INCORPORATED VILLAGE OF MANORHAVEN
"THE PEARL OF MANHASSET BAY"
33 Manorhaven Boulevard
Port Washington, New York 11050
Phone: (516) 883-7000; Fax: (516) 439-5574
www.manorhaven.org

INSTRUCTIONS FOR FILING A SITE PLAN REVIEW APPLICATION
PLANNING BOARD

10 COLLATED COPIES OF THE FOLLOWING:

1. COMPLETED APPLICATION
2. ARCHITECT'S SITE PLAN
3. GRADING AND DRAINAGE PLAN
4. CURRENT SURVEY
5. CURRENT DEED OR PROOF OF OWNERSHIP
6. NOTARIZED AFFADAVIT OF OWNERSHIP OR AUTHORIZATION OFREPRESENTATION
7. PHOTOGRAPHS OF CURRENT PROPERTY
8. ENVIRONMENTAL ASSESSMENT FORM
9. WAIVER OF ACTION LETTER FROM NASSAU COUNTY PLANNING COMMISSION
10. APPLICATION FEES:*UNDER 5 ACRES $ 500 - 2 FAMILY FEE / $3500 ESCROW DEPOSIT (EXPENSES)
11. CHAPTER 155-63-(5) REQUIRED PERFORMANCE BOND AS SET BY PB/BOT
12. PROVIDE 100 FT RADIUS MAP WITH LIST OF PROPERTY OWNERS WITHIN 100 FT OF SUBJECT PROPERTY (CHAPTER 155-63-4)
13. SAMPLE NOTICE OF MAILING OF PROPOSED HEARING TO ADJOINING PROPERTY OWNERS (WILL BE PROVIDED BY VILLAGE CLERK)

SEND BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, BETWEEN 10 AND 20 DAYS PRIOR TO THE HEARING DATE. PROVIDE THE POST OFFICE RECEIPTS FOR EACH LETTER AND BRING THE GREEN RETURN RECEIPT POST CARDS TO THE HEARING TO SUBMIT TO CLERK AS PART OF YOUR APPLICATION. ALSO SUBMIT ENCLOSED AFFADAVIT OF MAILING.

SITE PLAN REVIEW APPLICATION

PLANNING BOARD – INC. VILLAGE OF MANORHAVEN
33 Manorhaven Blvd., Port Washington, NY 11050
516-883-7000; BUILDING DEPT. FAX 516-439-5574

DATE RECEIVED_____ PLANNING BOARD # _____

FEE PAID_____ ESCROW DEPOSIT _____

1. SITE LOCATION_____
2. SECTION_____BLOCK_____LOT(S)_____
3. OWNER'S NAME_____

   ADDRESS_____

   TELEPHONE_____

   EMAIL ADDRESS _____
4. AGENT_____

   ADDRESS_____

   TELEPHONE_____

   EMAIL ADDRESS _____
5. AREA OF PROPERTY_____ ZONING_____
6. PRESENT PROPERTY USE_____
7. PROPOSED USE_____

   _____
8. ADJOINING PROPERTY USES_____
9. WILL VARIANCE BE NEEDED? DESCRIBE_____

   _____
10. WILL BUILDINGS BE DEMOLISHED?_____
11. WHAT WILL THE ENVIRONMENTAL IMPACT BE? _____

_____

12. INDICATE WHICH TAX ROLL YOU'LL USE FOR RADIUS MAP: ☐Nassau County ☐Manorhaven

One of the following affidavits must be completed:

Affidavit to be completed by Corporation Owner

STATE OF NEW YORK
COUNTY OF NASSAU

_____ being duly sworn, deposes and says he is the owner in fee of the property described in the foregoing application and that the statements contained therein are true to the best of his knowledge and belief.

_____
Signed
Sworn to me this_____ day of_____ 20_____

_____
Notary Public

Affidavit to be completed by Corporation Owner
STATE OF NEW YORK
COUNTY OF NASSAU

_____Being duly sworn, deposes and says he resides at

_____in the county of_____ in the State of_____

That he is the_____of_____
the corporation which is owner in fee of the property described in the foregoing application and that the statements contained therein are true to the best of his knowledge and belief.

_____
Signed
Sworn to me this_____ day of_____ 20_____

_____
Notary Public

Affidavit to be completed by Agent of Owner
STATE OF NEW YORK
COUNTY OF NASSAU

_____Being duly sworn, deposes and says he is the agent named in the foregoing application, that he has been duly authorized by the owner in fee to make this application and that the foregoing statements contained therein are true to the best of his knowledge and belief.

_____
Signed

Sworn to me this_____ day of_____ 20_____

_____
Notary Public

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. PROPOSED ACTION IS:

☐ New ☐ Expansion ☐ 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?

☐ Yes ☐ No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?

☐ Residential ☐ Industrial ☐ Commercial ☐ Agriculture ☐ Park/Forest/Open Space ☐ Other

Describe:

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?

☐ Yes ☐ No If Yes, list agency(s) name and permit/approvals:

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?

☐ Yes ☐ No If Yes, list agency(s) name and permit/approvals:

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?

☐ Yes ☐ 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

Reset

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.

☐ Yes ☐ No

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.

☐ Yes ☐ No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

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:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?

☐ Yes ☐ No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

☐ Yes ☐ No If Yes, explain briefly:

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. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

☐ Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

Reset

INCORPORATED VILLAGE OF MANORHAVEN
BUILDING DEPARTMENT
33 Manorhaven Boulevard
Port Washington, New York 11050
Phone: (516) 883-7000; Fax: (516) 439-5574

LIST OF OWNER OF ADJOINING PROPERTIES

Applicant: _____ **Hearing Date**: _____

Address: _____

Section	Block	Lot	Owner of Record	Address of Record

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BUILDING DEPARTMENT
33 Manorhaven Boulevard
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Affidavit of Mailing

State of New York)
) ss:
County of Nassau)

_____, being duly sworn, deposes and says that I am the owner / agent for the owner (cross out incorrect one) and on the _____ day of _____, 20 _____, I served a copy of the attached Notice to Owners of Adjoining Properties to the owners of record at the address indicated on the attached listing of Owners of Adjoining Properties. The said list, comprising all the owners of property with a one hundred foot radius of the subject property, was sealed in a post paid envelope and deposited at the U.S. Post Office.

The lists of names compiled for the radius map was obtained from the following tax records:

☐ **Nassau County** ☐ **Town of North Hempstead** ☐ **Village of Manorhaven**

The said Notice was mailed by Certified Mail, return receipt requested. The mailing receipts and the returned cards are attached hereto.

_____
Signature

Sworn to before me this _____ day of 20_____

_____
Notary