

1/8/98

Application #: ZBA 24-010  
Date: 03-07-2024

**Town of Amsterdam  
Zoning Board of Appeals**

**Application to Board of Appeals**

**CHECKLIST**

- 1) Completed, signed and notarized Application to Board of Appeals (including this checklist and all information required hereon)
- 2) Tax Map indicating property in question and SBL or Tax parcel ID #
- 3) A complete sketch plan drawing with all appropriate dimensions and information
- 4) Copy of denied Application, including the Administrative Officer's Denial
- 5) Copy of any supporting documentation submitted with the Zoning Permit Application including, but not limited to photos, notarized statements, etc.
- 6) If appropriate, and at a minimum, a completed Part I of a Short Environmental Form (SEQR) (see attached), for type 1 actions please use Part I of a Full Environmental Form (SEQR) (also attached).
- 7) If the property is a farm operation within a New York State Agricultural District or with boundaries within 500 feet of a farm operation located in a New York State Agricultural District, the applicant must complete and submit (with this application) a completed Agricultural Data Statement (Ag. and Markets) (see attached)
- 8) Other
  - a) explain: \_\_\_\_\_
  - b) explain: \_\_\_\_\_
  - c) explain: \_\_\_\_\_
  - d) explain: \_\_\_\_\_
  - e) explain: \_\_\_\_\_

N/A

2/10/2011

2024 010  
Application #: ZBA-  
Date: 03-01-2024

Town of Amsterdam  
Zoning Board of Appeals

Application to Board of Appeals

A completed Application must be filed at least ten (10) days prior to the meeting at which it is to be considered by the Zoning Board of Appeals.

Applicant: Justin Pflieger Property Owner: \_\_\_\_\_  
 (if different)  
 Address: 73 E Main St Address: \_\_\_\_\_  
Fort Johnson NY 12070  
 Phone: (518) 566-7447 Phone: ( ) \_\_\_\_\_  
 Professional Advisor: \_\_\_\_\_ Other : \_\_\_\_\_  
 (if appropriate)  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

1.) Property Location

Address: 57 E Main St Fort Johnson NY 12070  
 General Location: off of Route 5 in Fort Johnson  
 Zoning District: R-1  
 Tax Parcel ID # (SBL) 39 9-1-10

2.) Type of Application (please check appropriate box(s)):

- Interpretation of the Zoning Law and/or map
- Area Variance
- Use Variance
- Temporary Permit
- Other Permit for food trailer

3.) For variances and interpretations, indicate the articles(s), section(s), subsection(s) and paragraph(s) of the Zoning Law that apply (by number)

article - Zoning schedule A \_\_\_\_\_

section - R-1 \_\_\_\_\_

subsection - uses - not listed as use \_\_\_\_\_

paragraph - \_\_\_\_\_

4.) If previous applications have been made with respect to this property, indicate the Application(s) or Appeal Number(s) and Date(s) below

# \_\_\_\_\_ date \_\_\_\_\_

# \_\_\_\_\_ date \_\_\_\_\_

# \_\_\_\_\_ date \_\_\_\_\_

# \_\_\_\_\_ date \_\_\_\_\_

# \_\_\_\_\_ date \_\_\_\_\_

5.) Indicate the reason for the filing of this application. Complete only the relevant blanks below (attach extra sheets, if necessary)

A. Interpretation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Area Variance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Use Variance: I am looking to have a food

trailer Monday - Friday from March - October  
The property was once used as a commercial  
lot.

D. Temporary Permit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E. Extension of a Temporary Permit: \_\_\_\_\_


\_\_\_\_\_  
\_\_\_\_\_

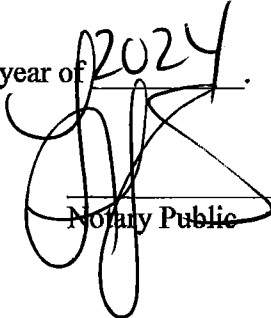
F. Other \_\_\_\_\_:

\_\_\_\_\_  
\_\_\_\_\_

State of New York  
County of Montgomery

Sworn to this 7<sup>th</sup> day of March, year of 2024.

  
\_\_\_\_\_  
Signature of Applicant

  
\_\_\_\_\_  
Notary Public

State of New York  
County of \_\_\_\_\_

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Property Owner  
(if different)

\_\_\_\_\_  
Notary Public

**For Office Use Only**

Applicant#: 2024-010

Other fees: \_\_\_\_\_

Application Fee: \$ \$25 / \$75

Description: \_\_\_\_\_

(if applicable)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Amount Received: \$ 100  
Date Received: 03-01-24  
Check # 1003

\*\*\*\*\*

Received by: \_\_\_\_\_

**For Zoning Board of Appeals Use Only:**

The Zoning Board of Appeals held a Public Hearing on \_\_\_\_\_ (day) of \_\_\_\_\_ (date),  
\_\_\_\_\_ (year) in consideration of this application.

The Application is hereby:

: approved

: approved with modifications

: disapproved

Modifications and comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Secretary, Town of Amsterdam  
Zoning Board of Appeals

\_\_\_\_\_  
Chairperson, Town of Amsterdam  
Zoning Board of Appeals

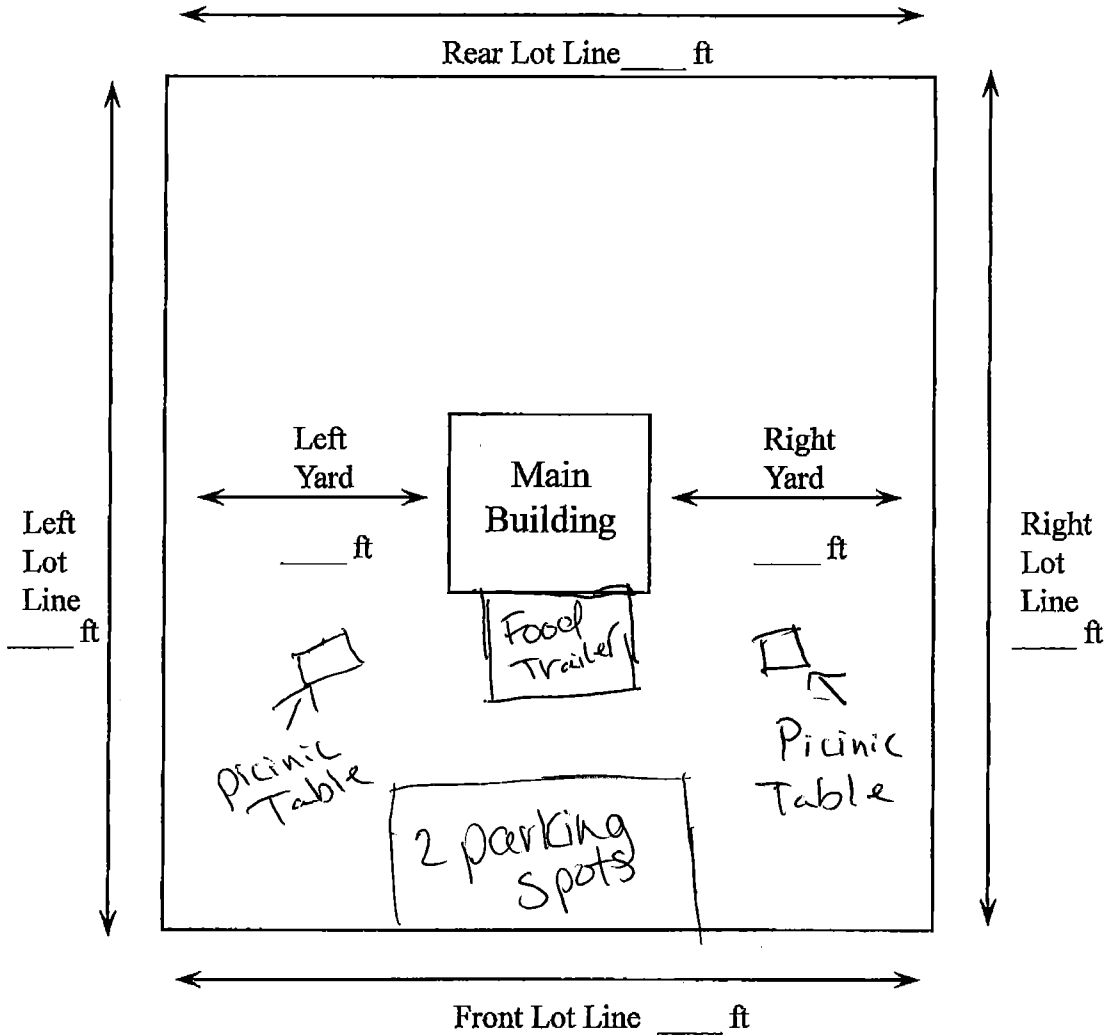
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# SKETCH PLAN

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

Date: \_\_\_\_\_



•Please locate main building, accessory building, any additions, and any significant features, including but not limited to well and septic location giving all pertinent yard dimensions.

•Below, please identify the type and approximate distance of any structures within 50' of the structure or area in question, on neighboring properties.

TYPE	DISTANCE (FT)

TOWN OF AMSTERDAM  
VILLAGE OF FORT JOHNSON

039.00

TOWN OF AMSTERDAM  
VILLAGE OF FORT JOHNSON

01  
1.2A(1C)

02  
2.5A(1C)

03  
1A(1C)

04  
1A

05

06

07

STREET

03B, 12-1-19

CONRAIL

FORT

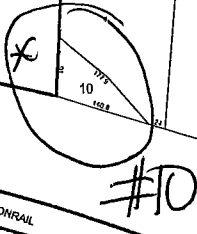
FLORIDA

JOHNSON

NIAGARA MOHAWK POWER CORP.

08

CITY OF AMSTERDAM



5

AD DISTRICTS	PROPERTY LINE	—————	PUBLIC RIGHT OF WAY	—————	LEGEND	SCHOOL DISTRICT LINE	=====	CALCULATED ACREAGE	7.5 A (c)	SECT NO 039.09	TAX MAP
	ORIGINAL LOT LINE	-----	PRIVATE RIGHT OF WAY	-----	FIRE DISTRICT	-----	DEED ACREAGE	7.5 A	These maps are intended for tax administration only, and not for the conveyance of property.		VILLAGE OF FORT JOHNSON
	DENOTES COMMON OWNER	z	TOWN VILLAGE CITY	-----	AGRICULTURAL DISTRICT	-----	SCALED DIMENSION	22.5 (+)		039.04 039.02 039.12	MONTGOMERY COUNTY, NEW YORK
	BLOCK LIMIT	-----	RAILROAD	-----	MONUMENT LOCATOR	+	DEED DIMENSION	150	1 inch = 100 feet		
	SECTION LINE	-----	HYDROLOGY	~~~~~	COORDINATE LOCATOR	+	TAX MAP BLOCK NUMBER	2	Map Date: Mar 10, 2023	0 25 50 100 150 200 Feet	



Image Map Online

Tax Maps | DTF Links Assessment Info

Map of Montgomery County

SWIS:	272001	Tax ID:	39.9-1-10
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Property Details

Status:	Active	Roll Section:	Taxable
Address:	57 East Main St		
Property Class:	300 - Vacant Land	Site Property Class:	300 - Vacant Land
Ownership Code:			
Site:	Com 1	In Ag. District:	No
Zoning Code:	-	Bldg. Style:	Not Applicable
Neighborhood:	00000 -	School District:	Amsterdam
Property Description:	building taken down in 2007 as result of a storm		
Total Acreage/Size:	140.8 x 177.9	Equalization Rate:	—
Land Assessment:	2023 - \$1,500	Total Assessment:	2023 - \$1,500
Full Market Value:	2023 - \$21,429		
Deed Book:	2019	Deed Page:	83981
Grid East:	565976	Grid North:	1502112

Assessment

Description	Units	Percent	Type	Value
SDS01-Sewer Debt Serv	1	0%		0

Lot Area

Type	Size
Primary	140.8 x 187





FEB 21 11 36 AM 1965

FOUR CORNER WORK

SKETCH OF THE PROPERTY OF  
HORACE & MARGARET BULLINGTON  
Front Johnson Ave. Fort Johnson, NY  
Scale 50' = 1"

MONROE TURN PIKE

6" DIAMETER  
STEEL PIPE  
MARKER  
MAY 5  
DATE  
MAY 5  
DATE

This portion  
is as  
returned by (see  
Bullington map)  
Labels

Note: Dead Description  
dated - March 2, 1965  
rec'd - 10, 1965  
also 359 - pg 124  
indefinite. This map  
drawn from sketch in  
possession of Horace  
& Margaret Bullington - no angles  
shown  
map by W.S. Conner  
last shown  
195801



EXISTING  
IRON PIPE

NEW OR  
FORNNEY DAVID  
WALTON

THE VILLY  
WOODBRUSH  
AND BRUSH  
CHOKED  
AND READ  
ST. MARY'S CEMETERY

2/26/2024 #1001 \$25 CD



# TOWN OF AMSTERDAM

283 Manny's Corner Road  
Amsterdam, NY 12010  
Phone: 518-842-7961 • Fax: 518-843-6136  
www.townofamsterdam.org

## APPLICATION FOR ZONING/USE PERMIT

APPLICATION DATE: 02/26/24 ZONE: \_\_\_\_\_  
APPLICATION #: 2024-010 FEE PD: \$25 TAX MAP NO.: 39.9-1-10  
cut 105

1.) PROPERTY/BUILDING LOCATION: 57 E. Main St Fort Johnson NY 12070

2.) PROPERTY OWNER'S NAME: Justin Pflieger TELEPHONE: 866 7447  
ADDRESS: 73 E Main St Fort Johnson 12070

- 3.) APPLICATION IS HEREBY MADE FOR: (Check ALL that are applicable),
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> NEW CONSTRUCTION                   | <input type="checkbox"/> MOBILE HOME INSTALLATION  | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT         |
| <input type="checkbox"/> RESIDENTIAL                        | <input type="checkbox"/> MODULAR HOME INSTALLATION   | <input type="checkbox"/> KENNEL/STABLES                   |
| <input type="checkbox"/> 1 FAMILY                           | <input type="checkbox"/> GARAGE <input type="checkbox"/> ATTACHED GARAGE                               | <input type="checkbox"/> HOME OCCUPATION                  |
| <input type="checkbox"/> 2 FAMILY                           | <input type="checkbox"/> ACCESSORY BUILDING/STORAGE SHED   | <input type="checkbox"/> OUTDOOR FURNACES                 |
| <input type="checkbox"/> MULTIPLE                           | <input type="checkbox"/> CHIMNEY CONSTRUCTION  | <input type="checkbox"/> SOLAR COLLECTORS + INSTALLATIONS |
| <input type="checkbox"/> COMMERCIAL                         | <input type="checkbox"/> SOLID FUEL BURNING DEVICE   | <input type="checkbox"/> WIND ENERGY FACILITIES           |
| <input type="checkbox"/> RENOVATION, ALTERATION, CONVERSION | <input type="checkbox"/> STOVE INSERT  |   |
| <input type="checkbox"/> RESIDENTIAL                        | <input type="checkbox"/> POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND |   |
| <input type="checkbox"/> COMMERCIAL                         | <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> WELL                                   |   |
|   | <input checked="" type="checkbox"/> OTHER: <u>Food Trailer</u>   |   |

- COMMERCIAL OCCUPANCY (WITH NO RENOVATIONS) INSPECTION ONLY.
- DEMOLITION
- COMMERCIAL OR  RESIDENTIAL (CHECK ONE)
- METHOD OF DEMOLITION: \_\_\_\_\_
- PLACE OF DEBRIS DISPOSAL: \_\_\_\_\_
- DISCONNECTION DATE OF UTILITIES: \_\_\_\_\_

4.) THE FOLLOWING DESCRIPTION OF THE USE FOR THIS PROPERTY, FOR WHICH APPLICATION IS MADE HEREWITH, IS SUBMITTED: To put a moveable trailer

- 5.) SITE INFORMATION (THE FOLLOWING INFORMATION MUST BE PROVIDED ALONG WITH DETAILED PLOT PLAN)
- A.) DIMENSIONS OF LOT: FRONTAGE \_\_\_\_\_ REAR \_\_\_\_\_ RIGHT SIDE \_\_\_\_\_ LEFT SIDE \_\_\_\_\_  
ACREAGE \_\_\_\_\_
- B.) IS THIS A CORNER LOT?  YES OR  NO
- C.) WILL THE GRADE OF THIS LOT BE CHANGED AS A RESULT OF THIS CONSTRUCTION?  YES OR  NO  
IF "YES", DESCRIBE AND SHOW ON PLOT PLAN
- D.)  PUBLIC WATER OR  PRIVATE WELL
- E.)  SEWER OR  PRIVATE SEPTIC  
\*\*\* SEPERATE PERMITS ARE REQUIRED FOR PUBLIC WATER AND SANITARY SEWER
- F.) DISTANCE FROM LOT LINES: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ RIGHT SIDE \_\_\_\_\_ LEFT SIDE \_\_\_\_\_

6.) TYPE OF CONSTRUCTION: (CHECK ALL THAT APPLY)

STYLE:  RANCH  RAISED RANCH  SPLIT LEVEL  CAPE COD  COLONIAL  DUPLEX  
 OTHER: \_\_\_\_\_

BASEMENT (CHECK ONE):  FULL  CRAWL  SLAB

GARAGE:  1 STALL  2 STALL  3 STALL  PRIVATE  PUBLIC

THE ACCESSORY BUILDING WILL BE AS FOLLOWS:  DESCRIPTION: \_\_\_\_\_

DIMENSIONS: FRONT WIDTH: \_\_\_\_\_ SIDE LENGTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

7.) CONTRACTOR'S NAME: \_\_\_\_\_ DAY PHONE: (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

( ALL CONTRACTORS MUST PROVIDE PROOF OF WORKERS COMPENSATION AND LIABILITY INSURANCE )

8.) ESTIMATED VALUE OF ALL WORK (LABOR & MATERIALS): \$ \_\_\_\_\_

9.) SIGNATURE OF PROPERTY OWNER: 

I CERTIFY THAT THE CONSTRUCTION PLANS AND ALL OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION ARE ACCURATE.

10.) FOR OFFICE USE ONLY:

DATE APPROVED: \_\_\_\_\_

DATE DENIED: 3/1/24

SIGNATURE: \_\_\_\_\_  
(ZONING OFFICER)

PERMIT EXPIRES: \_\_\_\_\_

DENIED AND REFERRED TO PLANNING BOARD

DENIED AND REFERRED TO ZONING BOARD OF APPEALS

NOTES OR COMMENTS:

NOT LISTED IN R-1 ?  
OR SPECIAL PERMIT  
REFERRED ZONING BOARD  
USE VARIANCE

The lot is 140.8 x 177.9.

We are looking to put a food trailer.  
This was originally purchased for this  
purpose. The Village of Fort Johnson  
Approved. Town of Amsterdam is currently  
in charge.

## Short Environmental Assessment Form

### Part 1 - Project Information

#### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

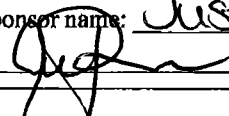
<b>Part 1 - Project and Sponsor Information</b>			
Roadside Cafe			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
57 E. Main Street, Fort Johnson			
Brief Description of Proposed Action:			
Justin Freeger			
Name of Applicant or Sponsor:		Telephone: 518-866-7447	
		E-Mail: JKContracting0914@gmail	
Address:			
73 E Main			
City/PO:		State:	Zip Code:
Fort Johnson		NY	12070
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: <u>Food trailer</u>	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>

**I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Applicant/sponsor name: Justin Pfeeger Date: 3/4/24

Signature: 



Project:

Date:

**Short Environmental Assessment Form  
Part 2 - Impact Assessment**

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Project:

Date:

***Short Environmental Assessment Form  
Part 3 Determination of Significance***

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- 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.

---

 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)

**PRINT FORM**