

PLANNING BOARD  
TOWN OF CLAYTON  
APPLICATION FOR SITE PLAN REVIEW

For Planning Board use only

Application #: \_\_\_\_\_  
Date of Application: \_\_\_\_\_  
Application Fee: \_\_\_\_\_  
Public Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ PM

Zoning District: \_\_\_\_\_  
Tax Map #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_

TO THE JOINT PLANNING BOARD

A. Statement of Ownership and interest:

The Applicant(s) \_\_\_\_\_ Phone#(\_\_\_\_) \_\_\_\_\_  
is/are the owner(s) of property situated at the following  
address: \_\_\_\_\_

The above-described property was acquired by the applicant(s) on  
Date: \_\_\_\_\_

B. Request:

Applicant(s) request(s) a Site Plan Review for the use of the property  
for \_\_\_\_\_ as  
provided by Articles V and X, Town of Clayton Zoning Ordinance;  
and in support of the application hereby submits the following:

**ADDRESS EACH OF THE FOLLOWING**

1. A sketch (Concept Drawing) of the property, showing existing  
features including contours, buildings, structures, pavement, trees,  
streets, utility easements, rights-of-way, land use and adjacent  
property owners.  
\_\_\_\_\_
2. Site plan showing proposed building locations and land use areas.  
\_\_\_\_\_

3. Landscaping sketches including design, grading and proposed planting and buffering as required by this Ordinance.

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4. Proposed traffic circulation and/or boat access, parking and loading spaces, docking and pedestrian walkways.

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5. Sketches and drawings for buildings to be constructed.

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6. Sketches, including outline of planned street improvements, drainage and sewage disposal systems and public utility extensions.

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7. Preliminary feasibility studies of and anticipates problems which might arise due to the proposed development (as required by the Joint Planning Board)

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8. Proposed construction sequence and anticipated time schedule for completion of each phase of building, paving and landscaping.

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9. Description of the proposed uses, including hours of operation, number of employees, anticipated volume of business, and type and volume of traffic expected to be generated.

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10. SEQR Environmental Assessment Form -short or full form as specified by 6 NYCRR Park 617, State Environmental Quality Review Act.

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11. Filing fee, as determined by the Town Board.
12. **Any other information or data that the Town Planning Board shall deem necessary to its understanding and assessment of the site plan**

proposal. The Planning Board may require a survey of the property complying with most of the items stated in the items above for applications after the initial concept drawings are presented at the pre-application meeting.

C. Substantiation for Request:

Applicant(s) allege(s) that the proposed Site Plan Use:

1. Would be in harmony with the character of the neighborhood because

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2. Would not be detrimental to the property of other persons in the neighborhood because

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D. Special Features:

In addition to meeting the standards prescribed by the Zoning Ordinance, the applicant(s) agree(s) to provide

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\_\_\_\_\_ in order that the public convenience, welfare and safety will be further served.

E. Site Inspection:

Applicant agrees that members of the Joint Town/Village Planning Board may inspect the property site of the application by appointment or at other times as agreed to by the applicant and the Board.

Please list preferred days/times: \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ (please print)

Address: \_\_\_\_\_  
\_\_\_\_\_

Applicants Signature: \_\_\_\_\_

## 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 is assessment**