



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

Mayor
Giovanna Giunta

Deputy Mayor
Mark Lazarovic

Trustees
Rita DiLuca
Lucretia Steele
Dorit Zeevi-Farrington

Village Clerk-Treasurer
Liz Gaynor

Superintendent of Buildings
Patrick M. Abramski

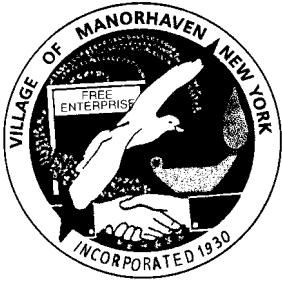
Village Attorney
Charles J. Casolaro

INSTRUCTIONS FOR FILING A SITE PLAN REVIEW APPLICATION
BEFORE THE BOARD OF TRUSTEES

9 COPIES OF THE FOLLOWING:

1. COMPLETED APPLICATION
2. ARCHITECT'S SITE PLAN
3. CURRENT SURVEY
4. CURRENT DEED OR PROOF OF OWNERSHIP
5. NOTARIZED AFFADAVIT OF OWNERSHIP OR AUTHORIZATION OF REPRESENTATION
6. PHOTOGRAPHS OF CURRENT PROPERTY
7. ENVIRONMENTAL ASSESSMENT FORM
8. WAIVER OF ACTION LETTER FROM NASSAU COUNTY PLANNING COMMISSION
9. APPLICATION FEES – \$1000 FILING FEE/\$1000 EXPENSE DEPOSIT
10. PROVIDE 200 FT RADIUS MAP WITH LIST OF PROPERTY OWNERS WITHIN 200 FT OF SUBJECT PROPERTY
11. 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

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

DATE RECEIVED _____

FEE PAID _____

1. SITE LOCATION _____

2. SECTION _____ BLOCK _____ LOT(S) _____

3. OWNER'S NAME _____

ADDRESS _____

TELEPHONE _____

4. AGENT _____

ADDRESS _____

TELEPHONE _____

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? _____

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.

Sworn to me this _____ day of _____ 20_____

Signed

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.

Sworn to me this _____ day of _____ 20_____

Signed

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.

Sworn to me this _____ day of _____ 20_____

Signed

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: <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) name 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(s) name and permit/approvals:	
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 - 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<input type="checkbox"/> 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.	
<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 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)

