



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/SIGNED AND SEALED
5. CURRENT DEED OR PROOF OF OWNERSHIP
6. NOTARIZED AFFIDAVIT OF OWNERSHIP OR AUTHORIZATION OF REPRESENTATION
7. PHOTOGRAPHS OF CURRENT PROPERTY
8. ENVIRONMENTAL ASSESSMENT FORM
9. WAIVER OF ACTION LETTER FROM NASSAU COUNTY PLANNING COMMISSION
10. A RECENT SOIL BORING TEST (NOT MORE THAN 1 YEAR OLD)
11. APPLICATION FEES:

<u>Category of Application</u>	<u>Filing Fee</u>	<u>Deposits</u>
Single-family dwelling	\$200	\$2,500
Two-family dwelling	\$500	\$3,500
Multiple dwelling	\$150 per unit	\$4,500
Commercial, Industrial, Governmental Applications		
First 10,000 sq. ft. of lot area or part thereof	\$1,200	\$4,500
Each additional 10,000 sq. ft. of lot area or of part thereof	\$1,200	\$4,500

12. CHAPTER 155-63-(5) REQUIRED PERFORMANCE BOND AS SET BY PB/BOT
13. PROVIDE 200 FT RADIUS MAP WITH LIST OF PROPERTY OWNERS WITHIN 200 FT OF SUBJECT PROPERTY (CHAPTER 155-63-4)
14. 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 AFFIDAVIT 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.

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: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Municipality _____ County _____ </div>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration </div>	
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? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <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 </div> 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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Applicant/sponsor name: _____ Date: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature: _____ </div>	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
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.	
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Name of Lead Agency</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Date</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Print or Type Name of Responsible Officer in Lead Agency</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Title of Responsible Officer</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Signature of Responsible Officer in Lead Agency</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Signature of Preparer (If different from responsible officer)</div>



Applicant: _____ **Hearing Date:** _____

Address: _____

[illegible]

Affidavit of Mailing

State of New York)
County of Nassau) ss:

_____, 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 two 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 _____



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NOTICE OF PLANNING BOARD HEARING

Mail copy to ALL PROPERTY OWNERS within 200-ft. radius of property via
Certified Mail – Return Receipt

To: _____
List Properties Owners Name

List Properties Owners Address

PLEASE TAKE NOTICE that the undersigned has made an application to the Village of Manorhaven Planning Board as described on the attached legal notice.

At the premises situated at Section _____ Block _____ Lot(s) _____

A Public Hearing will be held by Planning Board Village of Manorhaven at the

Village Hall, 33 Manorhaven Boulevard, Port Washington, New York on
the _____ day of _____ 20____, at ____:____ PM.

Applicant Name:

Signed _____ Date _____