COMPATIBLE GROWTH AREA APPLICATION PACKET

(Critical Resource Area - Updated 07/19/24)

Dear Applicant:

We are enclosing the necessary forms for requesting review of a proposed development within the Compatible Growth Area that is in a **Critical Resource Area** pursuant to Volume 1, Chapter 4 of the <u>Central Pine Barrens Comprehensive Land Use Plan</u>. Enclosed please find the following items:

- 1. Transmittal Letter (2 pages)
- 2. General Project Data Sheet (2 pages)
- 3. Standards and Guidelines for Land Use (3 pages)

Please note that all forms must be completely filled out and all supporting documentation to show that your project meets the standards and guidelines must be attached. The completed application with the necessary supporting documentation will constitute your development application. Development projects proposed for the Compatible Growth Area of the Central Pine Barrens which are in a Critical Resource Area must meet all of the standards and guidelines as set forth in Volume 1, Chapter 5, of the Central Pine Barrens Comprehensive Land Use Plan.

Additionally, the Transmittal Letter lists several specific items which must be submitted:

- A copy of any and all approvals that have been received to date
- Three copies of the final approved map or site plan including any required conditions or revisions.
- Copies of other maps or data that document and support the information presented in the attached forms.
- A final State Environmental Quality Review Act or finding statement and supporting documentation (Environmental Assessment Form, Draft and Final Environmental Impact Statements)
- A copy of the Suffolk County Planning Commission determination (if applicable) regarding this application.
- Completed and Notarized Owner's Affidavit (form attached) only required if the applicant does not own the property.

As soon as your application has been received by the Commission and found to be complete, a hearing will be scheduled for your project. If your require further assistance in filling out your application, please feel free to contact Commission staff at 631-288-1079.

COMPATIBLE GROWTH AREA APPLICATION TRANSMITTAL LETTER

Dear Commis	ssioners:		
Please accept this package as an application for development review of the project known as			
submitted on		by	
	Date	-	Applicant's Name
in Section 57- proposal mus	-0107 of the New York State I t meet the Standards and Guid ve Land Use Plan including the	Enviro lelines	th Area of the Central Pine Barrens as described inmental Conservation Law. I realize that this for Land Use as per the <u>Central Pine Barrens</u> Generic Environmental Impact Statement filed
documentation references to guidelines. It is important	n is included in this application the accompanying support manave also enclosed the required that I read the enclosed standardered incomplete if an explana-	. Pleas terials additic rds and	ds and guidelines, and appropriate supporting se find below an explanation, and specific page, showing consistency with the standards and onal materials as noted below. I understand that d guidelines thoroughly and that my applications not provided for each of the items described
	the information noted above, the contract of t		owing requisite material has also been included acluded)
	A copy of any and	all ap	provals that have been received to date
	Three copies of the required conditions or revision		approved map or site plan including any
	Copies of other ma information presented in the a	-	data that document and support the ed forms.
		rting d	ate Environmental Quality Review Act or ocumentation (Environmental Assessment al Impact Statements)

A copy of the Suffolk applicable).	County Planning Commission determination (if
Completed and Notari required if the applicant does not	ized Owner's Affidavit (form attached) - only town the property.
I understand that public hearing will be schedule deemed complete.	ed for this project once my application has been
	(Applicant's Signature)
	(Applicant's Name Printed)
I authorize the following individual to act as application. Please contact them with all inform	my agent throughout the review process for this nation pertaining to this matter.
Agent's Name, Address and Phone Number:	
	(Agent's Signature)

OWNER'S AFFIDAVIT

(Use this form if property is owned by an individual or a partnership)

STATE OF)	
COUNTY OF) ss:	
	, being duly sworn, deposes
(Owner's Name(s))	
and says that I/we reside at	
	(Owner's Address)
	in the County of,
State of, an	nd that I/we am/are the owner in fee of the
property located at	
(Property A	
which is also designated as Suffolk County Tax N	Map Number(s)
	, and that I/we have been the
owner(s) of this property continuously since	, and that I/we
	(Date)
have authorized	to make a
(Applican permit application to the Central Pine Barrens Joi	t's Name) Int Planning and Policy Commission for this
property. I/we make this Statement knowing th	at the Central Pine Barrens Joint Planning and
Policy Commission will rely upon the truth of the	e information contained herein.
(Owner's Signature)	(2 nd Owner's Signature)
(Owner's Name - Please Print)	(2 nd Owner's Name - Please Print)
(Date)	(Date)
Sworn to before me thisday of20	Sworn to before me thisday of20
(Notary Public)	(Notary Public)

OWNER'S AFFIDAVIT

(Use this form if property is owned by a corporation)

STATE OF)	
COUNTY OF)ss:)	
I,(Authorized Officer's Na	, being duly sworn, deposes and sa me)	ys that I am the
(Official Title)	of the(Landowner's Name)	
located at		,
	(Landowner's Address)	
in the County of	, State of	, and that
this corporation is the owner in fee	of the property located at(Property	
1	(Property	Address)
	, which is also designated as Su	iffolk County Tax
Map Number(s)		, and that
this corporation has been the owne	r of this property continuously since	
and that I have outhorized		(Date)
and that I have authorized	(Applicant's Name)	
to make a permit application to the	Central Pine Barrens Joint Planning and Pol	licy Commission
for this property. I make this Sta	atement knowing that the Central Pine Barrer	ns Joint Planning
and Policy Commission will rely u	pon the truth of the information contained he	erein.
	(Authorized Officer's Signature)	
	(Officer's Name - Please Print)	
	(Date)	
Sworn to before me thisday of20		
(Notary Public)	_	

COMPATIBLE GROWTH AREA APPLICATION PROJECT DATA SHEET

APPLICANT INFORMATION		
Name (print)		
Address		
Phone/Fax		
Agent's Name		
Address		
Phone/Fax		
	PRO JECT INFORMATION	
Project Name		
Tax Map Number(s)		
Street Location		
Hamlet & Town		
Total Project Site Acreage		
Existing Land Use (vacant residence,etc)		
Present Zoning (if split please give areas within zone)		
Project Description		

PERMIT INFORMATION

(please note which permits or plans are required and why, if they have been received and as of what date)

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State Environmental Quality Review Act (SEQRA) (please note if positive declaration, date of DEIS anf FEIS, etc)	
Town Permits - subdivision, site plan, tree clearing, variance, special permit (please note from which board)	
Project Plans Enclosed (site plan, subdivision, etc.) Including drainage or landscape plans	
NYS DEC - wetlands, WSR, mining, SPDES, etc.	
Suffolk County Department of Health Services - Article 6, 7, 12	
Suffolk County Planning Commission	
If Project is in a Critical Resource Area please note which one and how project protects noted feature(see Plan, Volume I, Chapter 4)	

STANDARDS AND GUIDELINES FOR LAND USE

Standa	ard (S)/Guideline (G)	Explanation and Document Page Reference (Attach additional sheets if necessary)
S 5.3.3.1.1	Suffolk County Sanitary Code Article 6 compliance	
S 5.3.3.1.2	Sewage treatment plant discharge	
S 5.3.3.1.3	Suffolk County Sanitary Code Articles 7 and 12 compliance	
S 5.3.3.1.4	Commercial and industrial compliance with the Suffolk County Sanitary Code	
G 5.3.3.1.5	Nitrate-nitrogen goal	
S 5.3.3.3.1	Significant discharges and public supply well locations	
G 5.3.3.3.2	Private well protection	
S 5.3.3.4.1	Nondisturbance buffers	
S 5.3.3.4.2	Buffer delineations, covenants and conservation easements	
S 5.3.3.4.3	Wild, Scenic and Recreational Rivers Act compliance	
G 5.3.3.4.4	Additional nondisturbance buffers	

Standard (S)/Guideline (G)		Explanation and Document Page Reference (Attach additional sheets if necessary)
S 5.3.3.5.1	Stormwater recharge	
S 5.3.3.5.2	Natural recharge and drainage	
S 5.3.3.5.3	Ponds	
S 5.3.3.5.4	Natural topography in lieu of recharge basins	
S 5.3.3.5.5	Soil erosion and stormwater runoff control during construction	
S 5.3.3.6.1	Vegetation clearance limits	
S 5.3.3.6.1.1	Non-contiguous parcels	
S 5.3.3.6.1.2	Split zone parcel(s)	
S 5.3.3.6.1.3	Residential overlay district	
S 5.3.3.6.1.4	Environmental restoration	
S 5.3.3.6.1.5	CGA Hardship requirement	
S 5.3.3.6.1.6	Split Core-CGA parcel(s)	

Standard (S)/Guideline (G)		Explanation and Document Page Reference (Attach additional sheets if necessary)
S 5.3.3.6.2	Open space standard requirement, unfragmented open space and habitat	
S 5.3.3.6.3	Fertilizer-dependent vegetation limit	
S 5.3.3.6.4	Native plantings	
S 5.3.3.6.5	Receiving entity and protection for open space areas	
S 5.3.3.7.1	Special species and ecological communities	
S 5.3.3.7.2	Bird conservation and protection	
G 5.3.3.8.1	Clearing envelopes	
G 5.3.3.8.2	Stabilization and erosion control	
G 5.3.3.8.3	Slope analysis	
G 5.3.3.8.4	Erosion and sediment control plans	
G 5.3.3.8.5	Placement of roadways	
G 5.3.3.8.6	Retaining walls and control structures	

Standard (S)/Guideline (G)		Explanation and Document Page Reference (Attach additional sheets if necessary)
S 5.3.3.9.1	Light pollution prevention	
S 5.3.3.11.1	Tall structures and scenic resources	
G 5.3.3.11.2	Cultural resource consideration	
G 5.3.3.11.3	Inclusion of cultural resources in applications	
G 5.3.3.11.4	Protection of scenic and recreational resources	
G 5.3.3.11.5	Roadside design and management	