

**PROCEDURE FOR COMPLETING  
TOWN OF GARDINER  
PLANNING BOARD  
HOME OCCUPATION/SPECIAL PERMIT**

1. Complete all 4 pages of the application. (type or print legibly). Please include on application days and hours of operation. Have application notarized and return packet to the Town Hall along with a check (made payable to the Town of Gardiner) in the amount of \$150.00 plus .10 GSF.
2. Complete Short Environmental Assessment Form (side 1 only). Return with the application to the Town Hall.
3. Address a plain #10 envelope with a self-stamp to each neighbor within 500 feet of the adjoining property. List of neighboring property owners can be compiled with assistance from the Assessor's Office. The return address on each envelope should be just your name. The remainder of the return address will be the Town of Gardiner address and will be completed the Clerk of the Planning Board. Return envelopes and check to the Clerk of the Planning Board at the Town Hall.
4. For an application to be placed on the Planning Board agenda all of the above must be completed no later than the first of the month for the month's Planning Board meeting (example if you want to be on the August agenda, the application must be turned in by the first business day of August). There are no exceptions.
5. If there are any further questions concerning these procedures, please contact the Clerk of the Planning Board, Margarete Wagner at (845) 255-9675 ext. 108.

outside the building or indirectly through a common entryway with individual dwelling unit access from inside hallways.

**DWELLING, TWO-FAMILY** — A residential building containing two dwelling units, designed for occupancy by not more than two families.

**DWELLING UNIT** — One room, or rooms connected together, constituting a separate, independent housekeeping establishment for owner occupancy or rental or lease, and physically separated from other rooms or dwelling units which may be in the same structure.

**FAMILY** — One or more persons occupying a dwelling unit as a single nonprofit housekeeping group; provided, however, that unless all members of the group are related by blood or marriage or adoption, no such housekeeping unit shall have more than one nonrelated resident for each designed bedroom.

**FARM** — A parcel of land greater than five acres in area used mainly for the purpose of producing agricultural, horticultural, and floricultural, vegetable and fruit products of the soil, horses, livestock and meats, poultry, eggs, dairy products, nuts, honey, wool, and hides.

**HOME OCCUPATION** — A profession or other occupation which is conducted as an accessory use on a residential lot by one or more members of the family residing on the premises, and which conforms to the following additional restrictions:

- A. The profession or other occupation shall be carried on wholly within a permitted building.
- B. Not more than 50% of the ground floor area of the principal building or its equivalent elsewhere shall be so used.
- C. There shall be no exterior display or exterior sign except as permitted in the Index of Use Requirements for the appropriate district, no exterior storage of materials or equipment, and no other exterior indication of such home occupation or variation from the residential character of the principal building.
- D. Not more than two persons other than members of the family shall be occupied in connection with such home occupation at the same time.

**JUNKYARD** — Any place of storage or deposit, whether in connection with another use or not, where a person, corporation or other entity collects, buys, sells, trades, processes, dismantles, separates, stores or otherwise handles used metals, machinery, parts, paper, clothing, glass or plastic in quantities in excess of ordinary household use. This includes more than two wrecked, broken down, abandoned, or unlicensed, uninspected vehicles or portions thereof, on any premises for a period of two or more weeks, excepting a duly permitted establishment for processing iron, steel or nonferrous metal scrap for sale for remelting purposes only, or storage of farm machinery and equipment on a bona fide, functioning farm.

**KENNEL, COMMERCIAL** — Any location within the Town of Gardiner wherein five or more dogs over four months of age are kept or maintained for any commercial purpose, including but not limited to boarding, breeding, grooming, letting for hire, training for a fee or selling. **[Added 4-13-2004 by L.L. No. 3-2004]**



2. Describe the uses surrounding property owners make of their properties.

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3. Will the proposed use increase traffic congestion?

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If not, why?

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4. Will off-street parking be provided for customers? \_\_\_\_\_

If so, how many spaces? \_\_\_\_\_ Size of each space: \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

Submit a diagram of the parking available on the site, indicated entry and exit from the public streets.

5. List any churches, public buildings, playgrounds and recreation facilities which are located within 500 ft. of the exterior property lines of the property on which the proposed use is to be located.

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6. How many persons will be employed by the use?

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

7. State the maximum number of customers, clients, patients or patrons expected to be on the premises at any one time. \_\_\_\_\_

8. State the size of the lot on which the use is to be located both in square footage and dimensions of front, side and rear lot lines.

Square footage: \_\_\_\_\_

Lot Lines: Front \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft.

9. State the dimensions of the building or structures to be used. If more than one

Building No. \_\_\_\_\_ Building No. \_\_\_\_\_ Building No. \_\_\_\_\_

Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

10. How many square feet of usable space is in each building?

Building No. \_\_\_\_\_ Building No. \_\_\_\_\_ Building No. \_\_\_\_\_

Usable Sq. ft. \_\_\_\_\_ Usable Sq. ft. \_\_\_\_\_ Usable Sq. ft. \_\_\_\_\_

Sq. ft. to be devoted to proposed use: \_\_\_\_\_ Sq. ft. to be devoted to proposed use: \_\_\_\_\_ Sq. ft. to be devoted to proposed use: \_\_\_\_\_

11. State the distance of the building in which the use will be located from all front, rear and side property lines. If more than one building or structure is to be used, list each individually.

Submit a drawing diagramming this information.

Building No. \_\_\_\_\_

Distance from property lines:

Front: \_\_\_\_\_ ft. Rear. \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

Building No. \_\_\_\_\_

Distance from property lines:

Front: \_\_\_\_\_ ft. Rear. \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

Building No. \_\_\_\_\_

Distance from property lines:

Front: \_\_\_\_\_ ft. Rear. \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.



If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

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: New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration <input type="checkbox"/>	
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? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, describe briefly _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Describe: <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 <input type="checkbox"/>	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____ Date: _____	
Signature: _____	

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

Appendix C  
State Environmental Quality Review  
SHORT ENVIRONMENTAL ASSESSMENT FORM  
For UNLISTED ACTIONS Only

**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, historical, 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.

Signature of Lead Agency	Signature of Preparer (if different from responsible officer)
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Name of Lead Agency	Date

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- B. Not more than 50% of the ground floor area of the principal building or its equivalent elsewhere shall be so used.
- C. There shall be no exterior display or exterior sign except as permitted in the Index of Use Requirements for the appropriate district, no exterior storage of materials or equipment, and no other exterior indication of such home occupation or variation from the residential character of the principal building.
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2. Describe the uses surrounding property owners make of their properties.

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3. Will the proposed use increase traffic congestion?

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If not, why?

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Usable Sq. ft. \_\_\_\_\_ Usable Sq. ft. \_\_\_\_\_ Usable Sq. ft. \_\_\_\_\_

Sq. ft. to be devoted to proposed use: \_\_\_\_\_ Sq. ft. to be devoted to proposed use: \_\_\_\_\_ Sq. ft. to be devoted to proposed use: \_\_\_\_\_

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Submit a drawing diagramming this information.

Building No. \_\_\_\_\_

Distance from property lines:

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Building No. \_\_\_\_\_

Distance from property lines:

Front: \_\_\_\_\_ ft. Rear, \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

Building No. \_\_\_\_\_

Distance from property lines:

Front: \_\_\_\_\_ ft. Rear, \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

(To be completed by the individual applicant)

STATE OF NEW YORK )  
 ) SS  
COUNTY OF ULSTER )

\_\_\_\_\_, being duly sworn deposes and that he/she is the person named as the applicant in the foregoing application. He/she has read the foregoing application and knows the contents thereof the same is true to his/her own knowledge, except as to the matters there stated to be alleged on information and belief and as those matter he/she believes it to be true.

SIGNED: \_\_\_\_\_

\_\_\_\_\_  
Print name

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 2005

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

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(To be completed by the Corporate Applicant)

\_\_\_\_\_, being duly sworn deposes and that he/she is the

\_\_\_\_\_  
(title) (name of corporation)

a \_\_\_\_\_ cooperation, the applicant name in the  
(enter name of State of incorporation)

foregoing application knows the contents thereof, and the same is true to his/her own knowledge except as to mattes therein stated to be alleged upon information as to belief and as to those matters he believes it to be true.

SIGNED: \_\_\_\_\_

\_\_\_\_\_  
Print name

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 2005

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

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

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: New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration <input type="checkbox"/>			
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? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, describe briefly _____			
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Describe: <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 <input type="checkbox"/>			
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11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list agency(s) name and permit/approvals: _____			
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? Yes <input type="checkbox"/> No <input type="checkbox"/>			
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
Applicant/sponsor name: _____		Date: _____	
Signature: _____			

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

Appendix C  
State Environmental Quality Review  
SHORT ENVIRONMENTAL ASSESSMENT FORM  
For UNLISTED ACTIONS Only  
617.20

**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) \_\_\_\_\_