

**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

(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 PHONE NUMBER _____

APPLICANT'S NAME (IF NOT OWNER) _____

APPLICANT'S ADDRESS _____

APPLICANTS PHONE NUMBER _____ APPLICANT'S EMAIL _____

CONTRACTOR'S NAME _____ CELL _____

N. C. CONSUMER AFFAIR'S LICENSE # _____ SUBMIT COPY

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

* SEE LINKS TO THE TIDAL WETLAND MAPPER [HERE](#) 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

* SEE LINKS TO C.E.H.A. MAPS [HERE](#) 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

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

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.**

**THE APPLICANT HAS READ THE FOREGOING APPLICATION AND CONSTRUCTION
DRAWINGS AND UNDERSTANDS THE CONTENT THEREOF AND GRANTS PERMISSION TO
THE VILLAGE OF BAYVILLE TO INSPECT THE CONSTRUCTION SITE DURING DAYLIGHT
HOURS WITHOUT ADVANCE NOTICE.**

PRINT NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____

VILLAGE OF BAYVILLE BUILDING DEPARTMENT

34 School St., Bayville, NY 11709 Telephone 516-628-1247

Building Permit Affirmations- Must Be Completed by Owner, Applicant and Agent

OWNER: _____ certifies that he/she/ is the owner of the property described in the foregoing application, that the below listed agent is authorized to make this Building Permit application and that the statements contained herein are true to the best of my knowledge and belief.

I HAVE READ THE FOREGOING AND UNDERSTAND THAT ANY FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date: _____

Owner's Signature

OWNER (Corp./LLP): _____ certifies that he/she is an officer/member of _____ , owner of the property described in the foregoing application, that the below listed agent is authorized to make this Building Permit application and that the statements contained herein are true to the best of my knowledge and belief.

I HAVE READ THE FOREGOING AND UNDERSTAND THAT ANY FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date: _____

Officer/Member Signature

AGENT: _____ certifies that he/she is the agent in the foregoing building permit application, has been duly authorized by the owner of the above-described property to make this application and that the statements contained herein are true to the best of my knowledge and belief.

I HAVE READ THE FOREGOING AND UNDERSTAND THAT ANY FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date: _____

Agent's Signature

At least one of the above sections is filled out and signed.



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY _____

Check one: OWNER OR LESSEE

NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____ ZIP _____

CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____

ADDRESS _____

CITY, STATE, ZIP _____

WORK MUST BEGIN BY _____

PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME

PHONE _____

EMAIL _____

PERMIT EXP DATE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

**IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION**

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS

NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

NEW C/O NEEDED YES NO

VARIANCE OBTAINED YES NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO

SURVEY ENCLOSED YES NO

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____

Signature of Applicant/Contact Person - Sign & Print _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person _____ Telephone _____

FIELD REPORT ON REVERSE

TOWN _____
SCHOOL DISTRICT _____
SECTION _____
BLOCK _____
LOT(S) _____
CA # OR BLDG # _____
UNIT # _____
DATE _____

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): _____

Zoning District Classification:	_____	Total Lot Area:	_____ sq. ft.
Max. Permitted Coverage:	_____ sq. ft.	Proposed Coverage:	_____ sq. ft.
Max. Permitted Coverage %:	_____ %	Proposed Coverage %:	_____ %
Max. Permitted Floor Area Ratio (FAR):	_____ sq. ft.	Proposed Floor Area Ratio (FAR):	_____ sq. ft.
Front Yard Required:	_____ ft.	Front Yard Proposed:	_____ ft.
Front Yard Required (Corner Lot):	_____ ft.	Front Yard Proposed (Corner Lot):	_____ 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. Height to Ridge:	_____ ft.	Height to Ridge Proposed:	_____ ft.
Existing. Front Yard Impervious:	_____ sq. ft.	Front Impervious Proposed, Total:	_____ sq. ft.
Preexisting Average Grade:	_____ ft.	Gross Floor Area Altered (Demolition and/or Alteration):	_____ sq. ft.

Licensed Design Professional

Business / Corporation: _____

Name: Last: _____ First: _____

License Number: _____

Address: Street: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

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.

Licensed Design Professional's Stamp
and
Original Signature must appear here

**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 ECCCNY
- 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 ft² 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)

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?	NO <input type="checkbox"/>	YES <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 <input type="checkbox"/>	YES <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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <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 <input type="checkbox"/>	YES <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 <input type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <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 <input type="checkbox"/> <input type="checkbox"/>	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 <input type="checkbox"/> <input type="checkbox"/>	YES <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 Agricultural/grasslands Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban 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, a. Will storm water discharges flow to adjacent properties? 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE 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?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
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?		
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?		
7. Will the proposed action impact existing:		
a. public / private water supplies?		
b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

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)

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.**

OWNER/APPLICANT: _____

ADDRESS: _____

Signed