

**Town of Groveland
4955 Aten Road
Groveland, New York 14462**

Application for Wind Energy Systems

I. Contact Information:

A. Name of Proposed Development: _____

B. Name and Address of Owner:

Contact Number(s):
Day: _____
Evening: _____

C. Name and Address of Developer:

Contact Number(s)
Day: _____
Evening: _____

D. Name and Address of Engineer, Architect, or Surveyor:

Contact Number(s):
Day: _____
Evening: _____

E. Name and Address of Abutting Property owners
And those with in 500 feet of property lines:

Contact Number(s):
Day: _____
Evening: _____

E1. Name and Address:

Contact Number(s):
Day: _____
Evening: _____

E2. Name and Address:

Contact Number(s):
Day: _____
Evening: _____

E3. Name and Address:

Contact Number(s):
Day: _____
Evening: _____

E4. Name and Address:

Contact Number(s):

Day: _____
Evening: _____

E5. Name and Address:

Contact Number(s):

Day: _____
Evening: _____

E6. Name and Address:

Contact Number(s):

Day: _____
Evening: _____

E7. Name and Address:

Contact Number(s):

Day: _____
Evening: _____

E8. Name and Address:

Contact Number(s):

Day: _____
Evening: _____

Property Description:

A. Location of Property: _____ School District: _____

Tax map Number: _____

Road Frontage: _____ (ft) Depth: _____ (ft)

Zoning District: _____

Total Lot Acreage: _____ (acres)

B. Existing Buildings on Site: _____

C. Existing Utilities Available: _____

D. Existing Easements: _____

E. Current Condition of Site: _____

F. Character of surrounding lands (Ag, Wet lands, Etc.): _____

G. Current Land Use (Ag, Commercial/Industrial, Undeveloped): _____

III. Construction Information:

A. Anticipated Start Date: _____

B. Anticipated Completion Date: _____

C. Will Development be staged: _____

D. Estimated Cost of Project: _____

E. Financial Plans: _____

F. Number of Wind Energy Systems located on Property: _____

G. Number of (Mega Wats) for each Wind Tower: _____

H. Describe projects compatibility with surrounding uses:

IV. Declaration and certificate :

A. Applicants Name and Address (if not Owner)

Contact Number(s):

Day:_____

Evening:_____

I certify that the above information given by me in all sections of this form is true and accurate to the best of my knowledge.

Signature of applicant _____ Date: _____

Printed name: _____

For Town Purposes Only

I. Agency Referrals:

Federal () State () County () Local () Other ()

II. Application Phase:

Planning Board:

Site Plan:

() Concept () Preliminary () Final

() Approved () Approved with Modifications () Denied

Zoning Board:

Special Use Permit:

() Approved () Approved with Modifications () Denied

Variance:

() Approved () Approved with Modifications () Denied

III. Additional Information:

Contingencies and Modifications:

Reason(s) for Denial:

SEQR Classification:

Additional Fees:

Wind Tower Application Checklist

Mapping:

- () 1. Map showing the proposed sites; Location, North Arrow, Scale of plan and Date .
- () 2. Map showing existing and proposed topography at established USGS standard intervals.
- () 3. Map showing all existing property lot lines, easements and right-of-way set backs.
- () 4. Map showing proposed road access/egress and provisions for paving (if any). All proposed transmission lines and accessory facility locations, along with all existing and proposed utility systems.
- () 5. An elevation map showing wind energy towers height and design, with a cross section of the structures and components of the nacelle.
- () 6. Digital elevation model, based project visibility map, showing the impact of visibility of the project from other locations to a distance radius of three (3) miles from the center of the project. The base map used, shall be a published topo map showing natural, structural, and built features.
- () 7. Map to show flicker zone of proposed wind tower(s).
- () 8. Map showing the names, and width of surrounding roads.
- () 9. Map showing all grading and drainage using existing and proposed contours and watercourses.
- () 10. Map of the landscape plan showing all existing natural land features, trees, forest cover and all proposed changes to these features including size and type of plant material and erosion control measures being used.

Items requiring proof:

- () 1. An equipment list with the weight of materials being hauled and or driven over State, County and Town roads.
- () 2. Under article D, section 1, item 3.
- () 3. Under article D, section 2; all items listed under Numbers 1,2,3,4,5,and 8.
- () 4. Under article D, section 2; item numbers 10 and 11 requiring a full description.

Town of Groveland Agricultural Data Statement

DATE: _____

Instruction: This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation.

Applicant	Owner if Different from Applicant
Name: _____	Name: _____
Address: _____	Address: _____

1. Type of Application: Special Use Permit Site Plan Use Variance Subdivision
2. Description of proposed project:

3. Location of project: Address: _____
Tax Map Number: _____

4. Is the parcel within an Agricultural District NO YES If YES, Agricultural District Number _____

5. Is this parcel actively farmed? NO YES

6. Municipal Officer list all farm operations within 500 feet of parcel. Attach additional sheets if necessary. If same farmer with one mailing address simply list all tax map #'s in one box.

Name: _____	Name: _____
Tax Map: _____	Tax Map: _____
Mailing Add: _____	Mailing Add: _____
Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES	Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES
Name: _____	Name: _____
Tax Map: _____	Tax Map: _____
Mailing Add: _____	Mailing Add: _____
Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES	Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES

Signature of Applicant

Signature of Owner (if different than applicant)

Reviewed by _____
Signature of Municipal Official

Date

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO
			YES
			<input type="checkbox"/>
			<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO
			YES
			<input type="checkbox"/>
			<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____ Date: _____		
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<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 may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<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.
_____	_____
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)

PRINT