

**Town Of Lansing Planning Board
Application for Review and Approval of Subdivision**

Check One: _____ Subdivision Plat Fee Paid \$ _____ Date _____
 _____ Boundary Change Receipt No. _____

1. Name or Identifying Title _____

2. Tax Parcel No. _____ Zoning District _____

3. Subdivider: (if owner, so state: if agent or other type of relationship,
state details on separate sheet)

Name & Title _____

Signature _____ Date _____

Address _____

Phone _____ Fax _____ E-Mail _____

Other Contact information _____

4. Licensed Land Surveyor:

Name: _____

Address _____

Phone _____ Fax _____ E-Mail _____

Other Contact information _____

5. Engineer:

Name: _____

Address _____

Phone _____ Fax _____ E-Mail _____

Other Contact information _____

6. Easements or other restrictions on property: (Describe generally)

7. Names of abutting owners and owners directly across adjoining streets, including those
in other towns (Available at Tompkins County Assessor's Office. Attach
additional sheets if necessary)

8. Requested exceptions: The planning Board is hereby requested to authorize the
following exceptions to or waivers of its regulations governing subdivisions
(attach list of exceptions with the reason for each exception set forth):

*** Note: Application, Fee and required documents must be received in the Code
Enforcement Office 14 days prior to the scheduled Planning Board meeting.**

**State Environmental Quality Review Act
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:
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3. PROJECT LOCATION: Municipality _____	County _____
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4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map):

5. IS PROPOSED ACTION: New Expansion Modification/alteration

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 No If no, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?
 Residential Industrial Commercial Agriculture Park/Forest/Open Space Other
Describe: _____

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OF LOCAL)?
 Yes No If yes, list agency(s) and permits/approvals:

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
 Yes No If yes, list agency name and permit/approval:

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?
 Yes No

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: _____ Date: _____

Signature: _____

Town of Lansing

AGRICULTURAL DATA STATEMENT

Date: _____

Instructions: In accordance with Section 283-a of the New York State Town Law, this form must be completed for an application for a special permit, site plan approval, use variance, or a subdivision requiring municipal review that would occur on property with 500 feet of a farm operation in a certified Agricultural District.

Applicant	Owner (if different from applicant)
Name: _____	Name: _____
Address: _____	Address: _____

1. Type of Application: Special Use Permit; Site Plan Approval; Use Variance;
 Subdivision Approval
2. Project Name/Location: _____
3. Tax Parcel Number(s): _____
4. Description of proposed project: _____

5. Number of total acres involved with project: _____
6. Number of acres presently in Tax Parcel: _____
7. How much of the site is currently farmed? _____ Acres
8. Please identify who is farming the site: _____
9. Does this person ____ own, or ____ rent the land. (Please check only one).
10. Please indicate what the intentions are for the use of the remainder of the property

11. Who will maintain the remainder of the property not being used for this development?

12. Other project information. Please include information about the existing land cover (crops or vegetation), any known impacts on existing stormwater drainage (including field tiles), or other significant plant materials: _____

Signature of Applicant

Signature of Owner (if other than app)

FOR TOWN USE ONLY:

Note: This form and a map of the parcel(s) should be mailed to County Planning as part of the GML 239 m and n referral. It should also be mailed to property owners within 600 feet of the property boundary (Attach list of property owners within 600 feet).

Name of Staff Person: _____

Date referred to County Planning: _____