

**VILLAGE OF BAYVILLE  
BUILDING DEPARTMENT  
34 School Street, Bayville, NY 11709  
TELEPHONE 516-628-1439 EXT. 121**

**BUILDING PERMIT APPLICATION INSTRUCTIONS AND REQUIREMENTS**

**A building permit application shall include the following forms:**

1. Non-refundable \$200 application fee.
2. Three sets of stamped and signed architectural drawings  
**Contact Building Department for expedited electronic plan review (optional)**
3. Completed Zoning Analysis
4. Energy Code Affidavit
5. Owners and Contractors Information page
6. Permit Data page
7. Permit Affidavit page
8. Nassau County Assessor's Form
9. Short Environmental Assessment Form (Leave parts 2 & 3 blank)
10. "CALL BEFORE YOU DIG" hold harmless agreement
11. Coastal Erosion Hazard Area application, if applicable
12. Stormwater Pollution Prevention Plan, if applicable
13. N.Y.S.D.E.C. Joint Application Form copy, if applicable
14. True and accurate construction costs based on the most recent RSMeans edition (with location factor), or estimate from Certified estimator (A.S.P.E. or similar professional organization)
15. Provide current survey indicating four corner grade elevations.
16. Provide the General Contractors Workers Compensation, Liability, NYS Disability certificates, and copy of Nassau County Consumer Affairs License

**THE FOLLOWING WORK REQUIRES BUILDING PERMITS:**

1. New Houses (must include \$1500 water tap fee)
2. Alterations (**INCLUDING NON-STRUCTURAL ALTERATIONS**)
3. Renovations (**INCLUDING NON-STRUCTURAL RENOVATIONS**)
4. Decks (**REGARDLESS OF HEIGHT**)
5. Sheds (separate application)
6. Fences (separate application)
7. A/C Units (separate application)
8. Generators (separate application)
9. Swimming Pools (separate application)
10. All plumbing work (separate application)

**\*\* PHOTOCOPIES OR PICTURES OF DOCUMENTS, AND DOUBLE-SIDE PRINTED APPLICATIONS WILL NOT BE ACCEPTED \*\***

**ENERGY CODE AFFIDAVIT MUST BE SUBMITTED**

VILLAGE OF BAYVILLE  
 BUILDING DEPARTMENT  
 34 SCHOOL STREET, BAYVILLE NY 11709  
 516-628-1247  
 DOUG GROTH, CFM – BUILDING INSPECTOR

All spaces **MUST** be filed in. If not applicable to the application put N/A. Circle any proposed item which you have determined is not in compliance and may require a variance. Incomplete applications will not be accepted.

Property Address: \_\_\_\_\_ Owner: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

	Total Lot Area Required:	_____ sq. ft.
Zoning District Classification: _____	Total Lot Area Proposed:	_____ sq. ft.
Max. Permitted Lot Coverage: _____ sq. ft.	Proposed Lot Coverage:	_____ sq. ft.
Max. Permitted Lot Coverage %: _____ %	Proposed Lot Coverage %:	_____ %
Max Permitted Floor Area Ratio: _____	Proposed Floor Area Ratio:	_____
Front Yard Required: _____ ft.	Front Yard Proposed:	_____ ft.
Front Yard Required (Corner Lot): _____ ft.	Front Yard Proposed (Corner Lot):	_____ ft.
Avg. Front Yard Required: _____ ft.	Avg. Front Yard Proposed :	_____ ft.
Min. Side Yard Required: _____ ft.	Side Yard Proposed:	_____ ft.
Min. Side Yard Required: _____ ft.	Side Yard Proposed:	_____ ft.
Aggregated Side Yard Required: _____ ft.	Aggregate Side Yard Proposed:	_____ ft.
Rear Yard Required: _____ ft.	Rear Yard Proposed:	_____ ft.
Max. Permitted Height: _____ ft.	Proposed Height:	_____ ft.
Required Street Frontage: _____ ft.	Proposed Street Frontage:	_____ ft.
Existing. Front Yard Impervious: _____ sq. ft.	Front Impervious Proposed, Total:	_____ sq. ft.
Existing Rear Yard Coverage: _____ sq. ft.	Rear Yard Coverage Proposed:	_____ sq. ft.
Preexisting Average Grade: _____ ft.	Gross Floor Area Altered (Demolition and/or Alteration):	_____ sq. ft.
Total Impervious Surfaces: _____ sq ft	Drywell Storage Required (3"/hr):	_____ cubic ft.

**ANY CHANGE TO LOT COVERAGE REQUIRES TOTAL LOT DRAINAGE  
 CALCULATIONS TO ACCOMODATE 3 INCHES PER HOUR**

<p><b>Licensed Design Professional</b></p> <p>Business / Corporation: _____</p> <p>Name: Last: _____ First: _____</p> <p>License Number: _____</p> <p>Address: Street: _____ City: _____</p> <p style="text-align: center;">State: _____ Zip: _____</p> <p>Phone: _____ Email: _____</p> <p><small>By my stamp and signature, I certify that I have read and understand the relevant sections of the Village of Bayville Zoning Code and that the information provided on this form is accurate and based upon Chapter 80 of the Village of Bayville. I understand that the Village of Bayville Building Department relies on the accuracy of this information in determining the zoning compliance of the subject application.</small></p>	<p>Licensed Design Professional's Stamp and Original Signature must appear here</p>
---	---

**VILLAGE OF BAYVILLE  
BUILDING DEPARTMENT  
34 SCHOOL STREET, BAYVILLE NY 11709**

516-628-1439 X121

DOUG GROTH, CFM - BUILDING INSPECTOR

**AFFIDAVIT OF COMPLIANCE WITH THE 2020 ENERGY CONSERVATION  
CONSTRUCTION CODE OF NEW YORK**

*This form may ONLY be submitted by a Licensed Registered Architect or a Licensed Professional Engineer*

Permit No.: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

Section: \_\_\_\_\_ Block \_\_\_\_\_ Lot(s): \_\_\_\_\_

I, \_\_\_\_\_, say:

(Print Name of Registered Architect or Professional Engineer)

That my business (name of business) \_\_\_\_\_

is located at (address) \_\_\_\_\_

and that I did personally design the building plans subject to the above referenced permit, **I have included all information required by the 2020 Energy Conservation Construction Codes of New York State to be indicated on the building plans**, and I hereby certify that this building meets all applicable 2020 Energy Conservation Construction Codes of New York State.

I further state that I am the \_\_\_\_\_ duly authorized by  
the owner of the premises to submit this affidavit. (Registered Architect/Professional Engineer)

\_\_\_\_\_  
(Signature of Registered Architect  
or Professional Engineer)

(Affix seal of Registered Architect or  
Professional Engineer)

**BUILDING DEPARTMENT  
VILLAGE OF BAYVILLE  
34 SCHOOL ST, BAYVILLE NY 11709  
DOUG GROTH, CFM – BUILDING INSPECTOR  
516-628-1439 x121**

**ENERGY CODE INFORMATION REQUIRED ON CONSTRUCTION DOCUMENTS  
REQUIRED FOR ALL NEW STRUCTURES, ADDITIONS, AND ALTERATIONS REQUIRED TO  
COMPLY WITH THE CURRENT ENERGY CODE  
(2020 ENERGY CONSERVATION CONSTRUCTION CODE OF NEW YORK STATE)**

**TO RECEIVE A BUILDING PERMIT, THE FOLLOWING INFORMATION IS REQUIRED  
TO BE CONTAINED WITHIN CONSTRUCTION DOCUMENTS.  
PLEASE MARK THE BOXES TO INDICATE THAT THE INFORMATION IS INCLUDED.**

**ENERGY CODE COMPLIANCE PATH (R401.2)**

One of the following energy code compliance paths indicated clearly on the plans

- 2020 ECCCNYSL
  - Prescriptive
  - Prescriptive with envelope tradeoffs – Supply REScheck or other approved  $U_{overall}$  calculations
  - Simulated Performance Alternative – Supply IECC Energy Cost Report
  - Energy Rating Index Alternative – Supply Preliminary ERI Report and Energy Code Checklist

**BUILDING THERMAL ENVELOPE (R402)**

- Continuous building thermal envelope depiction
  
- Typical cross-sections for each unique assembly type including callouts for:
  - Insulation R-values, materials, and installed thickness
  - Fenestration U-factors and solar heat gain coefficients (SHGCs)
  - Primary air barrier method, materials, and location
  
- Construction details for the following, if included in the scope of the project
  - Slab on grade with insulation extending downward from the top of the slab
  - Insulated corners: Framing allows space for insulation
  - Insulated headers: Insulation installed in headers as space allows
  - Fireplaces on exterior walls: Air barrier between insulation and fireplace insert
  - Dropped ceiling/soffit: Air barrier aligned with insulation
  - Porch roofs: Exterior wall sheathing extends behind intersection with porch roof
  - Skylight shafts: Shaft walls are insulated and include attic-side air barriers
  - Showers/tubs on exterior walls: Air barrier located between wall insulation and the shower/tub
  - Knee walls: Air barrier on attic side of knee wall, top plate installed, blocking between floor joists under knee wall
  - Blocking between joists above walls separating garages from conditioned space
  - Cantilevered floors: Insulated with solid air barriers underneath insulation and blocking between joists
  - Attic access hatches: Weatherstripped and insulated to the same R-value as the surrounding surface
  - Notes indicate that insulation is to be installed per manufacturer's installation instructions or RESNET Grade I

## HEATING AND COOLING SYSTEMS

### Thermostats (R403.1)

- Thermostat type and location, programmable required

### Ducts and Air Handler (R403.3)

- Duct and air handler locations
- Notes or drawings specify insulation R-values for ducts in unconditioned spaces
- Note indicating that HVAC contractor will seal ducts to 4.0 cfm/100 ft<sup>2</sup> conditioned floor area with UL 181 products appropriate for the duct material type. (Testing not required if all ducts are located completely within conditioned space.)
- Furnace and air conditioner or heat pump specifications

### HVAC Design

- R403.7** Heating and Cooling equipment has been sized in accordance with ACCA Manual S (must be attached), based on building loads calculated in accordance with ACCA Manual J (must be attached).
- R403.6** Mechanical ventilation system fans meeting the required efficacy, as per table R403.6.1

### HVAC Piping (R403.4)

- Notes or drawings indicate HVAC pipe insulation R-values (e.g. hydronic systems, refrigerant lines)
- Notes or drawings indicate HVAC pipe insulation protection for pipes/insulation located outdoors (e.g. refrigerant lines)

### SERVICE HOT WATER PIPING (R403.5)

- Hot water pipe insulation R-value for pipes meeting any one of the following conditions
  - $\geq \frac{3}{4}$ " nominal diameter
  - Located outside conditioned space
  - Between the water heater and a manifold
  - Underground or in a slab
  - Serving more than one dwelling unit
  - Supply and return piping in recirculating hot water systems other than demand recirculating systems

### LIGHTING (R404.1)

- Lighting schedule or notes indicating percentage of high-efficacy lighting

\_\_\_\_\_  
DATE: \_\_\_\_\_  
PRINT NAME OF REGISTERED ARCHITECT  
OR PROFESSIONAL ENGINEER

(AFFIX SEAL OF REGISTERED ARCHITECT  
OR PROFESSIONAL ENGINEER)

(Check one) NEW\_\_ALT\_\_ADD\_\_SOLAR\_\_

**BUILDING CONSTRUCTION PERMIT APPLICATION**

FEE \$ \_\_\_\_\_

SECTION\_\_\_\_\_ BLOCK\_\_\_\_\_ LOT(s)\_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_

ZONING DISTRICT\_\_\_\_\_ EXISTING OCCUPANCY \_\_\_\_\_ FLOOD ZONE (AE9, AO, etc...) \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SITE ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OWNER'S HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_ CELL \_\_\_\_\_

N. C. CONSUMER AFFAIR'S LICENSE # \_\_\_\_\_ SUBMIT COPY

PLUMBING PERMIT REQUIRED?

-Is the proposed construction within 300' of a Tidal Wetland boundary? YES NO (circle one)

\* SEE LINKS TO THE TIDAL WETLAND MAPPER ON VILLAGE WEBSITE [www.bayvilleny.gov](http://www.bayvilleny.gov) OR CONTACT NYSDEC\*

If yes, the required "Joint Application" form must be filled out and a copy attached.

-Is the proposed construction within a Coastal Erosion Hazard Area? YES NO (circle one)

\* SEE LINKS TO C.E.H.A. MAPS ON VILLAGE WEBSITE [www.bayvilleny.gov](http://www.bayvilleny.gov) OR CONTACT NYSDEC\*

If yes, the required "Coastal Assessment Form" must be filled out and attached.

-Will the proposed construction result in a land disturbance of equal to or greater than 5,000 square feet? YES NO (circle one)

If yes, a Stormwater Pollution Prevention Plan (SWPPP) must be prepared by a New York State licensed Landscape Architect or Professional Engineer and submitted.

PLANNING BOARD APPLICATION # \_\_\_\_\_ DATE \_\_\_\_\_

ZONING BOARD OF APPEALS APPLICATION # \_\_\_\_\_ DATE \_\_\_\_\_

ARCHITECTURAL REVIEW BOARD APPLICATION # \_\_\_\_\_ DATE \_\_\_\_\_

## **BUILDING PERMIT DATA SHEET**

**APPLICATION IS MADE** to the Village of Bayville's Building Department for approval of the described construction project with submitted plans and specifications. **STATE PROPOSED WORK IN DETAIL:**

---

---

---

---

---

---

---

---

---

---

**THE BUILDING PERMIT REVIEW MAY REQUIRE THE SERVICES OF THE VILLAGE ENGINEER IN ORDER TO APPROVE THE APPLICANT'S CONSTRUCTION PLANS. THE COST IS IN ADDITION TO THE PERMIT FEE AND MAY REQUIRE ESCROW FEE.**

**CHECK ALL THAT APPLY**      RETAINING WALL \_\_\_\_\_ RAISE HOUSE \_\_\_\_\_  
ALTERATION \_\_\_\_\_ NEW BUILDING \_\_\_\_\_ SOLAR PANELS \_\_\_\_\_ PERGOLA \_\_\_\_\_ DOOR \_\_\_\_\_  
RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ ADDITION \_\_\_\_\_ GARAGE \_\_\_\_\_ PORCH \_\_\_\_\_  
DECK \_\_\_\_\_ FIREPLACE \_\_\_\_\_ FIRE REPAIR \_\_\_\_\_ FLOOD REPAIR \_\_\_\_\_ SEPTIC SYSTEM \_\_\_\_\_  
DRYWELLS \_\_\_\_\_ COMPRESSOR \_\_\_\_\_ GENERATOR \_\_\_\_\_ SWIMMING POOL \_\_\_\_\_ WINDOWS \_\_\_\_\_  
ROOF DECKING \_\_\_\_\_ ASBESTOS ABATMENT \_\_\_\_\_ OTHER \_\_\_\_\_

**THE DEPONENT IS THE APPLICANT IN THE ABOVE APPLICATION; THAT DEPONENT HAS READ THE FOREGOING APPLICATION AND CONSTRUCTION DRAWINGS AND UNDERSTANDS THE CONTENT THEREOF. THE SAME IS TRUE TO DEPONENTS OWN KNOWLEDGE, EXCEPT AS TO MATTERS THEREIN STATED TO BE ALLEGED ON INFORMATION AND BELIEF, AND TO THOSE MATTERS DEPONENT BELIEVES TO BE TRUE. THE APPLICANT GRANTS PERMISSION TO THE VILLAGE OF BAYVILLE TO INSPECT THE CONSTRUCTION SITE DURING DAYLIGHT HOURS WITHOUT ADVANCE KNOWLEDGE.**

STATE OF NEW YORK)  
COUNTY OF NASSAU ):ss                      SIGNATURE OF APPLICANT \_\_\_\_\_

SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**Building Permits Affidavits**      **Must be completed by owner and applicant**

..... **Affidavit to be completed by owner other than corporation**

STATE OF NEW YORK)  
COUNTY OF NASSAU): ss

\_\_\_\_\_ being duly sworn, deposes and says he/she is the owner in fee of the property described in the foregoing application. That I authorize the below listed agent to make this Building Permit application, and that the statements contained herein are true to the best of his knowledge and belief:

Sworn to me this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signed

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

..... **Affidavit to be completed by corporation representative**

STATE OF NEW YORK)  
COUNTY OF NASSAU): ss

\_\_\_\_\_ being duly sworn, deposes and says that the listed Corporation is owner in fee of the described property and authorize the below listed agent to make this Building Permit application. The information contained herein is true to the best of his/her knowledge and belief:

\_\_\_\_\_ In the county of Nassau and State of New York

That he/she is the \_\_\_\_\_ of \_\_\_\_\_

the Corporation, which is owner in fee of the property described in the foregoing application for consideration of the preliminary layout, and that the statements contained therein are true to the best of his/her knowledge and belief.

Sworn to me this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signed

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

..... **Affidavit to be completed by owner's agent**

STATE OF NEW YORK)  
COUNTY OF NASSAU): ss

\_\_\_\_\_ being duly sworn, deposes and says he/she is the agent in the forgoing building permit application, and that he has been duly authorized by the owner in fee, to make this application and that the foregoing statements contained herein are true to the best of his/her knowledge and belief.

Sworn to me this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signed

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



**NASSAU COUNTY DEPT OF ASSESSMENT**  
 240 OLD COUNTRY ROAD, MINEOLA NY 11501  
 RESIDENTIAL/COMMERCIAL BUILDING PERMIT

NBHD (ASSESSOR USE ONLY)

DATE RECEIVED (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT(S)	SCH DIST	PERMIT #
---------	-------	--------	----------	----------

N.E.S.W. SIDE OF OR CORNER OF	CONTACT PERSON
ADDRESS OF PROPERTY	ADDRESS
	CITY STATE ZIP
ESTIMATED COST OF CONSTRUCTION \$	PHONE
	EMAIL
PRINCIPAL TYPE OF CONSTRUCTION STEEL WOOD MASONRY	OWNER
	LESSEE

DETAILED DESCRIPTION OF WORK INCLUDING TYPE AND DIMENSIONS OF IMPROVEMENT

	CENTRAL AIR YES NO
	FINISH ATTIC YES NO
	BASEMENT FINISH 1/4
	1/2 3/4 FULL

**CHECK ALL THAT APPLY**

NEW BUILDING \_\_\_ ADDITION \_\_\_ DEMOLITION \_\_\_ ALTERATION NO CHANGE S.F. \_\_\_ MAINTAIN PRE EXISTING \_\_\_  
 RECONSTRUCTION \_\_\_ DECK \_\_\_ TERRACE \_\_\_ PORCH \_\_\_ CAR PORT \_\_\_ DORMERS \_\_\_ CHANGE IN USE \_\_\_  
 FIRE DAMAGE \_\_\_ GARAGE DETACHED \_\_\_ HVAC \_\_\_ PLUMBING \_\_\_ SWIMMING POOL \_\_\_ TENNIS COURT \_\_\_  
 Flood damage \_\_\_ OTHER

PROPOSED TOTAL PLUMBING FIXTURES HALF BATH = 2 FIXTURES FULL BATH = 3 OR MORE FIXTURES

FIXTURES	BASEMENT	1 <sup>ST</sup> FLOOR	2 <sup>ND</sup> FLOOR	3 <sup>RD</sup> FLOOR	NUMBER OF EXISTING BATHS			
BATHROOM SINK					NUMBER OF EXIST HALF BATHS			
TOILET					NUMBER OF PROPOSED FULL BATHS			
BIDET					NUMBER OF PROPOSED HALF BATHS			
STALL SHOWER					NEW C O NEEDED	YES		NO
BATHTUB					VARIANCE OBTAINED	YES		NO
KITCHEN SINK					CONSTRUCTION IN EXCESS 50%	YES		NO
WET SINK					SURVEY ENCLOSED	YES		NO

DATE OF GRANTING \_\_\_\_\_

FIELD REPORT ON REVERSE

SIGNATURE OF APPLICANT \_\_\_\_\_

10/1/2020

TOWN \_\_\_\_\_ SCHOOL DISTRIC \_\_\_\_\_ SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOTS \_\_\_\_\_ CA# OR BLDG # \_\_\_\_\_ UNIT # \_\_\_\_\_ DATE \_\_\_\_\_

# 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>			
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, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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?	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 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?	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: _____ _____	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 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 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?	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: _____ _____ _____	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	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
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	YES
	<input type="checkbox"/>	<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	YES
	<input type="checkbox"/>	<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	YES
	<input type="checkbox"/>	<input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: _____ Date: _____		
Signature: _____ Title: _____		

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 type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input 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 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 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 type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input 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 type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input 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**

# BEFORE YOU DIG

YOU MUST CALL  
LONG ISLAND ONE CALL

IT'S THE LAW DIAL 811

TWO TO TEN DAYS PRIOR TO STARTING ANY EXCAVATION,  
YOU MUST NOTIFY THE ONE CALL CENTER FOR UTILITIES  
MARK OUT

IN ADDITION I AGREE TO HOLD THE VILLAGE OF  
BAYVILLE HARMLESS FROM ANY LIABILITY RESULTING FROM  
ANY INJURY TO PERSONS OR PROPERTY CAUSED BY  
NEGLIGENCE OR OTHERWISE IN CONNECTION WITH  
DEMOLITION OR EXCAVATIONS OR CONSTRUCTION WORK  
DURING THE LENGTH OF THE PROPOSED PROJECT.

Sworn to me this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signed

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