

APPLICATION NUMBER: _____

TOWN OF DOVER

DUTCHESS COUNTY, NEW YORK

LAND USE PERMIT APPLICATION

Grid Number: 132600-7163-00-380110

TYPE OF APPLICATION (check all that apply):

- Zoning Permit
- Site Plan Approval

- Special Permit
- Erosion and Sedimentation Control Permit

Project Name: Double JK Ranch, Agricultural Pond Grading.

Property Address: NE 39 Mountain Road
Dover Plains, NY 12522

Primary Contact Person: Richard Rennia, Jr.
Rennia Engineering Design, PLLC

Address: PO Box 400, Dover Plains, NY 12522

Telephone Number: (845) 877-0555

E-mail: rich@renniadesign.com

Fax: (845) 877-0556

Name of Property Owner:

Double JK Ranch, LLC

Address: 63 Sale Harbour Dr.

New Fairfield, CT 06812

Telephone Number: (212) 419-3995

Name of Applicant (if different):

NA

Address: _____

Telephone Number: _____

E-mail: _____

Relationship of Applicant to Owner

(e.g., contract vendee, option holder, lessee):

Plans Prepared By:

Name: Rennia Engineering Design, PLLC

Address: PO Box 400

Dover Plains, NY 12522

Telephone Number: (845) 877-0555

E-mail: rich@renniadesign.com

Fax: (845) 877-0556

Property Information

Land Use District: RU, Rural District

Overlay Districts (if any): AQ

Lot Area: 241.23 ac

Current Use (s): Residential/Agricultural

Proposed Use (s): Residential/Agricultural

Number of Residential Dwelling Units:

Current 1 proposed NA

Total Impervious Surface:

Current NA proposed NA

Footprint Area of Largest Structure(s):

Current NA proposed NA

Total Floor Space:

Current NA proposed NA

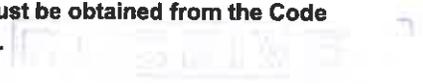
Parking spaces:

Current NA proposed NA

Type of Activity (check all that apply):

- New Use
- Erection of Structure
- Movement of Structure
- Expansion of Use or Structure
- Change of Use in Existing Structure
- Resumption of Former Use
- Sign
- other (specify) Agricultural Pond Grading

NOTE: Approval of this application by the Planning Board, ZBA, or Town Board does not constitute permission to construct, which must be obtained from the Code enforcement Officer



DEC 21 2012

LAND USE APPLICATION

Brief Description or Proposed Use/Activity
 (attach additional sheets if necessary to explain fully):
Develop existing hayfield into a 2.4 acre agricultural pond.

Will development be phased?
 yes no

The proposed use is allowed
 by right (permitted) by Special Permit
 by right, subject to Site Plan Review.

Is there an existing Special Permit and/or Site Plan approval for the property?
 yes, granted on _____ no

Does the property contain a farm operation located within an agricultural district or is the property boundary within 500 feet of a farm operation located in an agricultural district?
 yes no not applicable

The undersigned hereby makes application in accordance with all applicable laws and other requirements of the Town of Dover, Dutchess County, New York

 Signature of Record Owner
 Date: _____

 Signature of Applicant (if different)
 Date: _____

CODE ENFORCEMENT OFFICER TO COMPLETE ITEMS BELOW WHERE APPLICABLE

Date Application Received: _____

Scale of Project:
 Minor Project Major Project

SEQRA Category (check one):
 Type 1 Type 2 Unlisted

SEQR Form Filed (date): _____
 Short Form EAF Full (Long) Form EAF
 Draft EIS

Does the lot, structure, and use currently conform to the Town of Dover Zoning Law?
 yes no
 If no, note any nonconformities: _____

Are there any current violations of the Town of Dover Zoning Law on the property?
 no yes (specify)

REQUIRED REVIEWS AND APPROVALS

| | Review | Referral | Approval | Other (Specify) |
|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <i>Town</i> | | | | |
| Pig Bd. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Town. Bd. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ACABR | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ZBA | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| CAC | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hwy. Sup. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fire Co. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Engineer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Planner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Attorney | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>County</i> | | | | |
| Planning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DOH | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DPW | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SWCD | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>State / Fed.</i> | | | | |
| NYSDEC | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NYS DOT | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| USACOE | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (specify) | | | | |

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

| | |
|--|--|
| A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 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 checked="" 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: NO | |
| C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: NO | |
| C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: NO | |
| 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: NO | |
| C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: NO | |
| C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: NO | |
| C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly: NO | |
| 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 checked="" 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 checked="" 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. | |
| _____ | _____ |
| 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) |

Reset