



## Town of Lockport Development Checklist

|            |  |             |  |             |  |
|------------|--|-------------|--|-------------|--|
| PB File #: |  | ZBA File #: |  | Date Rec'd: |  |
|------------|--|-------------|--|-------------|--|

### 1. Property Owner Information

|   |                      |        |                      |
|---|----------------------|--------|----------------------|
| Applicant   | <input type="text"/> | Date:  | <input type="text"/> |
| Contact Information:  | <input type="text"/> | Phone: | <input type="text"/> |
| Project Name:   | <input type="text"/> | Email: | <input type="text"/> |
| Project Location:   | <input type="text"/> |        |                      |
| 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:  | <input type="text"/> | SBL#:  | <input type="text"/> |

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

#### Planning Board

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

#### Zoning Board

- |  |
|--|
| <input type="checkbox"/> Use Variance  |
| <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 & Mkts 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](http://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](http://www.elockport.com)

A Short Form Environmental Assessment Form is attached. Applicants should determine which SEQRF 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:<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Municipality _____</span> <span>County _____</span> </div>  |                 |
| 4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)   |                 |
| 5. PROPOSED ACTION IS:<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> New           <input type="checkbox"/> Expansion           <input type="checkbox"/> Modification/alteration         </div>   |                 |
| 6. DESCRIBE PROJECT BRIEFLY:   |                 |
| 7. AMOUNT OF LAND AFFECTED:<br>Initially _____ acres      Ultimately _____ acres   |                 |
| 8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly _____  |                 |
| 9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <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         </div> Describe: _____ |                 |
| 10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?<br><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?<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                 |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Applicant/sponsor name: _____</span> <span>Date: _____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Signature: _____</span> </div>   |                 |

**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)**

|  |   |
|--|---|
| <b>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, coordinate the review process and use the FULL EAF. |
| <b>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6?</b> If No, a negative declaration may be superseded by another involved agency.<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| <b>C. COULD ACTION RESULT IN <b>ANY</b> ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING:</b> (Answers may be handwritten, if legible)<br>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:<br><br>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:<br><br>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:<br><br>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:<br><br>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:<br><br>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:<br><br>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly: |   |
| <b>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain briefly:   |   |
| <b>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?</b><br><input type="checkbox"/> Yes <input 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 <b>MAY</b> 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 <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> 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) |