brief statement of applicant's intentions. Why they are making the application.
7. Sample design and dimensions of any commercial outside signage.

\*Could require Oswego County Planning Board approval if project falls within 500 ft. of a State or County road or facility. The decision is determined by the Planning Board members. They will submit a 239 review to Oswego. This usually takes about another month.

TOWN OF VOLNEY  
CODE ENFORCEMENT OFFICER'S REFERRAL

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

IS APPLICANT OWNER OF THE PROPERTY? YES \_\_\_\_\_ NO \_\_\_\_\_

TELEPHONE # OF APPLICANT DAY \_\_\_\_\_ EVE \_\_\_\_\_ CELL \_\_\_\_\_

SPECIFIC ADDRESS & LOCATION OF PROJECT \_\_\_\_\_

PROPERTY IS PRESENTLY ZONED AG \_\_\_\_\_ R-1 \_\_\_\_\_ R-2 \_\_\_\_\_ B-1 \_\_\_\_\_ IND \_\_\_\_\_

APPLICATION NUMBER (OR TAX ID NUMBER) \_\_\_\_\_

INTENTIONS OF APPLICANT \_\_\_\_\_  
\_\_\_\_\_

DOES PLANS INVOLVE A COMMERCIAL BUSINESS? YES \_\_\_\_\_ NO \_\_\_\_\_

YOUR PROJECT CANNOT BE APPROVED BECAUSE IT REQUIRES:

USE VARIANCE \_\_\_\_\_ AREA VARIANCE \_\_\_\_\_ SITE PLAN REVIEW \_\_\_\_\_

SPECIAL USE PERMIT \_\_\_\_\_ WHY REVIEW IS NEEDED \_\_\_\_\_  
\_\_\_\_\_

VARIANCE IS NEEDED BECAUSE: \_\_\_\_\_  
\_\_\_\_\_

CEO based decision on Zoning Ordinance: # \_\_\_\_\_ Page # \_\_\_\_\_

*ASSEMBLE REQUIRED MATERIAL AND RETURN TO CODE OFFICER AT LEAST 14 DAYS PRIOR TO THE BOARD'S MEETING DATE SO YOUR APPLICATION CAN BE PLACED ON THE BOARD'S AGENDA: REFER TO APPROPRIATE PAGE FOR MORE INFORMATION REGARDING THE PROCESS.*

DATE OF NEXT BOARD MEETING \_\_\_\_\_ ON AGENDA? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF CHAIRPERSON \_\_\_\_\_

TELEPHONE # OF CHAIRPERSON (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

SIGNATURE OF CODE ENFORCEMENT OFFICER \_\_\_\_\_

Date \_\_\_\_\_

**TOWN OF VOLNEY**  
 1445 COUNTY ROUTE 6  
 FULTON, NEW YORK 13069  
 Tel (315) 598-3803 Fax (315) 598-6839

*Property Information Sheet*

Applicant Name \_\_\_\_\_ Application # \_\_\_\_\_

Property Address \_\_\_\_\_ Tax I.D. # \_\_\_\_\_

\_\_\_\_\_ Zoning Dist. \_\_\_\_\_

Parcel size: Total acres \_\_\_\_\_ Width (at road) \_\_\_\_\_ Depth \_\_\_\_\_

Is location bordering active farms? Yes \_\_\_ No \_\_\_

Is location of historic importance? Yes \_\_\_ No \_\_\_

Are there easements on property? Yes \_\_\_ No \_\_\_

If yes, please describe \_\_\_\_\_

What shape is the property? \_\_\_\_\_

**Adjoining property information:**

DIRECTION	OWNER'S NAME	PHONE	ADDRESS	ZONED
NORTH				
EAST				
SOUTH				
WEST				

Is parcel located within 500 ft of any of the following? Yes \_\_\_ No \_\_\_

If yes, which \_\_\_\_\_

- a) A municipal boundary
- b) County or State owned lands
- c) County or State road
- d) County or State building
- e) Right of way of a County owned or used stream or drainage channel

Is property located within a flood plain or floodway? Yes \_\_\_ No \_\_\_

Explain current use of property \_\_\_\_\_

Are there existing structures on parcel? Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

Is parcel primarily wooded? \_\_\_\_\_ Is public water available? \_\_\_\_\_ Sewer? \_\_\_\_\_

Current year owner purchased property (write NA if before 1972) \_\_\_\_\_

Is this the applicant's first time before the Planning or Zoning Board? Yes \_\_\_ No \_\_\_

State reason for Variance \_\_\_\_\_

Will property require review from both Planning and Zoning Boards?

PROJECT I.D. NUMBER

617.20

SEQR

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**

OVER

WHAT THE TOWN CLERK REQUIRES BEFORE A PUBLIC HEARING NOTICE WILL BE PUBLISHED

A FORM OF REQUEST FOR PUBLIC HEARING SIGNED AND DATED BY CHAIRPERSON & BOARD MEMBERS STATING:

NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

TELEPHONE # OF APPLICANT HOME \_\_\_\_\_ WORK \_\_\_\_\_

SPECIFIC REASON FOR THE PUBLIC HEARING  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC ADDRESS WHERE PROJECT IS LOCATED \_\_\_\_\_

SPECIFIC USE OF PROJECT \_\_\_\_\_

DATE OF PUBLIC HEARING \_\_\_\_\_

TIME OF PUBLIC HEARING \_\_\_\_\_

**\$65.00 IS REQUIRED FOR PUBLIC HEARING FEE.**

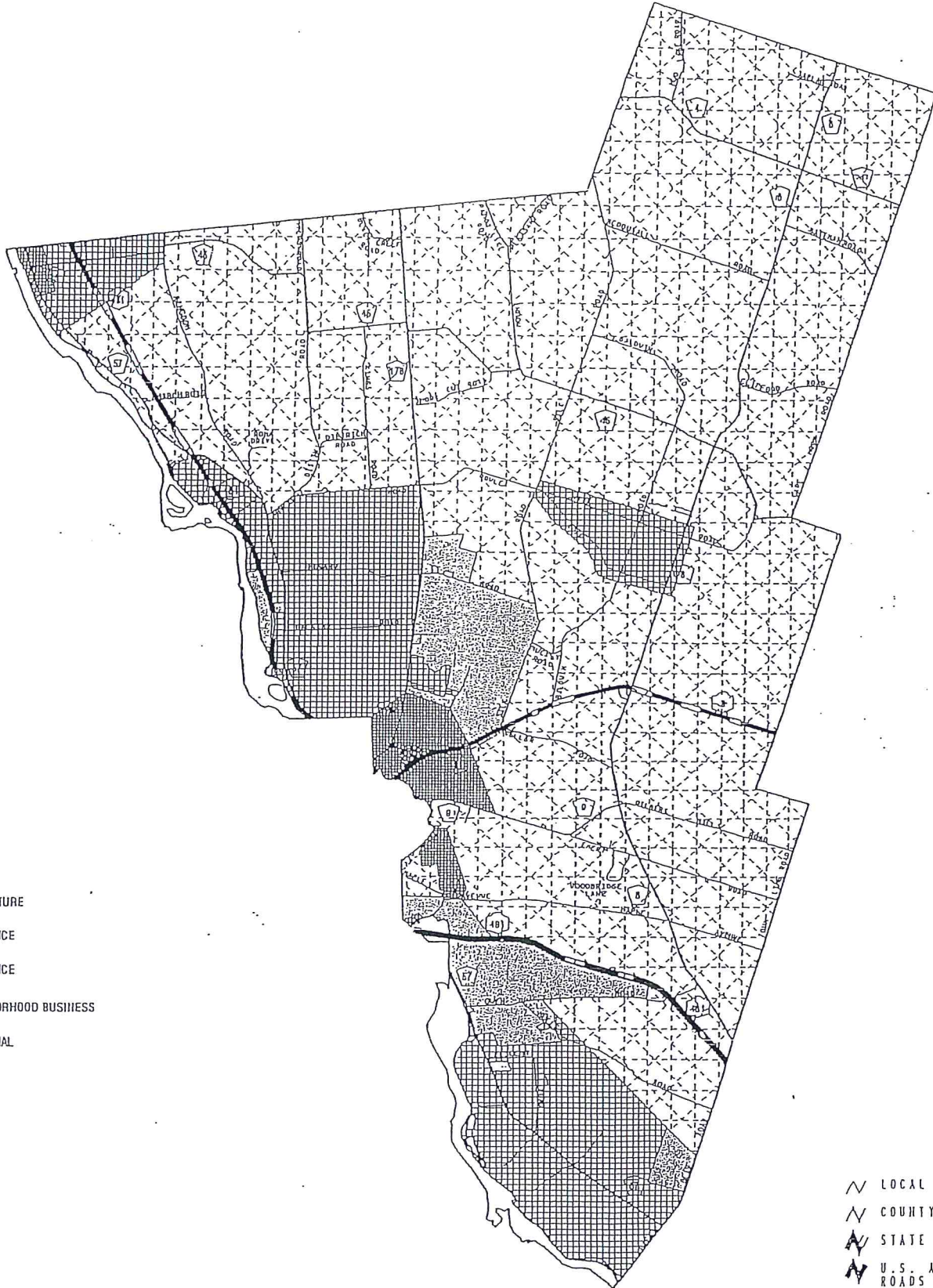
**This must be paid to the Town Clerk at least 25 days prior to the Public Hearing Date.**

*A SEPARATE \$50 DEPOSIT IS NEEDED FOR A SIGN THAT HAS TO BE PLACED ON THE PROPERTY OF THE INTENDED PROJECT. THE SIGN MUST BE PLACED ON THE PROPERTY 25 DAYS BEFORE THE PUBLIC HEARING AND MUST BE PLACED ON THE PROPERTY WHERE IT IS CLEARLY VISABLE FROM THE ROAD. YOUR DEPOSIT WILL BE RETURNED AFTER THE PUBLIC HEARING AND THE SIGN IS RETURNED IN GOOD CONDITION. IF THE SIGN IS DESTROYED, LOST OR STOLEN, THE \$50 DEPOSIT WILL BE FORFEITED.*

YOU WILL RECEIVE A RECEIPT FOR THE PUBLIC HEARING AND SIGN DEPOSIT FROM THE TOWN CLERK. THE CHAIRPERSON OF THE BOARDS WILL INSURE YOU GET A COPY OF THE NOTICE THAT WAS PUBLISHED IN THE PAPER.

A COPY OF THE ZONING ORDINANCES OR SUB-DIVISION REGULATIONS CAN BE PURCHASED FROM THE TOWN CLERK FOR A CHARGE OF \$10.00 IF PICKED UP AND \$12.00 IF MAILED.

# EXISTING ZONING



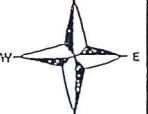
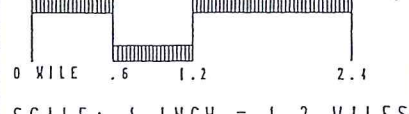
- A AGRICULTURE
- R-1 RESIDENCE
- R-2 RESIDENCE
- B-1 NEIGHBORHOOD BUSINESS
- I-1 INDUSTRIAL

- LOCAL ROADS
- COUNTY ROADS
- STATE ROADS
- U.S. AND INTERSTATE ROADS



PREPARED BY OSWEGO COUNTY  
DEPARTMENT OF PLANNING AND  
COMMUNITY DEVELOPMENT  
DATE: MAY 1998

TOWN OF  
VOLNEY  
ZONING ORDINANCE



**PLANNING BOARD PUBLIC HEARING REQUEST FORM**

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

TELEPHONE # OF APPLICANT \_\_\_\_\_

REASON FOR PUBLIC HEARING \_\_\_\_\_

SPECIFIC ADDRESS OF PROJECT \_\_\_\_\_

SPECIFIC LOCATION OF PROJECT \_\_\_\_\_

SPECIFIC USE INTENDED FOR PROJECT \_\_\_\_\_

DATE OF PUBLIC HEARING \_\_\_\_\_

TIME OF PUBLIC HEARING \_\_\_\_\_

REFERRED TO OSWEGO COUNTY PLANNING FOR REVIEW      YES \_\_\_\_\_ No \_\_\_\_\_

SIGNED :

\_\_\_\_\_ BRADLEY CHESBRO – 315-593-9976

\_\_\_\_\_ Jerry Sequin—315-591-3978

\_\_\_\_\_ JAMES LaDUE - 315-593-2313

\_\_\_\_\_ VICTOR RUNEARE – 315592-7355

\_\_\_\_\_ Vicki Leroux—315-592-2482