

TOWN OF SMITHTOWN

SUPERVISOR
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DEPARTMENT OF
ENVIRONMENT &
WATERWAYS

RUSSELL K. BARNETT
DIRECTOR

TOWN OF SMITHTOWN ENVIRONMENTAL ASSESSMENT FORM

(REVISED MARCH 2009)

INSTRUCTIONS

This form, and four copies, must be submitted along with the application review fee specified in the attached fee schedule. Payment of this fee must be by certified check or money order payable to the Town of Smithtown and must be separate from any other fee due and payable to the Town of Smithtown with regard to your application.

This form is most appropriately completed by a land use professional (i.e. an Environmental Consulting Firm, Landscape Architect, Professional Engineer) and must be submitted with an original notarized signature. This document must be consistent with all other application materials submitted. It must be completed in its entirety and be consistent throughout. If a question is not applicable to your proposal, enter "NA." Wherever necessary attach additional sheets so as to provide complete information.

Following the attached fee schedule is a list of sources of specialized information. In addition, most specialized references identified in this form are available at the Smithtown Library, Main Branch, One North Country Road, Smithtown, New York, 11787, (631) 265-2072



EAF INFORMATION SOURCES:

Endangered, Threatened, Rare Species

Significant Habitat Information Service
New York Natural Heritage Program
Wildlife Resources Center
Delmar, NY 12054

The Nature Conservancy - Long Island Chapter
Uplands Farm
Lawrence Hill Road
Cold Spring Harbor, NY 11724

NYS Dept. of Environmental Conservation
Building #40
SUNY at Stony Brook
Stony Brook, NY 11794

Groundwater

Suffolk County Planning Department
H. Lee Dennison Building
Veterans Memorial Highway
Hauppauge, NY 11788

Suffolk County Water Authority
Administrative Office
Sunrise Highway
Oakdale, NY 11769

Historical Resources

Smithtown Historic Advisory Board
99 West Main Street
Smithtown, NY 11787

Smithtown Historical Society
P.O. Box 69
Smithtown, NY 11787

River Protection - Wild, Scenic and Recreational Rivers

WSRR Program
Division of Lands and Forests
NYS Dept. of Environmental Conservation
Building #40, SUNY at Stony Brook
Stony Brook, NY 11794

Sanitary Systems, Sewage Disposal, Water Use

Bureau of Wastewater Management
Suffolk County Department of Health Services
County Center
Riverhead, NY 11901

Soils, Erosion Control

Suffolk County Soil and Water Conservation District
Peconic Plaza
164 Old Country Road, Route 58
Riverhead, NY 11901

Trip Generation

Institute of Transportation Engineers
525 School Street SW, Suite 410
Washington, D.C. 20024

Topography (U.S.G.S. maps available at Stony Brook University library)

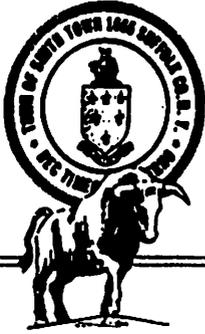
U.S. Geological Survey
Reston, VA

Map Information Office
Branch of Distribution - Eastern Region
U.S. Geological Survey
1200 S. Eads Street
Arlington, VA 22202

Toxics

Suffolk County Department of Health Services
Office of Environmental Engineering and Pollution Control
15 Horseblock Place
Farmingville, NY 11738

Division of Hazardous Wastes
NYS Dept. of Environmental Conservation
Building #40, SUNY at Stony Brook
Stony Brook, NY 11794



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(REVISED MARCH 2009)

A. GENERAL INFORMATION

NAME OF PROJECT:

(OFFICIAL PROJECT NAME)

NAME AND ADDRESS OF APPLICANT:

(NAME)

(STREET)

(P.O. BOX)

(CITY)

(STATE)

(ZIP)

(AREA CODE)

(TELEPHONE NUMBER)

NAME AND ADDRESS OF OWNER OF LAND:

(NAME)

(STREET)

(P.O. BOX)

(CITY)

(STATE)

(ZIP)

(AREA CODE)

(TELEPHONE NUMBER)

LOCATION OF SITE (INCLUDING DISTANCES TO NEAREST INTERSECTIONS):

APPLICABLE SUFFOLK COUNTY TAX MAP PARCEL NUMBER(S):

ADDRESS OF SITE (IF AVAILABLE):



TYPE OF PROJECT: CHANGE OF ZONE PETITION SPECIAL EXCEPTION PETITION
 SUBDIVISION APPLICATION SITE PLAN APPLICATION OTHER (EXPLAIN BELOW)

DETAILED DESCRIPTION OF PROPOSAL OR PROJECT (INCLUDE NUMBER OF STORIES, SQUARE FOOTAGE OF EACH STORY, NUMBER OF UNITS, ETC.): _____

NATURE OF EXISTING BUSINESS, FACILITY, OR STRUCTURE, IN DETAIL:

NATURE OF PLANNED BUSINESS, FACILITY, OR STRUCTURE, IN DETAIL:



B. SITE DESCRIPTION (PHYSICAL SETTING OF OVERALL PROJECT OR PROPOSAL, BOTH DEVELOPED AND UNDEVELOPED AREAS).

1. PRESENT LAND USE: INDUSTRIAL COMMERCIAL RESIDENTIAL
 AGRICULTURAL VACANT INSTITUTIONAL

2. ZONING

a. LIST ALL ZONING CLASSIFICATIONS OF THE SITE: _____

b. IF CHANGE OF ZONE PETITION, INDICATE DESIRED ZONING CLASSIFICATION(S): _____

c. LIST THE CURRENT ZONING CLASSIFICATIONS OF ALL ADJOINING PARCELS OF LAND:

NORTH: _____ SOUTH: _____

EAST: _____ WEST: _____

d. LIST THE CURRENT USE(S) OF ALL ADJOINING PARCELS OF LAND:

NORTH: _____

EAST: _____

SOUTH: _____

WEST: _____

3. TOTAL ACREAGE OF SUBJECT PARCEL(S): _____ ACRES

APPROXIMATE ACREAGE BY COVER TYPE:

	<u>PRESENTLY</u>	<u>AFTER COMPLETION</u>
WOODED	_____ ACRES	_____ ACRES
MEADOW OR GRASSLAND	_____ ACRES	_____ ACRES
AGRICULTURAL	_____ ACRES	_____ ACRES
WETLAND (<i>Freshwater or Tidal as per Article 24, 25 of E.C.L.</i>)	_____ ACRES	_____ ACRES
WATER SURFACE AREA	_____ ACRES	_____ ACRES
UNVEGETATED (<i>Rock, Earth, Fill</i>)	_____ ACRES	_____ ACRES
BUILDINGS	_____ ACRES	_____ ACRES
ROADS AND OTHER PAVED SURFACES	_____ ACRES	_____ ACRES
LANDSCAPED	_____ ACRES	_____ ACRES
OTHER (<i>List Type</i>) _____	_____ ACRES	_____ ACRES
TOTAL ACREAGE (<i>COLUMNS MUST BE EQUAL</i>)	_____ ACRES TOTAL	_____ ACRES TOTAL

4. ARE ANY DANGEROUS OR HAZARDOUS MATERIALS, AS DEFINED BY ARTICLE 12 OF THE SUFFOLK COUNTY SANITARY CODE, CURRENTLY STORED OR USED AT THE SITE? NO YES*

IF YES, LIST THE MATERIALS, APPROXIMATE AMOUNTS, INTENDED STORAGE PROVISIONS, ETC. (*Attach additional sheets and/or documentation if needed*)

*An Industrial Facilities Registry Form must be completed and filed with the Dept. of Environment & Waterways

5. HAS THE SITE EVER BEEN USED FOR THE DISPOSAL OF SOLID OR HAZARDOUS WASTES?

NO YES IF YES, PROVIDE DETAILS (Use separate sheet if necessary) _____

6. ARE THERE ANY DUMPS OR LANDFILLS, ACTIVE OR INACTIVE, WITHIN 1/2 MILE RADIUS OF THE PROJECT?

NO YES IF YES, GIVE LOCATION _____

7. WHAT ARE THE SOIL TYPES ON THE PROJECT SITE ACCORDING TO THE USDA-SCS SOIL SURVEY OF SUFFOLK COUNTY, NEW YORK 1975? _____

8. **PRESENT** SLOPES AND ELEVATIONS (*Elevations in U.S.G.S. Datum*)

a. APPROXIMATE PERCENTAGE OF PROJECT SITE WITH SLOPES OF:

_____ 0-10% _____ 10-15% _____ 15-25% _____ 25%+

b. PRESENT MAXIMUM SLOPE: _____ %

c. PRESENT AVERAGE SLOPE: _____ %

d. PRESENT MAXIMUM SITE ELEVATION: _____ FEET

e. PRESENT AVERAGE SITE ELEVATION: _____ FEET

f. PRESENT MINIMUM SITE ELEVATION: _____ FEET

9. ARE THERE ANY UNIQUE OR UNUSUAL LANDFORMS ON THE PROJECT SITE?
(*i.e. cliffs, dunes, kettle holes, eskers, moraine, outwash channels, other geological formations*)

NO YES IF YES, EXPLAIN _____

10. WHAT IS THE GROUNDWATER MANAGEMENT ZONE ACCORDING TO THE SUFFOLK COUNTY "208 STUDY"?

ZONE I ZONE VIII BORDERING ZONE I AND ZONE VIII

11. WHAT IS THE MINIMUM DEPTH TO THE WATER TABLE ON THE SITE? _____ FEET

12. ARE THERE ANY PERCHED WATER BODIES PRESENT ON THE SITE?

NO YES IF YES, EXPLAIN _____

13. ARE THERE ANY STREAMS, LAKES, PONDS, OR WETLAND AREAS WITHIN OR ADJACENT TO THE PROJECT SITE? NO YES IF YES, EXPLAIN _____

14. HOW FAR IS THE PROJECT SITE FROM THE NEAREST BODY OF SURFACE WATER? _____

15. DOES THE PROJECT SITE LIE WITHIN A 1/2 MILE OF THE NISSEQUOGUE RIVER?

NO YES

16. IS THE PROJECT OR ANY PORTION OF THE PROJECT SITE LOCATED IN THE 100 YEAR FLOODPLAIN?
 NO YES IF YES, EXPLAIN _____

17. IS THE PROJECT OR ANY PORTION OF THE PROJECT SITE LOCATED WITHIN AN AREA REGULATED BY THE
 NEW YORK STATE COASTAL EROSION HAZARD ACT? NO YES
IF YES, EXPLAIN _____

18. DOES THE PROJECT SITE OFFER OR INCLUDE SCENIC VIEWS OR VISTAS KNOWN TO BE IMPORTANT TO
 THE COMMUNITY? NO YES
IF YES, EXPLAIN _____

19. IS THE PROJECT SITE PRESENTLY USED BY THE COMMUNITY OR NEIGHBORHOOD AS AN OPEN SPACE OR
 RECREATIONAL AREA WHETHER AUTHORIZED OR NOT? NO YES
IF YES, EXPLAIN _____

20. DOES THE PROJECT SITE ENCOMPASS OR BORDER ON ANY PUBLIC TRAILS, OPEN SPACE, PARKLAND, OR
 RECREATIONAL AREA USED BY THE COMMUNITY? NO YES
IF YES, EXPLAIN _____

21. DOES THE PROJECT SITE CONTAIN ANY SPECIES OF PLANT OR ANIMAL LIFE IDENTIFIED AS RARE,
 THREATENED, ENDANGERED, OR OF SPECIAL CONCERN AT THE STATE OR FEDERAL LEVEL?
 NO YES ACCORDING TO _____
IF YES, IDENTIFY EACH SPECIES _____

22. IS THE PROJECT SITE ADJACENT TO, OR PART OF, A SIGNIFICANT FISH AND WILDLIFE HABITAT AREA AS
 IDENTIFIED IN THE TOWN OF SMITHTOWN LOCAL WATERFRONT REVITALIZATION PLAN?
 NO YES

23. DOES THE PROJECT SITE CONTAIN OR LIE CONTIGUOUS TO A BUILDING OR SITE LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES, THE 1980 TOWN OF SMITHTOWN HISTORIC SITES INVENTORY, OR WITHIN AN HISTORIC DISTRICT OF THE TOWN OR COUNTY? NO YES

IF YES,

- a. NAME OF HISTORIC BUILDING OR SITE _____
- b. LOCATION _____

C. PROJECT DESCRIPTION

1. PHYSICAL DIMENSIONS AND SCALE OF PROJECT (FILL IN DIMENSIONS AS APPROPRIATE)

a. TOTAL CONTIGUOUS ACREAGE OWNED BY PROJECT SPONSOR _____ ACRES

b. PROJECT ACREAGE PRESENTLY DEVELOPED _____ ACRES;
 PLANNED FOR DEVELOPMENT _____ ACRES

PROJECT ACREAGE TO REMAIN UNDEVELOPED _____ ACRES

PROJECT ACREAGE TO BE PERMANENTLY (LEGALLY) PRESERVED _____ ACRES

IF APPLICABLE, EXPLAIN METHOD _____

c. LENGTH OF PROJECT, IN MILES _____ MILES (IF APPROPRIATE)

d. IF PROJECT IS AN EXPANSION OF AN EXISTING BUILDING OR FACILITY, INDICATE PERCENT EXPANSION _____ %

e. PRESENT BUILDING OR FACILITY TOTAL SQUARE FOOTAGE _____ SQ.FT.;

PLANNED TOTAL SQUARE FOOTAGE _____ SQ.FT. (i.e. Gross Floor Area)

f. TOTAL HEIGHT OF TALLEST PROPOSED STRUCTURE: _____ FEET

MAXIMUM HEIGHT ALLOWED ACCORDING TO THE SMITHTOWN TOWN CODE: _____ FEET

TOTAL HEIGHT OF TALLEST STRUCTURE WITHIN 1/4 MILE RADIUS OF PROJECT SITE: _____ FEET

g. IF RESIDENTIAL, NUMBER AND TYPE OF HOUSING UNITS:

	R-43	R-21	R-15	R-10	RM-7	RM-GA	R-6	OTHER _____
PRESENTLY								
ULTIMATELY								

IF ATTACHED UNITS (*condominiums, townhouses, garden apartments, etc.*) INDICATE # OF BEDROOM UNITS:

	ONE-BEDROOM	TWO-BEDROOM	THREE-BEDROOM	OTHER _____
PRESENTLY				
ULTIMATELY				

- h. NUMBER OF ON-STREET PARKING SPACES EXISTING _____; PLANNED _____
 NUMBER OF ON-SITE PARKING SPACES EXISTING _____; PLANNED _____
- i. MAXIMUM VEHICULAR TRIPS PRESENTLY GENERATED PER HOUR _____;
 UPON COMPLETION OF PROJECT _____ (*According to the Institute of Transportation Engineers Trip Generation Manual*)
- j. PERCENT OF PROJECT SITE COVERED WITH IMPERVIOUS SURFACES (buildings, paving):
 EXISTING _____% PLANNED _____%

2. SITE ALTERATION

- a. PLANNED SLOPES AND ELEVATIONS (*ALL ELEVATIONS TO BE IN U.S.G.S. DATUM*)
- PLANNED AVERAGE SLOPE: _____%
 - PLANNED MAXIMUM SLOPE: _____%
 - PLANNED MAXIMUM ELEVATION: _____ FEET
 - PLANNED AVERAGE ELEVATION: _____ FEET
 - PLANNED MINIMUM ELEVATION: _____ FEET
- b. HOW MUCH NATURAL MATERIAL (*i.e. rock, earth, etc.*) WILL BE REMOVED FROM THE SITE?
 _____ TONS; _____ CUBIC YARDS
- c. HOW MUCH MATERIAL (*i.e. rock, earth, etc.*) WILL BE DEPOSITED ON THIS SITE AS FILL?
 _____ TONS; _____ CUBIC YARDS
 IDENTIFY TYPE OF MATERIAL _____

- d. HOW MANY ACRES OF EXISTING VEGETATION (*i.e. trees, shrubs, ground covers, etc.*) WILL BE REMOVED FROM THE SITE? _____ ACRES
- e. WILL ANY MATURE TREES (OVER TWELVE INCHES IN DIAMETER) OR OTHER LOCALLY IMPORTANT VEGETATION OR TREES BE REMOVED BY THIS PROJECT? NO YES
 IF YES, EXPLAIN _____

f. DESCRIBE PLANS FOR RE-VEGETATION TO REPLACE THAT REMOVED DURING CONSTRUCTION.

g. IF THE SITE IS SUBJECT TO EROSION OR HAS THE POTENTIAL FOR AN EROSION PROBLEM UPON COMPLETION OF THE PROJECT, HOW WILL YOU MINIMIZE THE POTENTIAL FOR THIS IMPACT? (i.e. landscaping, retaining walls, retention of natural vegetation, etc.)

h. WHAT PLANS DO YOU HAVE TO CONTROL EROSION DURING CONSTRUCTION? (i.e. perimeter hay bales, mulching, etc.)

i. WILL SURFACE AREA OF EXISTING LAKES, PONDS, STREAMS, BAYS OR OTHER SURFACE WATERWAYS OR WETLANDS BE INCREASED OR DECREASED BY THIS PROJECT?

NO YES

IF YES, EXPLAIN

j. WILL THERE BE A DISCHARGE INTO A BODY OF SURFACE WATER? NO YES

k. WHAT WILL BE THE METHOD OF HANDLING STORMWATER RUNOFF? (i.e. drywells, leaching pools, retention ponds, recharge basin)

l. WILL DEMOLITION OF EXISTING STRUCTURES OCCUR PRIOR TO OR DURING CONSTRUCTION?

NO YES IF YES, EXPLAIN

3. IF SINGLE PHASE PROJECT: ANTICIPATED PERIOD OF CONSTRUCTION _____ MONTHS (including demolition)

IF MULTI-PHASED PROJECT: a. TOTAL NUMBER OF PHASES ANTICIPATED _____

b. ANTICIPATED DATE OF COMMENCEMENT OF PHASE ONE (including demolition) _____

c. APPROXIMATE COMPLETION DATE OF FINAL PHASE _____

d. IS PHASE 2 (3, 4, 5, ETC.) FINANCIALLY DEPENDENT ON PREVIOUS PHASE? NO YES IF YES, EXPLAIN

4. IS WATER SUPPLY: PUBLIC PRIVATE
- a. IF WATER SUPPLY IS FROM WELLS INDICATE PUMPING CAPACITY _____ GALS/MIN.
- LOCATION OF WELL(S): _____

 - DATE LAST TIME WELL WATER WAS TESTED AND BY WHOM _____

 - RESULTS _____
- b. DISCUSS PROPOSED WATER CONSERVATION MEASURES, IF ANY _____

- c. TOTAL WASTE WATER GENERATION PER DAY _____ GALS/DAY (*According to Suffolk County Department of Health Services Design Flow Standards - Suffolk County Sanitary Code Article VI*)

5. IS SURFACE OR SUBSURFACE LIQUID WASTE DISPOSAL INVOLVED? NO YES
 IF YES, INDICATE TYPE OF WASTE (SEWAGE, INDUSTRIAL, ETC.) _____

a. IF SURFACE DISPOSAL, PROVIDE DETAIL:

b. INDICATE TYPE OF SEWAGE DISPOSAL SYSTEM PROPOSED:

- | | |
|--|--|
| <input type="checkbox"/> SEPTIC TANK AND POOL(S) | <input type="checkbox"/> CONSTRUCTION OF A NEW SEWAGE TREATMENT PLANT |
| <input type="checkbox"/> DENITRIFICATION SYSTEM | <input type="checkbox"/> CONNECTION TO EXISTING SEWAGE TREATMENT PLANT
(IDENTIFY PLANT _____) |

6. DOES PROJECT INVOLVE THE DISPOSAL OF SOLID WASTE? NO YES
- IF YES, a. ANTICIPATED WASTE GENERATION RATE _____
- b. WILL AN EXISTING SOLID WASTE DISPOSAL FACILITY BE USED? NO YES
 IF YES, GIVE NAME AND LOCATION _____

7. WILL THE PROJECT PRODUCE ANY WASTES OTHER THAN SEWAGE OR RESIDENTIAL GARBAGE?
(i.e. industrial solid wastes, liquids, medical wastes, or other) NO YES
- IF YES, EXPLAIN AND DESCRIBE, INCLUDING METHOD OF DISPOSAL AND IDENTIFICATION OF WASTE HAULERS _____

8. UPON COMPLETION OF THE PROJECT AND/OR UPON COMMENCEMENT OF PROPOSED ACTIVITY, WILL ANY CHANGE IN THE USE, STORAGE, OR HANDLING OF DANGEROUS OR HAZARDOUS MATERIALS AS DEFINED BY ARTICLE 12 OF THE SUFFOLK COUNTY SANITARY CODE OCCUR AT THE SITE OR IN THE FACILITY? NO YES*

IF YES, LIST THE MATERIALS, APPROXIMATE AMOUNTS, INTENDED STORAGE PROVISIONS, ETC.
(Attach additional sheets and/or documentation if needed)

**An Industrial Facilities Registry Form must be completed and filed with the Dept. of Environment and Waterways*

9. WILL PROJECT USE HERBICIDES OR PESTICIDES? NO YES

10. WILL PROJECT ROUTINELY PRODUCE ODORS? NO YES

IF YES, EXPLAIN

11. WILL PROJECT PRODUCE OPERATING NOISE EXCEEDING THE LOCAL AMBIENT NOISE LEVEL?

NO YES IF YES, BY HOW MUCH AND WHY

12. WILL PROJECT RESULT IN AN INCREASE IN ENERGY USE? NO YES

IF YES, INDICATE TYPE(S)

D. SOCIO-ECONOMIC FACTORS

1. IS THE PROPOSED PROJECT (NOT THE SITE) CONSISTENT WITH NEIGHBORING USES?

NO YES

EXPLAIN EITHER ANSWER IN DETAIL

2. NUMBER OF JOBS GENERATED: _____ DURING CONSTRUCTION;

_____ AFTER PROJECT IS COMPLETE

3. NUMBER OF JOBS ELIMINATED BY THIS PROJECT: _____

4. WILL THIS PROJECT REQUIRE THE RELOCATION OF ANY PEOPLE, PROJECTS OR FACILITIES?

NO YES IF YES, EXPLAIN

5. GIVE ESTIMATE OF THE TOTAL COST OF THE PROPOSED PROJECT \$ _____

6. IF RESIDENTIAL DWELLING(S), WHAT IS THE ANTICIPATED SELLING PRICE? \$ _____

7. IF RESIDENTIAL RENTAL UNITS, WHAT IS THE ANTICIPATED RENTAL PRICE? \$ _____
METHOD OF RENT CONTROL OR RENT STABILIZATION, IF ANY _____

8. DESCRIBE ANY ENVIRONMENTAL, ECONOMIC, AND/OR SOCIAL BENEFITS WHICH WOULD BE REALIZED FROM THE PROPOSED PROJECT OR ACTION (*Attach additional sheets if necessary*).

9. DISCUSS ANY ADVERSE IMPACTS (e.g. traffic, loss of open space, water use, wastewater generation, solid waste, noise, etc.) ASSOCIATED WITH THE PROPOSAL AND THE MITIGATION MEASURES (e.g. landscaping with native plantings and/or plantings designed to support wildlife, dedication of land, deed covenants to protect environmentally sensitive features, clustering of structures to preserve open space, landbanking of required parking, provision of buffer zones between construction activities and environmentally sensitive features, etc.) WHICH CAN BE TAKEN TO MINIMIZE OR ELIMINATE THEM (*Attach additional sheets if necessary*).

E. NECESSARY PERMITS

1. ARE ANY FEDERAL PERMITS REQUIRED? NO YES IF YES, EXPLAIN _____

2. ARE ANY STATE PERMITS REQUIRED? NO YES IF YES, EXPLAIN _____

3. DOES THE PROJECT INVOLVE STATE OR FEDERAL FUNDING OR FINANCING? NO YES

IF YES, EXPLAIN _____

4. DOES THE PROJECT INVOLVE ANY STATE OR FEDERAL LICENSING? NO YES

IF YES, a. EXPLAIN _____

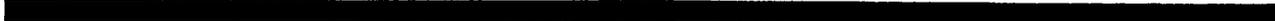
b. DOES THE APPLICANT POSSESS THE REQUIRED LICENSE? NO YES

5. ARE ANY VARIANCES OR SPECIAL EXCEPTIONS REQUIRED FOR THIS PROJECT?

NO YES IF YES, EXPLAIN _____

6. LOCAL AND REGIONAL APPROVALS: *(LIST ALL APPROVALS NECESSARY FOR THIS PROJECT)*

	<i>(Y/N)</i>	<i>(Type)</i>	<i>(Application Date)</i>	<i>(Date Approved)</i>
Town Board of Site Plan Review	_____	_____	_____	_____
Town Board	_____	_____	_____	_____
Town Planning Board	_____	_____	_____	_____
Town Board of Zoning Appeals	_____	_____	_____	_____
Suffolk County Health Department	_____	_____	_____	_____
County Planning Board	_____	_____	_____	_____
State Agencies	_____	_____	_____	_____
County Agencies	_____	_____	_____	_____
Other Agencies	_____	_____	_____	_____



F. INFORMATIONAL DETAILS

ATTACH ANY ADDITIONAL INFORMATION WHICH YOU FEEL IS NEEDED OR INFORMATION WHICH MIGHT CLARIFY YOUR PROPOSED PROJECT.

I, _____, THE PREPARER OF THIS ENVIRONMENTAL ASSESSMENT FORM FOR THE PROJECT KNOWN AS _____, DO HEREBY SWEAR THAT I RESIDE AT _____ AND FURTHER THAT THE INFORMATION SET FORTH IN THIS DOCUMENT IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I, _____, FURTHER ACKNOWLEDGE THAT IT IS A CRIME, PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE LAWS OF THE STATE OF NEW YORK, FOR A PERSON, IN AND BY A WRITTEN INSTRUMENT, TO KNOWINGLY MAKE A FALSE STATEMENT, OR TO MAKE A STATEMENT WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE.

SWORN UNDER PENALTY OF PERJURY

THIS _____ DAY OF _____, 20____

Preparer

Title (Relationship to Project)

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20____

Notary Public