

**PLANNING BOARD
TOWN OF GORHAM**

APPLICATION FOR SITE PLAN REVIEW

SKETCH PLAN
 PRELIMINARY SITE PLAN

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

TITLE OF PROJECT: _____

LOCATION: _____

TAX MAP #: _____

ZONING DISTRICT: _____

PROJECT DESCRIPTION: _____

INCLUDED WITH APPLICATION: SURVEY MAP
 CONTOUR MAP
 PLANS AND RELEVANT DATA
 ENVIRONMENTAL ASSESSMENT
 OTHER (PLEASE LIST)

RECEIVED BY: _____

TITLE: _____

_____ DATE (SKETCH PLAN)

_____ DATE (PRELIMINARY SITE PLAN)

Requirements for Site Plan Approval For New Construction

The following **must** be on a site plan done by a licensed professional engineer and **10 copies** filed with the Town of Gorham Zoning Office with the Site Plan Application, Short Environmental Assessment Form, and \$150.00 fee. Application will be processed on a first come first serve bases and the applicant will be notified of the meeting date after the application is reviewed and found complete. The Planning Board meets the fourth Monday of every month at 7:30 PM in the Gorham Town Hall.

- A. Location of all buildings with **exact** setbacks from **all** property lines, done by a licensed surveyor.
- B. Provide lot coverage calculations of all impervious and substantially impervious surfaces as per Town's "Lot Coverage" definition in a legend on submitted Site Plan.
- C. Location of water supply.
- D. Location of all utilities.
- E. Location of septic system or sewer main
- F. Location of driveway approved by the Town, County or State Highway Dept, must comply with the Town of Gorham Access Management Plan.
- G. Contour lines showing adequate drainage away from all building foundations and neighboring properties and that the finished grade around every foundation provide a minimum slope of 2% away from the foundation for a minimum of 5 feet. Show how gutters will be drained. **THIS MUST BE DONE BY A LICENSED PROFESSIONAL ENGINEER OR LICENSED PROFESSIONAL ARCHITECT.**
- H. First floor elevation above finished grade (18 inches minimum). Floor elevation of garage attached or detached must be shown.

ALL OF THE ABOVE REQUIREMENTS MUST BE ON THE SITE PLAN, PREPARED BY A LICENSED PROFESSIONAL ENGINEER OR LICENSED PROFESSIONAL ARCHITECT AT THE TIME OF SUBMISSION OF THE APPLICATION. UPON REVIEW BY THE ZONING OFFICER IF APPLICATION IS INCOMPLETE IT WILL BE RETURNED TO THE APPLICANT. IF THE APPLICATION IS COMPLETE IT WILL BE FORWARDED ON TO THE PLANNING BOARD FOR REVIEW AT THEIR NEXT SCHEDULED MEETING.

AN INCOMPLETE APPLICATION MAY DELAY APPROVAL OF THE PROPOSED PROJECT.

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.

| Part 1 – Project and Sponsor Information | | | |
|--|--|------------|---------------------------------|
| Name of Action or Project: | | | |
| Project Location (describe, and attach a location map): | | | |
| Brief Description of Proposed Action: | | | |
| Name of Applicant or Sponsor: | | Telephone: | |
| | | E-Mail: | |
| Address: | | | |
| City/PO: | | State: | Zip Code: |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? 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. | | | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: | | | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> |
| 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, are adjoining or near the proposed action: | | | |
| <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) | | | |
| <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): | | | |
| <input type="checkbox"/> Parkland | | | |

| 5. Is the proposed action, | NO | YES | N/A |
|---|--------------------------|--------------------------|--------------------------|
| a. A permitted use under the zoning regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Consistent with the adopted comprehensive plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape? | <input type="checkbox"/> | 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: _____ | <input type="checkbox"/> | NO | YES |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? | <input type="checkbox"/> | NO | YES |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input 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: _____ _____ | <input type="checkbox"/> | 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: _____ _____ | <input type="checkbox"/> | NO | YES |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____ | <input type="checkbox"/> | NO | YES |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? | <input type="checkbox"/> | NO | YES |
| | | <input 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? 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: _____ _____ _____ | <input type="checkbox"/> | NO | YES |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input 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 <input type="checkbox"/> | YES <input type="checkbox"/> |
| 16. Is the project site located in the 100-year flood plan? | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| a. Will storm water discharges flow to adjacent properties? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, briefly describe: _____ _____ | | |
| 18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____ | | |

TOWN OF GORHAM ZONING OFFICE
James Morse, CODE ENFORCEMENT OFFICER
P. O. BOX 224
GORHAM, NEW YORK 14461
Phone (585) 526-6317 ext. 4
TDD # 1-800-662-1220

AFFIDAVIT FOR ENGINEERING AND ATTORNEY FEES

Signature on this affidavit is required to verify that you are aware that you are responsible for any engineering and/or attorney fees that are incurred during the approval process with your project.

Date _____

Signature _____