



Town of Lockport Development Checklist

PB File #:	ZBA File #:	Date Rec'd:
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1. Property Owner Information

Applicant	Date:
Contact Information:	Phone:
Project Name:	Email:
Project Location:	
Zoning Class (Is the parcel properly zoned for this project?): <input type="radio"/> Yes <input type="radio"/> No Overlay: <input type="radio"/> Yes <input type="radio"/> No	
Total Acreage:	SBL#:

2. Potential Town Approvals Needed (please check all that apply)

Planning Board

Zoning Board

- | | | |
|--|--|--|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Use Variance |
| <input type="checkbox"/> Subdivision (Minor) | <input type="checkbox"/> Subdivision (Major) | <input type="checkbox"/> Area Variance |

3. Potential Town Actions/ Permits Needed

(determined with initial review, additional approvals/permits may be required for project completion)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Building Permit | <input type="checkbox"/> Engineering Design | <input type="checkbox"/> Public Improvement Project (PIP) | <input type="checkbox"/> SEQR (short form) |
| <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Road Work Permit | <input type="checkbox"/> Refuse (Town / Private) | <input type="checkbox"/> In Floodplain |
| <input type="checkbox"/> Water & Sewer Permit | <input type="checkbox"/> Floodplain Development | <input type="checkbox"/> Architectural Design Review | <input type="checkbox"/> Town of Lockport Fire Chiefs |

4. Potential Actions/ Permits Needed from Other Agencies

(additional agencies may have jurisdiction and review authority over development projects)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> NYSDEC Wetlands Permit | <input type="checkbox"/> NYSDOT Curb Cut Permit | <input type="checkbox"/> Town of Lockport IDA | <input type="checkbox"/> 239-m (Niagara County Planning) |
| <input type="checkbox"/> NYSOPRHP Archeological Sensitive Areas | <input type="checkbox"/> Niag. County Health Dept. Sewer Sanitary Approval | <input type="checkbox"/> Niagara County DPW General HWY Work Permit | |
| <input type="checkbox"/> USACOE Federal Wetland Permitting | <input type="checkbox"/> NYS Ag & Mrkts Agricultural Districts | <input type="checkbox"/> Niagara County DPW Curb Cut Permit | |

5. Please check all items that are included on the submitted site plan/ subdivision plan:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Means of Access | <input type="checkbox"/> Screening | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Open/Greenspace | <input type="checkbox"/> Cross Access | <input type="checkbox"/> Building Location | <input type="checkbox"/> Building Dimensions |
| <input type="checkbox"/> Adjacent Land Uses | <input type="checkbox"/> Screening Buffers | <input type="checkbox"/> Density | <input type="checkbox"/> Utility Services |
| <input type="checkbox"/> Drainage/Grading | <input type="checkbox"/> Lighting | <input type="checkbox"/> Site Aesthetics | <input type="checkbox"/> Loading Areas |
| <input type="checkbox"/> Fire/Emergency Access | <input type="checkbox"/> Pedestrian/Bicycle Features | <input type="checkbox"/> Soil Storage/Removal | <input type="checkbox"/> Landscaping/Screening |

6. Additional Comments, Concerns or Special Items Relating to the Submitted Plan:

7. Would you like a pre-submission meeting with Town representatives?

(This is not a required step in the application process. Typical more complex projects utilize this option to clearly convey the development to the Town.) Yes No

Notice: Please complete this form in full. If there are questions regarding the required information, please contact the Town of Lockport Building Department at 716-439-9527.

NOTE: Attach Site Plan Before Sending.

DISCLAIMER: This application form is general to all projects within the Town of Lockport. Upon formal review by Town Personnel, Town Consultants, appropriate governing board, and other outside agencies, additional requirements, approvals or information could be required beyond the scope of this application.

The following form(s), may be applicable to your application and should be obtained from the Building Department or the www.elockport.com website and submitted with this form.

1. Site plan Approval Application
2. Special Use Permit Application
3. Subdivision Approval Application
4. Variance Request Application
5. Planned Unit Development Application

The appropriate application and supporting documents with this checklist should be filed with the Building Inspector. Applicants are advised to obtain zoning and subdivision regulations from the Building Department or online at www.elockport.com

A Short Form Environmental Assessment Form is attached. Applicants should determine which SEQR Form is appropriate to the Project using guidelines set forth in 6NYCRR617.

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 this assessment

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.
 Yes 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.
 Yes 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:

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. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?
 Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes 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.

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.

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)