

**TOWN OF PALERMO  
SITE PLAN REVIEW FORM**

Application #: \_\_\_\_\_

**Part I - PROJECT INFORMATION** (To be completed by Applicant or Project Sponsor)

1. Applicant/Sponsor	2. Tax Parcel SBL #: _____
3. Applicants Address:          Phone: (Day) _____ (Eve) _____	
4. Precise Location (Street Address and Road Intersections)	
5. Is Proposed Action: <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 Land Uses? <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 Project Involve Permit Approval From Any Other Governmental Agency (Federal, State, or Local)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, List Agency(s) and Permit Approval(s)	
11. Does any Aspect of the Project Have a Currently Valid Permit or Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, List Agency(s) and Permit Approval(s)	
12. As a Result of Proposed Project Will Existing Permit/Approval Require Modification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does the Applicant Own the Property? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, Give the Name, Address, and Phone Number Of Owner.	

**PART II - GML 239 AND AGRICULTURAL DATA STATEMENT** (To be Completed by Applicant or Project Sponsor)

1. Does the Project Take Place Within 500 Feet of Any State or County Highway\_\_\_\_; State or County-owned Park or Recreation Area\_\_\_\_; Municipal Boundary\_\_\_\_; Land On Which A Public Building Is located \_\_\_\_; County-owned or Delineated Stream or Drainage Channel\_\_\_\_? Check all That Apply.  
[ ] Yes [ ] No If Yes, Name Items.

Note: If Yes, Review By County Planning Board Is Required

2. Does the Project Take Place Within 500 Feet of Any Agricultural District.  
[ ] Yes [ ] No If Yes, What Is The Agricultural District Number. \_\_\_\_\_

3. If the Answer For Number "2" Is Yes, List the Names, Addresses, and Tax Parcel Numbers of Property Owners For All Agricultural Properties Within 500 Feet of the Project's Property Lines and Who Are Located In an Agricultural District In the Space Provided Below.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Applicant/Sponsor Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PART III - SITE PLAN SKETCH** (To be Completed by Applicant or Project Sponsor)

(In the Space Provided Below or Through An Attachment, Draw the Site Plan; Include Scale, and North Arrow.)

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to draw a site plan sketch, including a scale and a north arrow, as instructed in the text above.

**PART IV - DETERMINATION OF SIGNIFICANCE (To Be Completed By Town)**

A.	Does Action Exceed Any Type I Threshold In 6 NYCRR, Part 617.12? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, coordinate the review process and use the FULL EAF.</b>
B.	Will Action Receive Coordinated Review As Provided For Unlisted Actions in 6 NYCRR Part 617.6? <input type="checkbox"/> Yes <input type="checkbox"/> No
C1.	Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, 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.	Is There, Or Is There Likely To Be, Controversy Related To Potential Adverse Environmental Impacts? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, explain briefly</b>

[ ]	Check this box if the Board has identified one or more potentially large or significant adverse impacts which <b>MAY</b> occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
[ ]	Check this box if the Board has determined, based on the information and analysis above and any supporting documentation, that the proposed action <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> provide on attachments as necessary, the reasons supporting this determination:
Print or Type Name of Responsible Officer	Title of Responsible Officer
Signature of Responsible Officer	Signature of Applicant/Sponsor
Date	