



# Town of Brookhaven Long Island

**Edward P. Romaine, Supervisor**

DATE: November 15, 2022

TO: Bruce Schaal, Town of Brookhaven, Division of Engineering  
Peter E. Fountaine, Town of Brookhaven, Division of Environmental Protection  
Christopher Mehrman, Town of Brookhaven, Division of Fire Prevention  
Kerri Berberich, Town of Brookhaven, Division of Traffic Safety  
Judy Jakobsen, Central Pine Barrens Joint Planning & Policy Commission  
Gregson H. Pigott, Suffolk County, Department of Health Services  
Melik Tariq, P.E, New York State, Department of Transportation  
Luke Ormand, Town of Brookhaven, Land Management

FROM: Amy Moody  
Planning Division

RE: Site Plan: **4K Property Management, LLC @ Middle Island**, Log # **19SP0053 \*REVISIONS\***  
Proposed construction of a 9,000 SF medical office building with unfinished basement with associated site improvements.  
N/s Middle Country Rd., 300' E/o Arnold Dr., Middle Island  
Suffolk County Tax Map #: 0200 40000 0600 021001, 1.75 acres

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Please be advised that the Planning Board of the Town of Brookhaven has received a **revised submission** for the above-referenced action. For your review and consideration, please find enclosed a copy of the revised site plan.

The Planning Board would like to encourage your agency to make any comments or suggest mitigation measures, particularly with respect to your areas of expertise and jurisdiction, which would enhance the utilization of this site or provide additional protection to the community.

It is requested that any comment letter be sent directly to the applicant with a copy to this office. Your reply is kindly requested within 30 days of the date of this mailing.

Thank you for your continued cooperation. If you have any questions or need any further information, please contact this Division.

Enc.

AM/ar

**Department of Planning, Environment and Land Management**

James M. Tullo, Commissioner

One Independence Hill • Farmingville • NY 11738 • Phone (631) 451-6400 • Fax (631) 451-6419•



Town of

**Brookhaven**

Long Island, New York

**Land Use Application**

One Independence Hill, Farmingville, NY 11738

Form PL-01 rev E 6/2/15

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Please check the appropriate application request:

**1. TOWN BOARD:**

- ☐ 1a. AMENDMENT OF RESTRICTIVE COVENANT (TBR)
- ☐ 1b. CHANGE OF ZONE (CZ)
- ☐ 1c. PLANNED DEVELOPMENT DISTRICT (PDD)(CZ)
- ☐ 1d. SPECIAL PERMIT (CZ)

Case Number: Application Date: 

Town Use Only

**2. PLANNING BOARD:**

- ☐ 2a. AMEND RESTRICTIVE COVENANT (Relief of Covenant) PBR
- ☐ 2b. FINAL SUBDIVISION - FS
- ☐ 2c. LAND DIVISION - LD
- ☐ 2d. PLANNING BOARD VARIANCE
- ☐ 2e. PRELIMINARY FINAL SUBDIVISION - FS
- ☐ 2f. PRELIMINARY SUBDIVISION - PS
- ☐ 2g. ROAD IMPROVEMENT/RESUBDIVISION - RI
- ☐ 2h. SINGLE FAMILY RESIDENCE - SF
- ☒ 2i. SITE PLAN/AMENDED SITE PLAN - SP
- ☐ 2j. SPECIAL PERMIT - SP
- ☐ 2k. 278 CLUSTER TREATMENT (Submitted w/PS, FS, PF, LD or RI)

☐ 2l. OTHER: 

(I.e. Removal of Excess Materials, Foundation Permit, Variances, Relief of Clearing Limits, Pre-application conference, etc.)

Application is hereby made to the Town of Brookhaven for the application type requested.

By application submittal, the applicant does hereby authorize employees or agents of the Town of Brookhaven to enter and inspect the project site as necessary in conjunction with this application.

**3. PLANNING DIVISION:**

- ☐ 3a. CHANGE OF USE - CU  
(including facade and minor additions up to 500 sf)
- ☐ 3b. FIRE/AMBULANCE, ETC. - OM
- ☐ 3c. TEST HOLE - TH
- ☐ 3d. TREE CLEARING - TC
- ☐ 3e. REVEGETATION PLAN- RV



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**I. GENERAL APPLICATION:**  
**A. PROPERTY LOCATION:**

Suffolk County Tax Map (SCTM) Property Number: (Use "Scope of Work" section below to list any additional SCTM #'s)

| DISTRICT | SECTION | BLOCK | LOT  |
|----------|---------|-------|------|
| 0200     | 400     | 6     | 21.1 |

Name of Application: AK PROPERTY MANAGEMENT LLCLocated at #: 217, on the ☒ N ☐ E ☐ S ☐ W side of: MIDDLE COUNTRY ROADDistance: 300.00', ☐ N ☒ E ☐ S ☐ W of: ARNOLD DRIVEHamlet: MIDDLE ISLANDPost Office: MIDDLE ISLAND - 11953Ambulance District: MIFDSchool District: LONGWOOD CENTRALFire District: MIFD\*Total Proposed S.F. of Building(s) 9000Property Size (Acres):   OR Square Feet: 76,181.2Disturbed Property Size (Acres):   OR Square Feet: 53,078Present Zoning/Use of Site J-2 BUS/A-1 RESProposed Zoning/Use of Site MEDICAL BUILDINGName of Subdivision: N/ASubdivision Lot Number: N/A☒ Yes ☐ No Does the property in question conform to the lot area requirement?

Scope of Proposed Work: (Please list all SCTM #'s associated with application)

9000 Sq. Ft. UNFINISHED BSMT  
CONSTRUCTION OF A PROPOSED MEDICAL BUILDING ALONG  
WITH PROPOSED SITE IMPROVEMENTS SUCH AS PARKING  
WITH STRIPING, DRAINAGE, LIGHTING, AND CURBING





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**B. PROPERTY OWNER/ENTITY CONSENT:** (separate sheets may be used for multiple owners)

Be advised that I am the owner of record of the property referenced herein and hereby consent to this application. By this application, the owner does hereby authorize employees or agents of the Town of Brookhaven, in conjunction with this application, to enter and inspect the project site as necessary.

Owner/Entity Name: AK PROPERTY MANAGEMENT LLCFirm Name: AK PROPERTY MANAGEMENT LLCAddress: SIL RT 25AHamlet: MT. SINAI State: NY Zip: 11766Tel#: 631-928-0220E-mail: CKOKOLAKIS@KOKOCONTRACTING.COM

Fax#: \_\_\_\_\_

If corporation, name of responsible officer: GEORGE KOKOLAKIS Title \_\_\_\_\_

IN WITNESS WHEREOF I have hereto set my hand onto this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

  
Sign By Owner/Officer

STATE OF NEW YORK )

COUNTY OF SUFFOLK )

On the 15th day of April in the year 2022 before me, the undersigned, personally appeared George Kokolakis personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

  
Notary Public





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**C. APPLICANT/CONTRACT VENDEE/LESSEE**

(If same as owner, state in name field below)

Name: SAME AS OWNER Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel#: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax#: \_\_\_\_\_

**D. PLAN PREPARER**Name: CHRISTOPHER LABATE Firm Name: LABCREW ENGINEERING, P.C.Street Address: 460 HAWKINS AVENUECity: RONKONKOMA State: NY Zip: 11779 Tel#: 631-676-4881E-mail: LABCREW@OPTONLINE.NET Fax#: \_\_\_\_\_**E. ATTORNEY/AGENT (If applicable):**

Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel#: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax#: \_\_\_\_\_

**F. Removal of Excess Materials****Engineers Certification:**The site plan or subdivision submitted to the Board depicts an excess of 921.5 cubic yards, proposed to be removed from the premises.Name: CHRISTOPHER LABATE Phone Number: 631-676-4881E-mail: LABCREW@OPTONLINE.NET License Number: 088475  
Signature: \_\_\_\_\_4/14/22  
Date: \_\_\_\_\_



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**II. BOARD OF ETHICS TRANSACTIONAL DISCLOSURE:**

Case Number: \_\_\_\_\_

**A. APPLICANT**

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

Name: AK PROPERTY MANAGEMENT LLC Address: 516 RT 25A  
City: MT. SINAI State: NY Zip: 11766 Tel#: 631-928-0220  
E-Mail: CKOKOLAKIS@KOKOCONTRACTING.COM Fax#: \_\_\_\_\_

☐ Yes ☒ No

Does any officer of the State of New York, officer or employee of the Town of Brookhaven, officer or employee of Suffolk County, officer of a political party in Suffolk County or his or her spouse, brother, sister, parent, child, grandchild, or the spouse of any of them have an interest in this application by virtue of being the actual applicant, or, by virtue of having an interest in the corporation, partnership, or association making such application?

**B. If you checked "Yes" above, please complete the following section below:****Interested Party and Nature of Interest:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_

Relationship to Public Officer/Employee and Title if other than Self: \_\_\_\_\_

- ☐ Yes ☐ No 1. Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is listed on the New York or American Stock Exchanges,  
☐ Yes ☐ No 2. The actual applicant,  
☐ Yes ☐ No 3. An Officer, Director, Partner, or Employee of the applicant, or,  
☐ Yes ☐ No 4. Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

George Kokolakis

Print Name:

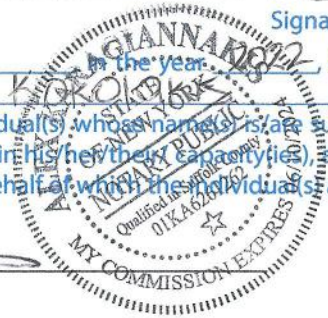
[Signature]

Signature:

On the 15<sup>th</sup> day of April in the year 2012, before me, the undersigned, a Notary Public in and for said State, appeared George Kokolakis, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and they by his/her/their signature(s), on the instrument, the individual(s) or the person(s) upon behalf of whom the individual(s) acted, executed the instrument.

[Signature]

Notary Public:







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## III. A. PROJECT DATA

- ☐ Yes ☒ No 1. Is the property within 500' of the boundary of any village or town? Village/Town
- ☒ Yes ☐ No 2. Within 500' of any existing or proposed County or State Parkway, Thruway, Expressway or highway?
- ☐ Yes ☒ No 3. Within 500' of any existing or proposed boundary of any County, State or Federal owned land?
- ☐ Yes ☒ No 4. Within 500' of any existing or proposed place of public assembly?
- ☐ Yes ☒ No 5. Within 100' of any freshwater or tidal wetland system?
- ☐ Yes ☒ No 6. Within Carmans River Watershed area?
- ☐ Yes ☒ No 7. Within a designated Historic District or Historic District Transition Zone?
- ☒ Yes ☐ No 8. Are there any existing covenants or restrictions affecting the premises for which the approval is sought?  
If **Yes**, please attach a copy certified by the Suffolk County Clerk.
- ☒ Yes ☐ No 9. Are there covenants or conditions being offered which would affect the use or development of this property?
- ☐ Yes ☒ No 10. Is the property improved with any structures or signs? If **Yes**, attach a copy of any Certificate of Occupancy(s), Certificates of Existing Use(s), and/or Certificate of Zoning Compliance(s) for all of the existing structures and/or signs.
- ☒ Yes ☐ No 11. Is the property located within the New York State Hydrogeologic Sensitive Zone?
- ☐ Yes ☒ No 12. Is the property located within the New York State designated Central Pine Barrens area?
- ☐ Yes ☒ No 13. Is there any Pine Barrens Credits being purchased?
- ☐ Yes ☒ NO 14. Does the owner/applicant own or have any interest in any contiguous property?  
If **Yes**, list the SCTM numbers below:

- ☒ Yes ☐ No 15. Have you applied for Health Department approval for sanitary waste for the proposed use?
- ☐ Yes ☒ No 16. Do any Special Districts or utilities service the site?  
If **Yes**, please explain below:

- ☐ Yes ☒ No 17. Will there be any use, manufacture, or disposal of any hazardous materials, and/or ground water resources be utilized in any other way other than for normal potable consumption, and/or any air, noise or light emissions occur. If **Yes**, please explain below:

- ☒ Yes ☐ No 18. Is the property located on an improved road?
- ☐ Yes ☒ No 19. Is the road Town maintained?
- ☒ Yes ☐ No 20. Does the proposed property disturb more than one acre of land? If **Yes**, please prepare a Stormwater Pollution Prevention Plan.
- ☐ Yes ☒ No 21. Is the property located within a designated Zoning Overlay District?
- ☐ Yes ☒ No 22. Was the property subject to a public hearing on a change of zone application within the last 12 months?





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**III. B. PROJECT DATA: ECONOMIC IMPACTS**

Completed for all commercial/industrial projects and residential projects greater than 10 Units  
(If not applicable, check here and go to Section IV) ☐ N/A

1. Does project involved Local, State or Federal funding?

☐ Yes ☒ No**2. If single phase project:**

Anticipated period of construction months. (including demolition).

8

**3. If multi-phased:**

a. Total number of phases anticipated.

1

b. Expected date of commencement Phase 1. (including demolition)

ASAP

c. Approximate completion date of final phase. (month/year)

SPRING 23'

d. Is Phase 1 functionally dependent on subsequent phases?

☐ Yes ☒ No

4. Number of jobs generated during construction. (full time equivalent)

N/A

5. Number of jobs generated after completion. (full time equivalent)

20

6. Number of jobs eliminated by this project.

0

7. What are the current tax revenues generated by the project site?

N/A

8. What tax revenues will project generate after completion?

N/A

9. What is the estimated cost of construction?

\$600,000

10. How many schoolchildren is the project expected to generate? ☒ N/A

—

11. What is the estimated cost of educating the school-age children generated by the completion of this project?

☒ N/A

—

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- C1.** If he proposed project requires an **Amendment to a Restrictive Covenant**, please **check** the appropriate **Board** and describe: A) Existing covenant for which relief is sought; B) Description of requested relief; and, C) Reason for requested relief, in the space below:

Town Board

## Planning Board

☐ Zoning Board of Appeals

[illegible]

2. Percentage of current covenant area affected: \_\_\_\_\_ %. Proposed percentage of covenant area affected: \_\_\_\_\_ %.

|  |    |  |    |
|--|----|--|----|
| 3. Percentage of current buffer area affected: | %. | Proposed percentage of buffer area affected: | %. |
|--|----|--|----|

**V. SUBDIVISION/LAND DIVISION:**

- A1. Complete for all subdivision/land division/road improvements

Deed(s) recorded in the Suffolk County Clerk's Office:

Date:

Liber:

Number of Lots:

Page:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

- ☐ Yes ☐ No 2. Are there encumbrances or liens against this land other than mortgages?
- ☐ Yes ☐ No 3. Will the final plat be filed in sections, or will it cover the entire preliminary layout?
- ☐ Yes ☐ No 4. Are all the public open spaces shown on the layout to be dedicated for public purposes?
5. How many acres are to be dedicated for public park or playground purposes?

Reset Form

**Full Environmental Assessment Form**  
**Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Sponsor Information.**

|  |                                |   |
|--|--------------------------------|---|
| Name of Action or Project:<br><b>4K PROPERTY MANAGEMENT LLC</b>  |                                |   |
| Project Location (describe, and attach a general location map):<br><b>NORTH SIDE OF MIDDLE COUNTRY RD., 300' E OF ARNOLD DR., MIDDLE ISLAND</b>  |                                |   |
| Brief Description of Proposed Action (include purpose or need):<br><b>THE APPLICANT PROPOSES A MEDICAL OFFICE BUILDING ON A 1.743 AC. LOT. THE WORK IS TO INCLUDE BUT NOT LIMITED TO CLEARING, GRADING, CONSTRUCTION OF A 9,000 SQ. FT. BUILDING, ASPHALT PAVING AND INSTALLATION OF DRAINAGE / SANITARY STRUCTURES.</b> |                                |   |
| Name of Applicant/Sponsor:<br><b>4K PROPERTY MANAGEMENT, LLC</b>   | Telephone: <b>631-793-5130</b> | E-Mail: <b>CKOKOLAKIS@KOKOCONTRACTING.COM</b> |
| Address: <b>SIL RT. 25A</b>  |                                |   |
| City/PO: <b>MT. SINAI</b>  | State: <b>NY</b>               | Zip Code: <b>11766</b>                        |
| Project Contact (if not same as sponsor; give name and title/role):<br><b>GEORGE KOKOLAKIS</b>   | Telephone:                     | E-Mail:                                       |
| Address: <b>SAME AS ABOVE</b>  |                                |   |
| City/PO:   | State:                         | Zip Code:                                     |
| Property Owner (if not same as sponsor):<br><b>4K PROPERTY MANAGEMENT LLC<br/>c/o GEORGE KOKOLAKIS</b>   | Telephone:                     | E-Mail:                                       |
| Address: <b>SAME AS ABOVE</b>  |                                |   |
| City/PO:   | State:                         | Zip Code:                                     |



## B. Government Approvals

| B. Government Approvals Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.) |  |   |
|---|--|---|
| Government Entity   | If Yes: Identify Agency and Approval(s) Required | Application Date (Actual or projected)                        |
| a. City Council, Town Board, <input checked="" type="radio"/> Yes <input type="radio"/> No<br>or Village Board of Trustees                    | BROOKHAVEN TOWN BOARD                            | JUNE 2022   |
| b. City, Town or Village <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Planning Board or Commission                        | BROOKHAVEN PLANNING BOARD                        |   |
| c. City Council, Town or <input type="radio"/> Yes <input checked="" type="radio"/> No<br>Village Zoning Board of Appeals                     |  |   |
| d. Other local agencies <input type="radio"/> Yes <input checked="" type="radio"/> No   |  |   |
| e. County agencies <input checked="" type="radio"/> Yes <input type="radio"/> No  | SUFFOLK COUNTY PLANNING/HEALTH                   |   |
| f. Regional agencies <input type="radio"/> Yes <input checked="" type="radio"/> No  |  |   |
| g. State agencies <input type="radio"/> Yes <input checked="" type="radio"/> No   |  |   |
| h. Federal agencies <input type="radio"/> Yes <input checked="" type="radio"/> No   |  |   |
| i. Coastal Resources.   |  |   |
| i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?   |  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| If Yes,   |  |   |
| ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?                                      |  | <input type="radio"/> Yes <input type="radio"/> No            |
| iii. Is the project site within a Coastal Erosion Hazard Area?  |  | <input type="radio"/> Yes <input type="radio"/> No            |

## C. Planning and Zoning

| C.1. Planning and zoning actions.   |  |
|---|--|
| Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? <input type="radio"/> Yes <input checked="" type="radio"/> No                                   |  |
| <ul style="list-style-type: none"> <li>If Yes, complete sections C, F and G.</li> <li>If No, proceed to question C.2 and complete all remaining sections and questions in Part 1</li> </ul>   |  |
| C.2. Adopted land use plans.  |  |
| a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? <input type="radio"/> Yes <input checked="" type="radio"/> No  |  |
| If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? <input type="radio"/> Yes <input type="radio"/> No  |  |
| b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) <input type="radio"/> Yes <input checked="" type="radio"/> No |  |
| If Yes, identify the plan(s):   |  |
| <hr/> <hr/> <hr/>   |  |
| c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? <input type="radio"/> Yes <input checked="" type="radio"/> No  |  |
| If Yes, identify the plan(s):   |  |
| <hr/> <hr/> <hr/>   |  |

### C.3. Zoning

- a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☒ Yes ☐ No  
If Yes, what is the zoning classification(s) including any applicable overlay district?

J BUSINESS 2

- b. Is the use permitted or allowed by a special or conditional use permit? ☐ Yes ☒ No

- c. Is a zoning change requested as part of the proposed action? ☐ Yes ☒ No

If Yes,

i. What is the proposed new zoning for the site? \_\_\_\_\_

### C.4. Existing community services.

- a. In what school district is the project site located? LONGWOOD CSD

- b. What police or other public protection forces serve the project site?  
SUFFOLK COUNTY POLICE 6TH PRECINCT

- c. Which fire protection and emergency medical services serve the project site?  
MIDDLE ISLAND FIRE DEPARTMENT

- d. What parks serve the project site?  
PROSSER PINES, CATHEDRAL PINES COUNTY PARK

### D. Project Details

#### D.1. Proposed and Potential Development

- a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)?  
COMMERCIAL MEDICAL OFFICE BUILDING

- b. a. Total acreage of the site of the proposed action? 1.76 acres  
b. Total acreage to be physically disturbed? 1.22 acres  
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 1.76 acres

- c. Is the proposed action an expansion of an existing project or use? ☐ Yes ☒ No  
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ Units: \_\_\_\_\_

- d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☒ No  
If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types) \_\_\_\_\_

ii. Is a cluster/conservation layout proposed? ☐ Yes ☐ No

iii. Number of lots proposed? \_\_\_\_\_

iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

- e. Will proposed action be constructed in multiple phases? ☐ Yes ☒ No

i. If No, anticipated period of construction: 9 months

ii. If Yes:

- Total number of phases anticipated \_\_\_\_\_
- Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year
- Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year
- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_



|  |                   |                   |                     |                                       |
|--|-------------------|-------------------|---------------------|---------------------------------------|
| f. Does the project include new residential uses? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> |                   |                   |                     |                                       |
| If Yes, show numbers of units proposed.  |                   |                   |                     |                                       |
|  | <u>One Family</u> | <u>Two Family</u> | <u>Three Family</u> | <u>Multiple Family (four or more)</u> |
| Initial Phase  | _____             | _____             | _____               | _____                                 |
| At completion  | _____             | _____             | _____               | _____                                 |
| of all phases  | _____             | _____             | _____               | _____                                 |

|   |  |
|---|--|
| g. Does the proposed action include new non-residential construction (including expansions)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> |  |
| If Yes,   |  |
| i. Total number of structures <u>1</u>  |  |
| ii. Dimensions (in feet) of largest proposed structure: <u>24</u> height; <u>50</u> width; and <u>180</u> length  |  |
| iii. Approximate extent of building space to be heated or cooled: <u>9,000</u> square feet  |  |

|   |  |
|---|--|
| h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> |  |
| If Yes,   |  |
| i. Purpose of the impoundment: _____  |  |
| ii. If a water impoundment, the principal source of the water: <span style="float: right;"><input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify: _____</span>  |  |
| iii. If other than water, identify the type of impounded/contained liquids and their source. _____  |  |
| iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres  |  |
| v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length   |  |
| vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____  |  |

**D.2. Project Operations**

|  |  |
|--|--|
| a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> |  |
| If Yes:  |  |
| i. What is the purpose of the excavation or dredging? _____  |  |
| ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?  |  |
| <ul style="list-style-type: none"> <li>• Volume (specify tons or cubic yards): _____</li> <li>• Over what duration of time? _____</li> </ul>   |  |
| iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. _____   |  |
| iv. Will there be onsite dewatering or processing of excavated materials? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |  |
| If yes, describe. _____  |  |
| v. What is the total area to be dredged or excavated? _____ acres  |  |
| vi. What is the maximum area to be worked at any one time? _____ acres   |  |
| vii. What would be the maximum depth of excavation or dredging? _____ feet   |  |
| viii. Will the excavation require blasting? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |  |
| ix. Summarize site reclamation goals and plan: _____   |  |
| _____  |  |
| _____  |  |

|   |  |
|---|--|
| b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> |  |
| If Yes:   |  |
| i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____   |  |
| _____   |  |



ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

iii. Will proposed action cause or result in disturbance to bottom sediments? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation? ☐ Yes ☐ No  
If Yes:

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_
- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_
- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

---

c. Will the proposed action use, or create a new demand for water? ☒ Yes ☐ No  
If Yes:

i. Total anticipated water usage/demand per day: \_\_\_\_\_ gallons/day

ii. Will the proposed action obtain water from an existing public water supply? ☒ Yes ☐ No  
If Yes:

- Name of district or service area: SUFFOLK COUNTY WATER AUTHORITY
- Does the existing public water supply have capacity to serve the proposal? ☒ Yes ☐ No
- Is the project site in the existing district? ☒ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☒ No
- Do existing lines serve the project site? ☐ Yes ☒ No

iii. Will line extension within an existing district be necessary to supply the project? ☐ Yes ☒ No  
If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_
- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site? ☐ Yes ☒ No  
If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

vi. If water supply will be from wells (public or private), maximum pumping capacity: \_\_\_\_\_ gallons/minute.

---

d. Will the proposed action generate liquid wastes? ☒ Yes ☐ No  
If Yes:

i. Total anticipated liquid waste generation per day: 900 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): SANITARY WASTEWATER

\_\_\_\_\_

\_\_\_\_\_

iii. Will the proposed action use any existing public wastewater treatment facilities? ☐ Yes ☒ No  
If Yes:

- Name of wastewater treatment plant to be used: \_\_\_\_\_
- Name of district: \_\_\_\_\_
- Does the existing wastewater treatment plant have capacity to serve the project? ☐ Yes ☐ No
- Is the project site in the existing district? ☐ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☐ No

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Do existing sewer lines serve the project site?</li> <li>• Will line extension within an existing district be necessary to serve the project?</li> </ul> <p>If Yes:</p> <ul style="list-style-type: none"> <li>• Describe extensions or capacity expansions proposed to serve this project: _____</li> </ul>   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If Yes: <ul style="list-style-type: none"> <li>• Applicant/sponsor for new district: _____</li> <li>• Date application submitted or anticipated: _____</li> <li>• What is the receiving water for the wastewater discharge? _____</li> </ul>   |  |
| v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans):<br><div style="text-align: center; color: blue; font-weight: bold;">SEPTIC TANK &amp; LEACHING POOLS</div>   |  |
| vi. Describe any plans or designs to capture, recycle or reuse liquid waste:<br><div style="text-align: center; color: blue; font-weight: bold;">SEPTIC TANK &amp; LEACHING POOLS</div>   |  |
| e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span><br>If Yes: <ul style="list-style-type: none"> <li>i. How much impervious surface will the project create in relation to total size of project parcel?<br/> <div style="display: flex; justify-content: space-between;"> <span style="color: blue;">49,738</span> Square feet or <span style="color: blue;">1.14</span> acres (impervious surface)</div> <div style="display: flex; justify-content: space-between;"> <span style="color: blue;">76,191</span> Square feet or <span style="color: blue;">1.75</span> acres (parcel size)</div> </li> <li>ii. Describe types of new point sources. _____</li> <li>iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?<br/> <div style="text-align: center; color: blue; font-weight: bold;">TO LEACHING POOLS</div> </li> </ul> |  |
| <ul style="list-style-type: none"> <li>• If to surface waters, identify receiving water bodies or wetlands: _____</li> <li>• Will stormwater runoff flow to adjacent properties? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></li> </ul>  |  |
| iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |  |
| f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If Yes, identify: <ul style="list-style-type: none"> <li>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____</li> <li>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____</li> <li>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____</li> </ul>  |  |
| g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If Yes: <ul style="list-style-type: none"> <li>i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>ii. In addition to emissions as calculated in the application, the project will generate:             <ul style="list-style-type: none"> <li>• _____ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)</li> <li>• _____ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)</li> <li>• _____ Tons/year (short tons) of Perfluorocarbons (PFCs)</li> <li>• _____ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)</li> <li>• _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)</li> <li>• _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)</li> </ul> </li> </ul>  |  |



h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? ☐ Yes ☒ No

If Yes:

i. Estimate methane generation in tons/year (metric): \_\_\_\_\_

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): \_\_\_\_\_

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i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? ☐ Yes ☒ No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): \_\_\_\_\_

---

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? ☐ Yes ☒ No

If Yes:

i. When is the peak traffic expected (Check all that apply): ☐ Morning ☐ Evening ☐ Weekend  
☐ Randomly between hours of \_\_\_\_\_ to \_\_\_\_\_.

ii. For commercial activities only, projected number of semi-trailer truck trips/day: \_\_\_\_\_

iii. Parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Net increase/decrease \_\_\_\_\_

iv. Does the proposed action include any shared use parking? ☐ Yes ☐ No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: \_\_\_\_\_

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vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? ☐ Yes ☐ No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? ☐ Yes ☐ No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? ☐ Yes ☐ No

---

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? ☐ Yes ☒ No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: \_\_\_\_\_

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): \_\_\_\_\_

iii. Will the proposed action require a new, or an upgrade to, an existing substation? ☐ Yes ☐ No

---

l. Hours of operation. Answer all items which apply.

|  |   |
|--|---|
| <p>i. During Construction:</p> <ul style="list-style-type: none"> <li>Monday - Friday: <u>7-5</u></li> <li>Saturday: <u>7-5</u></li> <li>Sunday: <u>N/A</u></li> <li>Holidays: <u>N/A</u></li> </ul> | <p>ii. During Operations:</p> <ul style="list-style-type: none"> <li>Monday - Friday: <u>7-5</u></li> <li>Saturday: <u>9-4</u></li> <li>Sunday: <u>N/A</u></li> <li>Holidays: <u>N/A</u></li> </ul> |
|--|---|



m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? ☐ Yes ☒ No

If yes:

i. Provide details including sources, time of day and duration:

\_\_\_\_\_

ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? ☐ Yes ☐ No

Describe: \_\_\_\_\_

n.. Will the proposed action have outdoor lighting? ☒ Yes ☐ No

If yes:

i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:

BUILDING & SITE LIGHTING: FULL CUTOFF, DARKSKY COMPLIANT < 20 FT

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? ☐ Yes ☒ No

Describe: EXISTING VEGETATION TO REMAIN TO GREATEST EXTENT POSSIBLE

o. Does the proposed action have the potential to produce odors for more than one hour per day? ☐ Yes ☒ No

If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: \_\_\_\_\_

p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products (185 gallons in above ground storage or any amount in underground storage)? ☐ Yes ☒ No

If Yes:

i. Product(s) to be stored \_\_\_\_\_

ii. Volume(s) \_\_\_\_\_ per unit time \_\_\_\_\_ (e.g., month, year)

iii. Generally describe proposed storage facilities: \_\_\_\_\_

q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? ☒ Yes ☐ No

If Yes:

i. Describe proposed treatment(s):

TYPICAL LAWN CARE & PEST CONTROL AS REQUIRED

ii. Will the proposed action use Integrated Pest Management Practices? ☐ Yes ☒ No

r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? ☒ Yes ☐ No

If Yes:

i. Describe any solid waste(s) to be generated during construction or operation of the facility:

- Construction: 1 tons per MONTH (unit of time)
- Operation: 0.25 tons per WEEK (unit of time)

ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:

- Construction: RECYCLING OF METALS
- Operation: RECYCLING OF METAL, PAPER & PLASTIC

iii. Proposed disposal methods/facilities for solid waste generated on-site:

- Construction: ROLL OFF DUMPSTER
- Operation: SITE DUMPSTER

s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☒ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_

ii. Anticipated rate of disposal/processing:

- \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
- \_\_\_\_\_ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: \_\_\_\_\_ years

t. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☐ Yes ☒ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_

ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_

iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☐ Yes ☐ No

If Yes: provide name and location of facility: \_\_\_\_\_

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: \_\_\_\_\_

#### E. Site and Setting of Proposed Action

**E.1. Land uses on and surrounding the project site**

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

☐ Urban ☐ Industrial ☒ Commercial ☐ Residential (suburban) ☐ Rural (non-farm)

☒ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): \_\_\_\_\_

ii. If mix of uses, generally describe: \_\_\_\_\_

b. Land uses and covertypes on the project site.

| Land use or Covertypes   | Current Acreage | Acreage After Project Completion | Change (Acres +/-) |
|--|-----------------|----------------------------------|--------------------|
| • Roads, buildings, and other paved or impervious surfaces                               | 0               | 0.98                             | +0.98              |
| • Forested   | 1.25            | 0.53                             | -1.27              |
| • Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural) | 0               | 0                                |                    |
| • Agricultural (includes active orchards, field, greenhouse etc.)                        | 0               | 0                                |                    |
| • Surface water features (lakes, ponds, streams, rivers, etc.)                           | 0               | 0                                |                    |
| • Wetlands (freshwater or tidal)   | 0               |                                  |                    |
| • Non-vegetated (bare rock, earth or fill)   | 0               |                                  |                    |
| • Other Describe: <u>LANDSCAPE</u>   | 0               | 0.24                             | +0.24              |



c. Is the project site presently used by members of the community for public recreation? ☐ Yes ☒ No  
i. If Yes: explain: \_\_\_\_\_

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? ☐ Yes ☒ No  
If Yes,  
i. Identify Facilities: \_\_\_\_\_  
\_\_\_\_\_

e. Does the project site contain an existing dam? ☐ Yes ☒ No  
If Yes:  
i. Dimensions of the dam and impoundment:  
• Dam height: \_\_\_\_\_ feet  
• Dam length: \_\_\_\_\_ feet  
• Surface area: \_\_\_\_\_ acres  
• Volume impounded: \_\_\_\_\_ gallons OR acre-feet  
ii. Dam's existing hazard classification: \_\_\_\_\_  
iii. Provide date and summarize results of last inspection: \_\_\_\_\_  
\_\_\_\_\_

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? ☐ Yes ☒ No  
If Yes:  
i. Has the facility been formally closed? ☐ Yes ☐ No  
• If yes, cite sources/documentation: \_\_\_\_\_  
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: \_\_\_\_\_  
\_\_\_\_\_  
iii. Describe any development constraints due to the prior solid waste activities: \_\_\_\_\_  
\_\_\_\_\_

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? ☐ Yes ☒ No  
If Yes:  
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: \_\_\_\_\_  
\_\_\_\_\_

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? ☒ Yes ☐ No  
If Yes:  
i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: ☒ Yes ☐ No  
☒ Yes – Spills Incidents database Provide DEC ID number(s): 0606654 - CLOSED  
☐ Yes – Environmental Site Remediation database Provide DEC ID number(s): \_\_\_\_\_  
☐ Neither database  
ii. If site has been subject of RCRA corrective activities, describe control measures: \_\_\_\_\_  
\_\_\_\_\_  
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? ☐ Yes ☒ No  
If yes, provide DEC ID number(s): \_\_\_\_\_  
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): \_\_\_\_\_  
\_\_\_\_\_

v. Is the project site subject to an institutional control limiting property uses? ☐ Yes ☒ No

- If yes, DEC site ID number: \_\_\_\_\_
- Describe the type of institutional control (e.g., deed restriction or easement): \_\_\_\_\_
- Describe any use limitations: \_\_\_\_\_
- Describe any engineering controls: \_\_\_\_\_
- Will the project affect the institutional or engineering controls in place? ☐ Yes ☒ No
- Explain: \_\_\_\_\_

---

**E.2. Natural Resources On or Near Project Site**

a. What is the average depth to bedrock on the project site? 1400 feet

b. Are there bedrock outcroppings on the project site? ☐ Yes ☒ No  
If Yes, what proportion of the site is comprised of bedrock outcroppings? \_\_\_\_\_ %

c. Predominant soil type(s) present on project site: CpA - Cawver! Plymouth Soils 86.7 %  
CuB - Cur! fill Land 13.3 %

d. What is the average depth to the water table on the project site? Average: \_\_\_\_\_ feet

e. Drainage status of project site soils: ☒ Well Drained: 100 % of site  
☐ Moderately Well Drained: \_\_\_\_\_ % of site  
☐ Poorly Drained: \_\_\_\_\_ % of site

f. Approximate proportion of proposed action site with slopes: ☒ 0-10%: 100 % of site  
☐ 10-15%: \_\_\_\_\_ % of site  
☐ 15% or greater: \_\_\_\_\_ % of site

g. Are there any unique geologic features on the project site? ☐ Yes ☒ No  
If Yes, describe: \_\_\_\_\_

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h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? ☐ Yes ☒ No

ii. Do any wetlands or other waterbodies adjoin the project site? ☐ Yes ☒ No

If Yes to either i or ii, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? ☐ Yes ☐ No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Lakes or Ponds: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Wetlands: Name \_\_\_\_\_ Approximate Size \_\_\_\_\_
- Wetland No. (if regulated by DEC) \_\_\_\_\_

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? ☐ Yes ☐ No  
If yes, name of impaired water body/bodies and basis for listing as impaired: \_\_\_\_\_

---

i. Is the project site in a designated Floodway? ☐ Yes ☒ No

j. Is the project site in the 100 year Floodplain? ☐ Yes ☒ No

k. Is the project site in the 500 year Floodplain? ☐ Yes ☒ No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? ☒ Yes ☐ No  
If Yes:  
i. Name of aquifer: MALCOLM AQUIFER



|  |  |
|--|--|
| <p>m. Identify the predominant wildlife species that occupy or use the project site: _____</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><u>BIRD</u></p> <p><u>SQUIRREL</u></p> </div> <div style="width: 30%;"> <p><u>RACCOON</u></p> <p><u>RABBIT</u></p> </div> <div style="width: 30%;"> <p><u>DEER</u></p> </div> </div>  |  |
| <p>n. Does the project site contain a designated significant natural community? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p>ii. Source(s) of description or evaluation: _____</p> <p>iii. Extent of community/habitat:</p> <ul style="list-style-type: none"> <li>• Currently: _____ acres</li> <li>• Following completion of project as proposed: _____ acres</li> <li>• Gain or loss (indicate + or -): _____ acres</li> </ul> |  |
| <p>o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="text-align: center;"><u>NORTHERN LONG EARED BAT - POTENTIAL SEASONAL HIBERNATION</u></p>  |  |
| <p>p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>   |  |
| <p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p>   |  |
| <p><b>E.3. Designated Public Resources On or Near Project Site</b></p>   |  |
| <p>a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes, provide county plus district name/number: _____</p>  |  |
| <p>b. Are agricultural lands consisting of highly productive soils present? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>i. If Yes: acreage(s) on project site? _____</p> <p>ii. Source(s) of soil rating(s): _____</p>   |  |
| <p>c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p>ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____</p> <p>_____</p> <p>_____</p>   |  |
| <p>d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. CEA name: _____</p> <p>ii. Basis for designation: _____</p> <p>iii. Designating agency and date: _____</p>  |  |

|   |   |
|---|---|
| e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If Yes:   |   |
| i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District  |   |
| ii. Name: _____   |   |
| iii. Brief description of attributes on which listing is based: _____   |   |
| f. 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?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Have additional archaeological or historic site(s) or resources been identified on the project site?   |   |
| If Yes:   |   |
| i. Describe possible resource(s): _____   |   |
| ii. Basis for identification: _____   |   |
| h. Is the project site within 5 miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| If Yes:   |   |
| i. Identify resource: _____   |   |
| ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____   |   |
| iii. Distance between project and resource: _____ miles.  |   |
| i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If Yes:   |   |
| i. Identify the name of the river and its designation: _____  |   |
| ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |

#### F. Additional Information

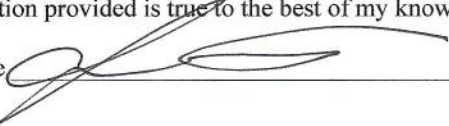
Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

#### G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name



Date

11/4/22

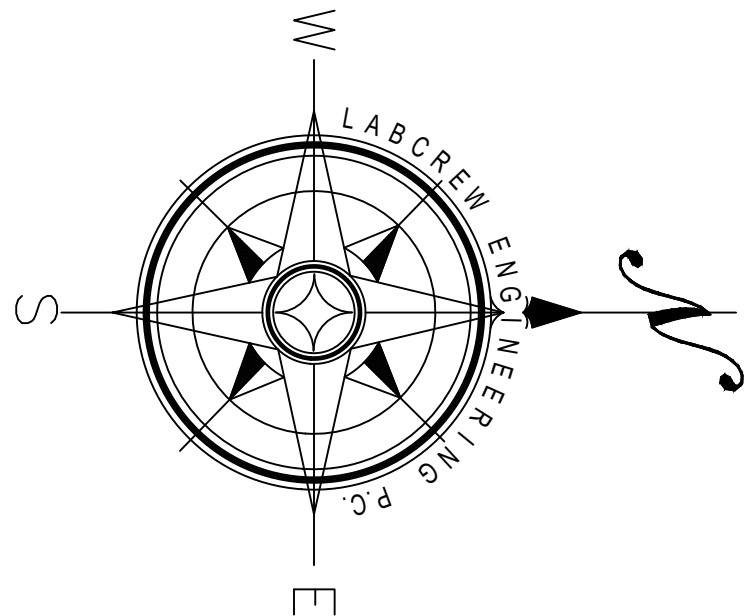
Signature

C HAMPTON

Title

AGENT





EXISTING FIRE HYDRANT ON WEST SIDE OF PARK LANE, 240' FROM SOUTHWEST CORNER AND 360' FROM SOUTHEAST CORNER OF PROPERTY

Now or Formerly  
200-431-4-29  
ISLIP REAL ESTATE GROUP LLC  
ZONE: A-1 RES/2 BUS  
PUBLIC WATER

PROPOSED CONNECTIONS TO EX. WATER MAIN  
PROVIDE (1) 2" TAP FOR DOMESTIC LINES  
PROVIDE (1) 6" TAP FOR FIRE LINE

PROPOSED ROADWAY PAVEMENT MARKINGS (OFF-SITE)  
EXISTING STOPPING TO BE REMOVED PROVIDE TWO-WAY LEFT TURN LANE SEE DETAIL 120207  
DETAIL ON DWG DET-1

PROPOSED STOP SIGN & STOP LINE  
SEE DWG DET-1

PROPOSED H.C. RAMP (OFF-SITE)  
SEE LANDSCAPE SITE PLAN  
DWG LAN-1 FOR INFO

PROPOSED PAVEMENT - ALONG PROPERTY FRONTAGE  
4' SETBACK FROM EX. E.O.P. ALONG PROPERTY FRONTAGE  
REPLACE TO FULL DEPTH (APPROX. 125 LN. F.I.)  
SEE DETAIL DET-1

PROPOSED ASPHALT RESTORATION  
STREET TYPE ENTRANCE DOT TYPE-2

Now or Formerly  
200-432-1-7  
UNION CEMETERY  
ZONE: A-5 RESIDENCE

STATE MILE MARKER  
25  
0704  
1269

ENTRANCE TO CEMETERY

ARNOLD DRIVE  
APPROXIMATE LOCATION OF EXISTING WATER MAIN  
PROPOSED CURB TO MEET EXISTING  
MEET EXISTING SIDEWALK  
EXISTING TREE TO REMAIN  
PROPOSED HOT BOX

PROPOSED WATER SERVICES  
(1) 2" WATER SERVICE AND  
(1) 6" FIRE LINE TO BE INSTALLED IN SILENCE TRENCH

PROPOSED CROSS WALK 102.6'

PROPOSED 7.5' SIDEWALK

PROPOSED FUTURE CROSS ACCESS

PROVIDE ADA COMPLIANT HANDICAP RAMP  
10' SIDE BUILDING SETBACK LINE  
PROPOSED CONCRETE CURB

PROVIDE ADA COMPLIANT HANDICAP RAMP  
EXISTING CURBS TO BE REMOVED FROM BACKSIDE  
PROPOSED CURB TO MEET EXISTING

Now or Formerly  
200-431-4-30  
RMR REAL ESTATE HOLDINGS LLC  
ZONE: J BUSINESS 4 WELL WATER  
(TO BE CONVERTED TO PUBLIC WATER)

PROVIDE ADA COMPLIANT HANDICAP PARKING (TYP)  
SEE DETAIL ON DET-1

PROVIDE ADA COMPLIANT HANDICAP PARKING (TYP)  
SEE DETAIL ON DET-1

PROVIDE ADA COMPLIANT HANDICAP RAMP

PROVIDE ADA COMPLIANT HANDICAP RAMP

PROVIDE ADA COMPLIANT HANDICAP RAMP

PROVIDE ADA COMPLIANT HANDICAP RAMP

PROVIDE ADA COMPLIANT HANDICAP RAMP

Now or Formerly  
200-431-4-31.1  
MIDDLE ISLAND FIRE DISTRICT  
ZONE: A-1 RESIDENCE  
PUBLIC WATER

PROPOSED STOCKADE FENCE

PROPOSED REFUSE ENCLOSURE WITH 5' x 5' DUMPSTER

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

Now or Formerly  
200-401-1-1  
JOSEPH SPADAVECCHIA  
ZONE: A-1 RESIDENCE  
PUBLIC WATER

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

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PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

Now or Formerly  
200-401-1-2.2  
COUNTRY ACRES LLC  
ZONE: A-1 RESIDENCE  
VACANT

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

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PROPOSED CONCRETE CURB

Now or Formerly  
200-401-1-2.2  
COUNTRY ACRES LLC  
ZONE: A-1 RESIDENCE  
VACANT

PROPOSED CONCRETE CURB

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PROPOSED CONCRETE CURB

Now or Formerly  
200-401-1-2.2  
COUNTRY ACRES LLC  
ZONE: A-1 RESIDENCE  
VACANT

PROPOSED CONCRETE CURB

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PROPOSED CONCRETE CURB

PROPOSED CONCRETE CURB

### TEST HOLE DATA

|                      |       |
|----------------------|-------|
| EL. 107.3            | 0.0'  |
| EL. 104.3            | 3.0'  |
| EL. 92.3             | 15.0' |
| EL. 79.3             | 28.0' |
| NO WATER ENCOUNTERED |       |

TEST HOLE DATA BY:  
MCDONALD GEOSCIENCE  
P.O. BOX 1000  
SOUTHOLD, NY 11971  
DATE: 9/17/2019

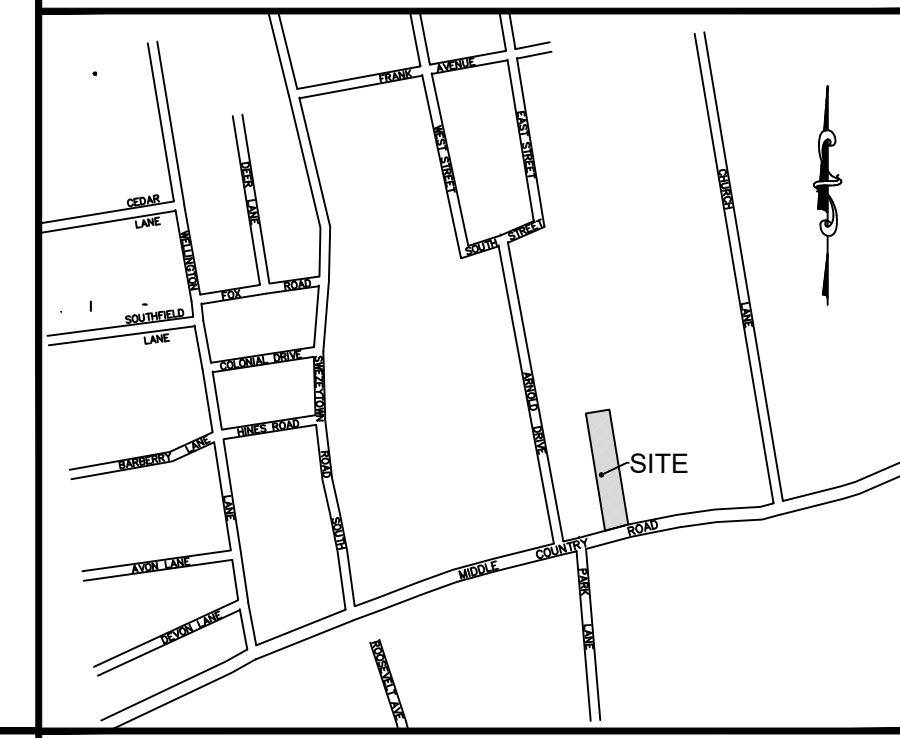
### SYMBOL KEY

|   |                        |   |                     |
|---|------------------------|---|---------------------|
| ☐ | CATCH BASIN            | ☐ | UTILITY POLE        |
| ☐ | GAS VALVE              | ☐ | GUY WIRE            |
| ☐ | WATER VALVE            | ☐ | WETLANDS            |
| ☐ | MANHOLE COVER          | ☐ | WELL                |
| ☐ | DRAINAGE MANHOLE COVER | ☐ | RECT. DROP INLET    |
| ☐ | MONUMENT               | ☐ | ELECTRIC BOX        |
| ☐ | ROOF LEADER            | ☐ | CABLE BOX           |
| ☐ | DRILL HOLE             | ☐ | TELEPHONE BOX       |
| ☐ | HYDRANT                | ☐ | TRAFFIC SIGNAL BOX  |
| ☐ | WATER METER            | ☐ | FLAG POLE           |
| ☐ | BOLLARD                | ☐ | WETLANDS FLAG       |
| ☐ | PROPOSED ELEVATION     | ☐ | HANDICAPPED PARKING |
| ☐ | EXISTING ELEVATION     | ☐ | DOOR LOCATION       |

### SPECIAL LINES

|   |    |   |                       |
|---|----|---|-----------------------|
| — | OH | — | OVERHEAD WIRES        |
| — | V  | — | VENT LINE             |
| — | W  | — | WATER MAIN            |
| — | E  | — | UNDER GROUND ELECTRIC |
| — | G  | — | GAS LINE              |
| — | X  | — | EXISTING FENCE        |
| — | X  | — | PROPOSED FENCE        |
| — | X  | — | SILT FENCE            |
| — | X  | — | FENCE TO BE REMOVED   |
| — | X  | — | EXISTING CONCRETE     |
| — | X  | — | PROPOSED CONCRETE     |

### KEY MAP



### SITE CRITERIA

#### SITE DATA:

|                        |                   |          |        |
|------------------------|-------------------|----------|--------|
| SITE AREA              | 1.75 ACRES        | 76,181.2 | SQ.FT. |
| EXISTING BUILDING AREA | 0                 | 0        | SQ.FT. |
| PROPOSED BUILDING AREA | 9,000             | 9,000    | SQ.FT. |
| TOTAL BUILDING G.F.A.  | 9,000             | 9,000    | SQ.FT. |
| EXISTING F.A.R.        | 0                 | 0        | %      |
| PROP. F.A.R.           | 11.8              | 11.8     | %      |
| PROP. G.F.A.R.         | 11.8              | 11.8     | %      |
| PARKING REQUIRED       | 60                | 60       | STALLS |
| PARKING PROVIDED       | 63                | 63       | STALLS |
| ZONE                   | J-2 BUS / A-1 RES |          |        |
| USE                    | MEDICAL OFFICES   |          |        |

#### J-2 BUSINESS ZONING REQUIREMENTS:

|                         | PROP.  | REQ.     |          |
|-------------------------|--------|----------|----------|
| LOT AREA                | 76,181 | 15,000.0 | SQ.FT.   |
| FRONT YARD SETBACK      | 102.6  | 25.0     | FEET     |
| MIN. SIDE YARD SETBACK  | 10.3   | 10.0     | FEET     |
| TOTAL SIDE YARD SETBACK | 74.3   | N/A      | FEET     |
| REAR YARD SETBACK       | 329.7  | 25.0     | FEET     |
| MIN. FRONTAGE           | 125.0  | 100.0    | FEET     |
| F.A.R.                  | 11.8   | 35.0 MAX | %        |
| MAX HEIGHT              | 35.0   | 35 / 2.5 | FT / STY |

#### ON SITE QUANTITIES:

|                           | EXISTING | PROPOSED |        |
|---------------------------|----------|----------|--------|
| CONCRETE CURB             | N/A      | 1,338    | LN.FT. |
| CONCRETE WALK             | N/A      | 2,964    | SQ.FT. |
| ASPHALT PAVING            | N/A      | 3294.0   | SQ.YD. |
| LEACHING BASINS           | N/A      | 21       | UNITS  |
| CATCH BASINS              | N/A      | 0        | UNITS  |
| 15" C.P.P. CONNECTOR PIPE | N/A      | 494      | LN.FT. |
| 8" C.P.P. CONNECTOR PIPE  | N/A      | 243      | LN.FT. |
| STOCKADE FENCING          | N/A      | 957      | LN.FT. |
| CHAIN LINK FENCING        | 603      | 0        | LN.FT. |
| SCREEN PLANTINGS          | N/A      | 206      | UNITS  |
| TREES                     | 1        | 2        | UNITS  |
| SHRUBS                    | N/A      | 122      | UNITS  |
| SEEDED AREA               | N/A      | 10,756   | SQ.FT. |

#### PARKING CALCULATIONS:

|   |    |        |
|---|----|--------|
| MEDICAL (9,000 SQ.FT.) = 1 STALL PER 150 SQ.FT. | 60 | STALLS |
| REQUIRED ADA STALLS                             | 2  | STALLS |
| TOTAL PROVIDED ( W/LOADING STALL)               | 62 | STALLS |

#### REQUIRED LANDSCAPING:

|                                    | REQ.      | PROP.   |        |
|------------------------------------|-----------|---------|--------|
| NATURAL AREA TO REMAIN             | 15,236.34 | 19,970  | SQ.FT. |
| FRONT YARD NATURAL AREA/ LANDSCAPE | 7,618     | 2,908.8 | SQ.FT. |

#### BROOKHAVEN GENERAL NOTES:

- ALL CONCRETE CURBING, SIDEWALK, AND DRAINAGE STRUCTURE SHALL CONFORM TO PLANNING BOARD STANDARD DETAIL AND SPECIFICATIONS.
- TOWN OF BROOKHAVEN ENGINEERING INSPECTOR IN THE DEPARTMENT OF PLANNING, ENVIRONMENT AND LAND MANAGEMENT SHALL BE NOTIFIED 48 HOURS IN ADVANCE OF ALL CONSTRUCTION AT 631-451-6400 BETWEEN THE HOURS OF 9:00AM-4:30PM MONDAY THROUGH FRIDAY.
- PLEASE CONTACT THE DIVISION OF ENGINEERING AT 631-451-6400 TO SCHEDULE A PRE-CONSTRUCTION MEETING 48 HOURS PRIOR TO COMMENCEMENT OF ANY AND ALL CONSTRUCTION ACTIVITIES.
- LOCATION AND GRADES FOR CURBS AND WALKS TO BE VERIFIED WITH THE TOWN OF BROOKHAVEN HIGHWAY DEPARTMENT, SCOPH OR NYSDOT PRIOR TO CONSTRUCTION.
- ALL TRAFFIC CONTROL DEVICES, I.E. SIGNALS, SIGNS, AND PAVEMENT MARKINGS SHALL BE INSTALLED IN CONFORMANCE WITH THE GUIDELINES OF THE NEW YORK STATE MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES AND AS DIRECTED BY THE TOWN OF BROOKHAVEN, DIVISION OF TRAFFIC SAFETY.
- THE CONTRACTORS PERFORMING ANY AND ALL TRAFFIC CONTROL DEVICES LAYOUT AND INSTALLATION WORK SHALL NOTIFY THE TOWN OF BROOKHAVEN DIVISION OF TRAFFIC SAFETY, 48 HOURS IN ADVANCE OF BEGINNING SUCH WORK ALONG A TOWN ROAD.
- ALL PAVEMENT MARKINGS REQUIRED SHALL BE THERMOPLASTIC (SUFFOLK COUNTY SPECIFICATIONS) UNLESS OTHERWISE NOTE ON PLAN.
- STOP LINE SIGHT DISTANCE SHALL BE MAINTAINED AT ALL INTERSECTIONS IN ACCORDANCE WITH AASHTO REQUIREMENTS.
- CLEARING LIMITS SHALL BE DELINEATED AND INSPECTED PRIOR TO CLEARING TO PROTECT WETLAND HABITAT AND THE AREA TO REMAIN NATURAL.

#### TOWN OF BROOKHAVEN VARIANCES:

THE FOLLOWING VARIANCES/SPECIAL PERMITS ARE REQUESTED FROM THE TOWN OF BROOKHAVEN TOWN BOARD, PLANNING BOARD AND ZONING BOARD:  
§ 85-843(A)(2) - FRONT YARD LANDSCAPING 7,618 sq.ft. REQ'D; 2,908.8 sq.ft. PROVIDED  
§ 85-567 - RESIDENTIAL BUFFER - 25' REQ'D; 8' PROVIDED

SURVEY PREPARED BY:  
THOMAS MATARAZZO LAND SURVEYOR  
235 SPRINGMEADOW DRIVE, HOLBROOK, NY 11741  
PHONE: (631) 472-0968 DATE: FEBRUARY 18, 2019

#### TABLE OF CONTENTS:

| SHEET # | SHEET TITLE                    |
|---------|--------------------------------|
| 1       | AL-1 ALIGNMENT PLAN            |
| 2       | SAN-1 SANITARY & DRAINAGE PLAN |
| 3       | LAN-1 LANDSCAPE PLAN           |
| 4       | LIG-1 LIGHTING PLAN            |
| 5       | MRP-1 MATERIALS REMOVAL PLAN   |
| 6       | ECP-1 EROSION CONTROL PLAN     |
| 7       | DET-1 SITE DETAILS             |
| 8       | DOT-1 N.Y.S. DOT PLAN          |

REVISED  
9:49 am, Nov 07, 2022

### ARNOLD DRIVE

|                |         |
|----------------|---------|
| N 0° 35' 00" E | 609.77' |
| S 0° 35' 00" W | 607.09' |

26' WIDE ACCESS EASEMENT  
SCALE: 1" = 30'

**LABCREW**  
**ENGINEERING, P.C.**  
SITE DESIGN/PLANNING/CIVIL ENGINEERING  
460 HAWKINS AVENUE  
ROCKY HILL, CT 06110  
TELEPHONE: (860) 676-4881  
LABCREW@GPTONLINE.NET



LABCREW ENGINEERING, P.C.  
THIS DRAWING, PREPARED FOR THE SPECIFIC PROJECT INDICATED IS AN INSTRUMENT OF SERVICE AND THE PROPERTY OF LABCREW ENGINEERING P.C. INFRINGEMENT OR ANY USE OF THIS PROJECT IS PROHIBITED. ANY ALTERATION OR REPRODUCTION OF THIS DOCUMENT IS ALSO PROHIBITED WITHOUT THE WRITTEN CONSENT OF THE ENGINEER

**4K PROPERTY MANAGEMENT LLC**  
PROPOSED 9,000 SQ. FT. MEDICAL BUILDING  
217 MIDDLE COUNTRY ROAD  
MIDDLE ISLAND, NY 11963  
**ALIGNMENT PLAN**  
SCTW#: 0200 - 400.00 - 06.00 - 021.00

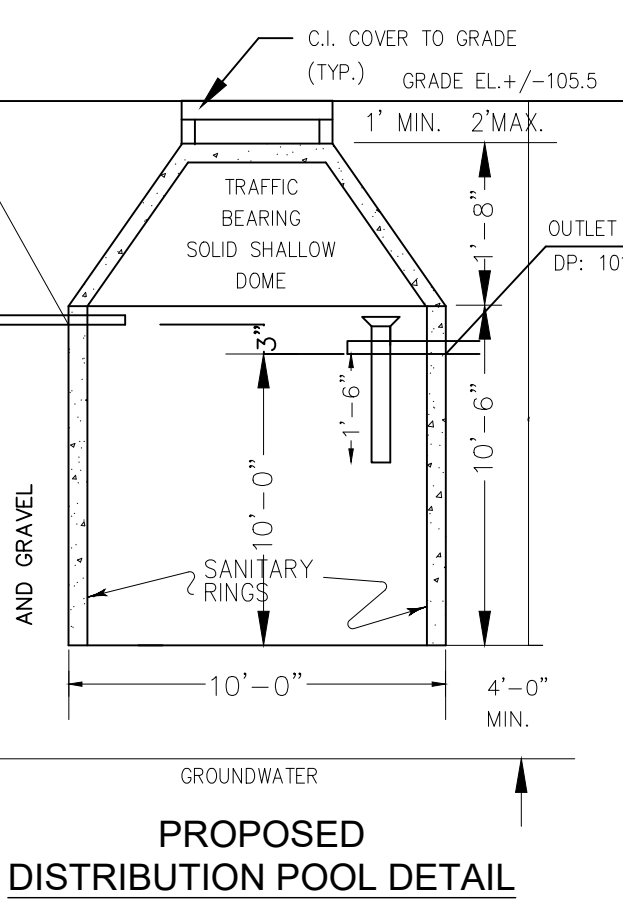
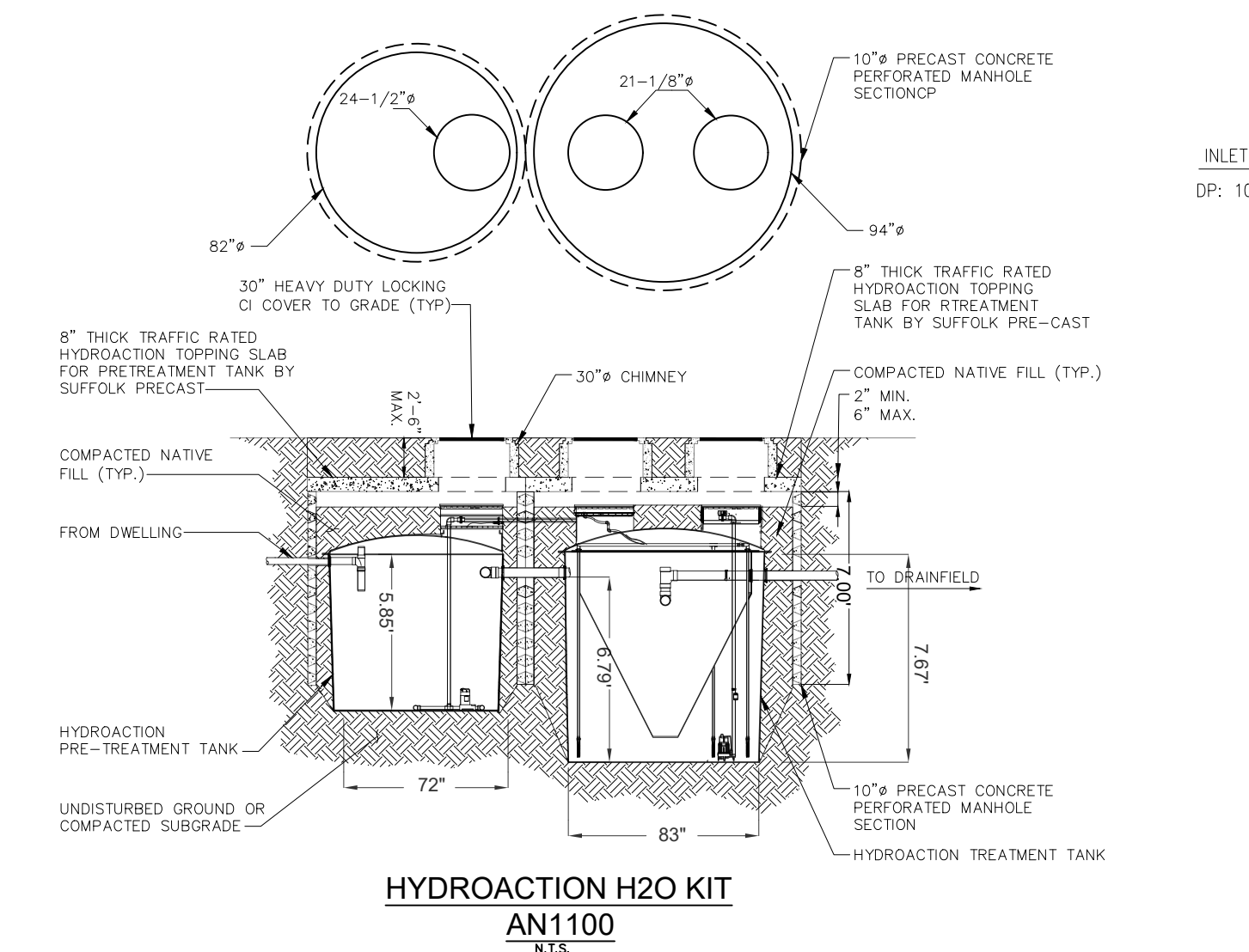
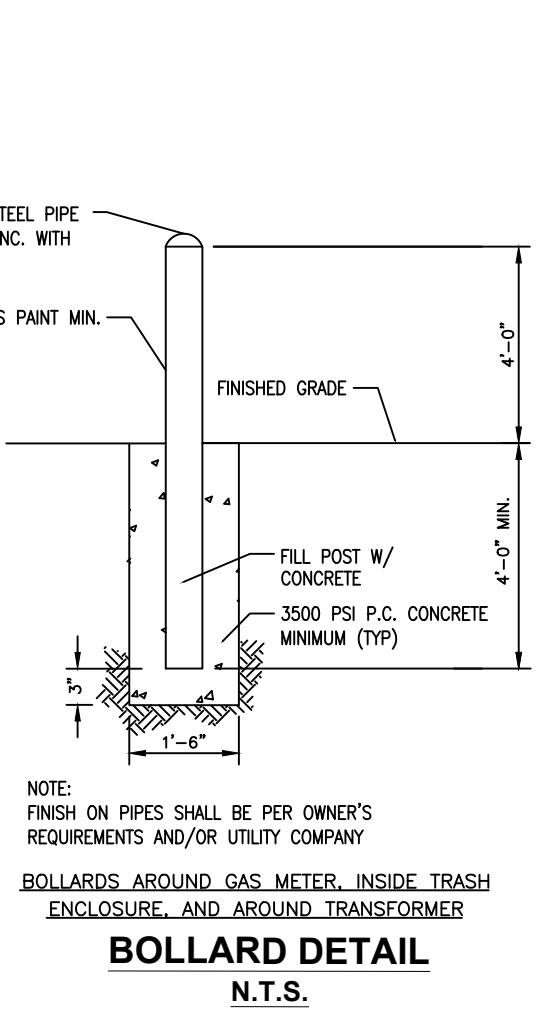
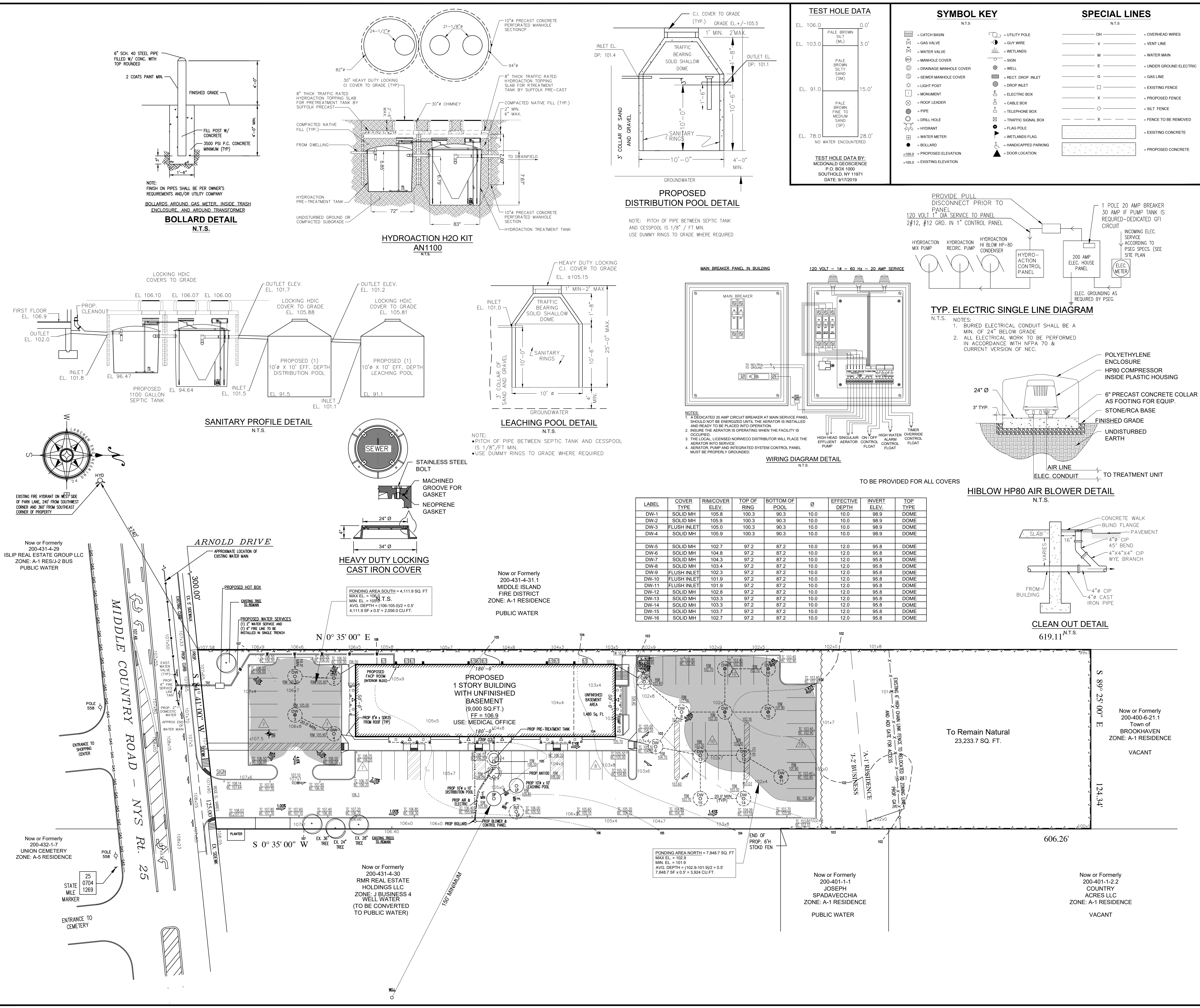
PROJECT TITLE

| NO. | DATE | REVISION |
|-----|------|----------|
|     |      |          |
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|     |      |          |

|             |               |
|-------------|---------------|
| PROJECT No. | 21-113        |
| DRAWN BY    | CTN           |
| CHECKED     | CL            |
| DATE        | January, 2022 |
| SCALE       | 1" = 30'      |

**AL-1**  
SHEET NO. 1 OF 8





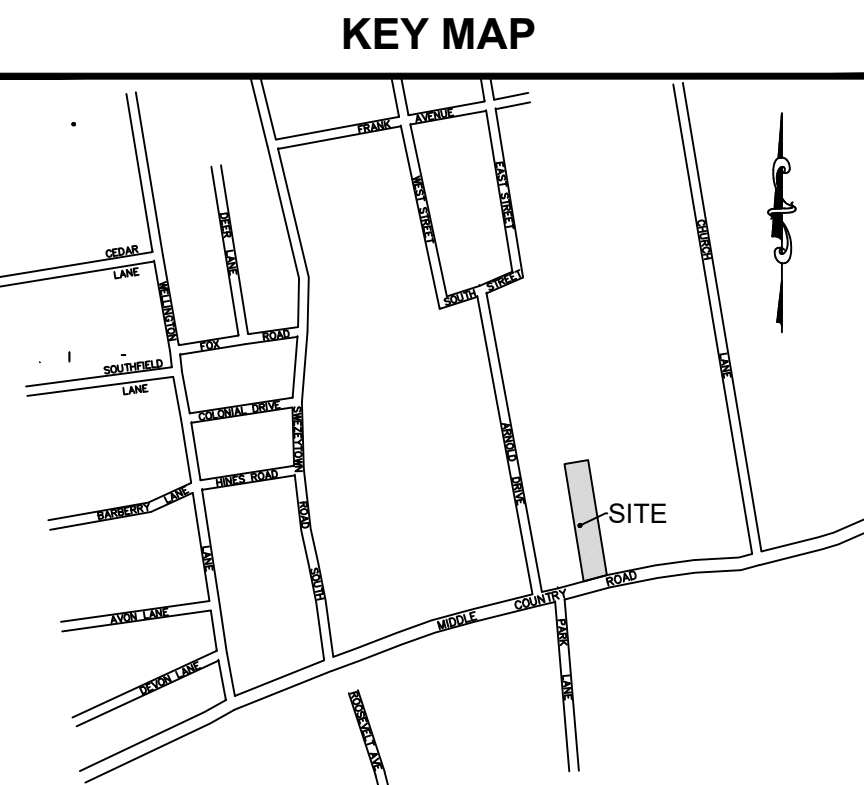
TEST HOLE DATA

|                      |       |
|----------------------|-------|
| EL. 106.0            | 0.0'  |
| EL. 103.0            | 3.0'  |
| EL. 91.0             | 15.0' |
| EL. 78.0             | 28.0' |
| NO WATER ENCOUNTERED |       |

TEST HOLE DATA BY:  
MCDONALD GEOSCIENCE  
P.O. BOX 1000  
SOUTHOLD, NY 11971  
DATE: 9/17/2019

- SYMBOL KEY
- CATCH BASIN
  - GAS VALVE
  - WATER VALVE
  - MANHOLE COVER
  - SEWER MANHOLE COVER
  - LIGHT POST
  - MONUMENT
  - ROOF LEADER
  - PIPE
  - DRILL HOLE
  - HYDRANT
  - WATER METER
  - BOLLARD
  - PROPOSED ELEVATION
  - EXISTING ELEVATION

- SPECIAL LINES
- UTILITY POLE
  - GUY WIRE
  - WETLANDS
  - SIGN
  - WELL
  - RECT. DROP INLET
  - ELECTRIC BOX
  - CABLE BOX
  - TELEPHONE BOX
  - TRAFFIC SIGNAL BOX
  - FLAG POLE
  - WETLANDS FLAG
  - HANDICAPPED PARKING
  - DOOR LOCATION
- OH - OVERHEAD WIRES  
V - VENT LINE  
W - WATER MAIN  
E - UNDER GROUND ELECTRIC  
G - GAS LINE  
X - EXISTING FENCE  
- PROPOSED FENCE  
O - EXISTING FENCE  
X - FENCE TO BE REMOVED  
- EXISTING CONCRETE  
- PROPOSED CONCRETE



SITE CRITERIA

|                        |                   |                 |
|------------------------|-------------------|-----------------|
| SITE DATA:             |                   |                 |
| SITE AREA              | 1.75 ACRES        | 76,181.2 SQ.FT. |
| EXISTING BUILDING AREA | 0                 | SQ.FT.          |
| PROPOSED BUILDING AREA | 9,000             | SQ.FT.          |
| TOTAL BUILDING G.F.A.  | 9,000             | SQ.FT.          |
| EXISTING F.A.R.        | 0                 | %               |
| PROP. F.A.R.           | 11.8              | %               |
| PROP. G.F.A.R.         | 11.8              | %               |
| PARKING REQUIRED       | 60                | STALLS          |
| PARKING PROVIDED       | 63                | STALLS          |
| ZONE                   | J-2 BUS / A-1 RES |                 |
| USE                    | MEDICAL OFFICES   |                 |

SANITARY CALCULATIONS:

POPULATION DENSITY EQUIVALENT:  
SUBJECT PARCEL IN GROUNDWATER MANAGEMENT ZONE III  
LOT AREA 1.75 AC. x 300 GPD/AC = 525 GPD ALLOWABLE  
UNFINISHED BASEMENT  
NO WELLS WITHIN 150' OF SUBJECT PARCEL, UNLESS NOTED OTHERWISE.

PROPOSED 1 STORY MEDICAL BUILDING:  
9,000 SQ.FT. MEDICAL x 0.1 GPD/SQ.FT. = 900 GPD  
TOTAL SANITARY FLOW:  
900 GPD REQUIRED < 1100 GPD PROVIDED.  
900 GPD - 525 GPD = 375 GPD OVER DENSITY  
375 GPD / 300 GPD/CREDIT = 1.25 PBC REQUIRED  
TOTAL ALLOWABLE WITH 1.25 PBC = 900 GPD  
900 GPD < 1050 GPD AT DOUBLE DENSITY

SANITARY SYSTEM DESIGN:  
SEPTIC TANK:  
SANITARY FLOW 900 GPD = 900 GPD  
PROPOSED (1) AN1100 = 1,100 GPD TREATMENT CAPACITY

LEACHING POOLS: 900.0 GPD REQUIRED  
900 GPD / 1.25 SPGRD / 31.4 = 191 LIN. FT. OF SIDEWALL REQ.  
PROVIDE (2) 10' x 10' DP LPs = 20 LIN. FT.  
DISTRIBUTION POOL - 10 x 31.4 x 1.5 = 471 SQ.FT. OF SIDEWALL REQ.  
LEACHING POOL - 10 x 31.4 x 1.5 = 471 SQ.FT. OF SIDEWALL REQ.  
2 x 10 x 31.4 x 1.5 = 942 SQ.FT.  
TOTAL SIDEWALL AREA PROVIDED 2 x 471 SF = 942 SQ.FT.

DRAINAGE CALCULATIONS:

DRAINAGE AREA SOUTH - 13,722.7 SQ.FT.  
DRYWELL STORAGE:  
PMTWALKS AREA (5,264.2 S.F.) x 25' = 1,316.1 CU.FT.  
LANDSCAPE (3,958.5 S.F.) x 25' x .15 RUN OFF = 148.4 CU.FT.  
ROOF AREA (4,500 S.F.) x 25' = 1,125.0 CU.FT.  
TOTAL REQUIRED VOLUME = 2,589.5 CU.FT.  
2,589.5 CU.FT. / 68.42 CU.FT./FT (10') = 37.87 LIN.FT. / 10' EFF. DEPTH = 4 DRYWELLS  
PROPOSED (4) 10' x 10' EFFECTIVE DEPTH = 40.0 LIN.FT. PROV.  
TOTAL VOLUME PROVIDED = 2,736.8 CU.FT.

PONDING STORAGE:  
PMTWALKS AREA (5,264.2 S.F.) x 17' = 897.4 CU.FT.  
LANDSCAPE (3,958.5 S.F.) x 17' x .15 RUN OFF = 99.0 CU.FT.  
ROOF AREA (4,500 S.F.) x 17' = 765.0 CU.FT.  
SURPLUS DW: 40 - 37.87 = 2.13 FT. x 68.42 CU.FT./FT = 145.7 CU.FT.  
DOME VOLUME (4) x 108.8 CU.FT./PER = 435.2 CU.FT.  
TOTAL REQUIRED VOLUME = 1,145.5 CU.FT.  
TOTAL PROVIDED VOLUME = 2,056.0 CU.FT.

DRAINAGE AREA NORTH - 36,015.7 SQ.FT.  
DRYWELL STORAGE:  
PMTWALKS AREA (27,049.2 S.F.) x 25' = 6,762.3 CU.FT.  
LANDSCAPE (4,466.5 S.F.) x 25' x .15 RUN OFF = 1,116.6 CU.FT.  
ROOF AREA (4,500 S.F.) x 25' = 1,125.0 CU.FT.  
TOTAL REQUIRED VOLUME = 9,003.9 CU.FT.  
9,003.9 CU.FT. / 68.42 CU.FT./FT (10') = 131.6 LIN.FT. / 12' EFF. DEPTH = 11 DRYWELLS  
PROPOSED (12) 10' x 10' EFFECTIVE DEPTH = 144 LIN.FT. PROV.  
TOTAL VOLUME PROVIDED = 9,852.5 CU.FT.

PONDING STORAGE:  
PMTWALKS AREA (27,049.2 S.F.) x 17' = 4,598.2 CU.FT.  
LANDSCAPE (4,466.5 S.F.) x 17' x .15 RUN OFF = 111.7 CU.FT.  
ROOF AREA (4,500 S.F.) x 17' = 765.0 CU.FT.  
SURPLUS DW: 144 - 131.6 = 12.4 FT. x 68.42 CU.FT./FT = 848.4 CU.FT.  
DOME VOLUME (12) x 108.7 CU.FT./PER = 1,304.4 CU.FT.  
TOTAL REQUIRED VOLUME = 3,217.7 CU.FT.  
TOTAL PROVIDED VOLUME = 3,924.3 CU.FT.

SCDHS REF No: C-22-

SURVEY PREPARED BY:  
THOMAS MATARAZZO LAND SURVEYOR  
235 SPRINGMEADOW DRIVE, HOLBROOK, NY 11741  
PHONE: (631) 472-0968 DATE: FEBRUARY 18, 2019

**LABCREW ENGINEERING, P.C.**  
SITE DESIGN/PLANNING/CIVIL ENGINEERING  
460 HAWKINS AVENUE  
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4K PROPERTY MANAGEMENT LLC  
217 MIDDLE COUNTRY ROAD  
MIDDLE ISLAND, NY 11953

**SANITARY PLAN**

SCDHS# 0200 - 400.00 - 06.00 - 021.001


| PROJECT | TITLE         |
|---------|---------------|
| NO.     | DATE          |
| 21-113  | CTN           |
| CHECKED | CL            |
| DATE    | January, 2022 |
| SCALE   | 1"= 30'       |

**SAN-1**

SHEET NO. 2 OF 8



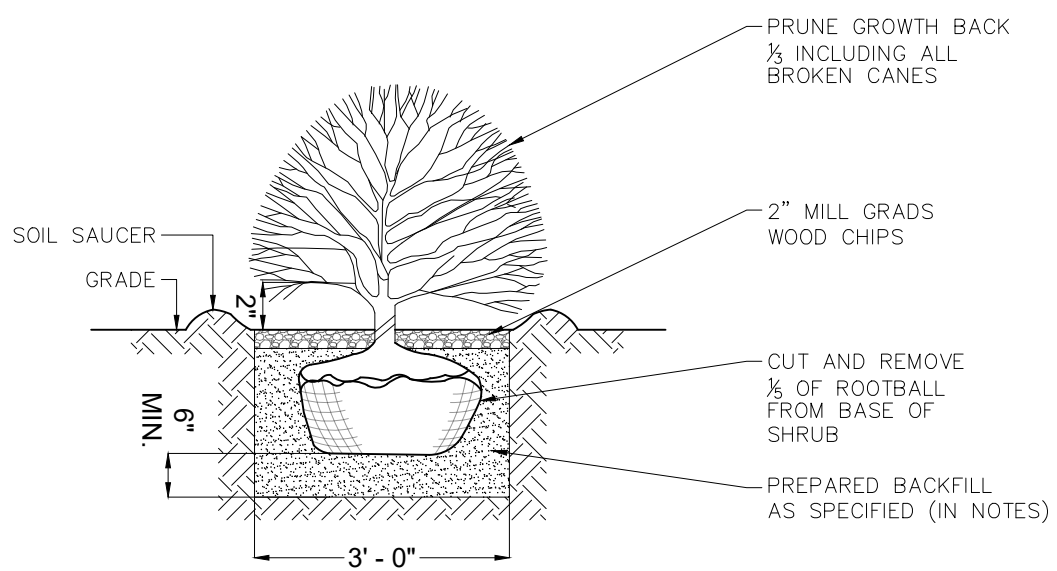
## SYMBOL LEGEND

- |   |                              |
|---|------------------------------|
|  | AHC HINO-CRIMSON AZALEA      |
|  | TOY YELLOW RIBBON ARBORVITAE |
|  | MV MAGNOLIA VIRGINIANA       |
|  | PR PITCH PINE                |
|  | HFS ST JOHNSWORT             |
|  | AR RED MAPLE                 |
|  | IO AMERICAN HOLLY            |
|  | JVE EMERALD SENTINEL JUNIPER |

LEGEND

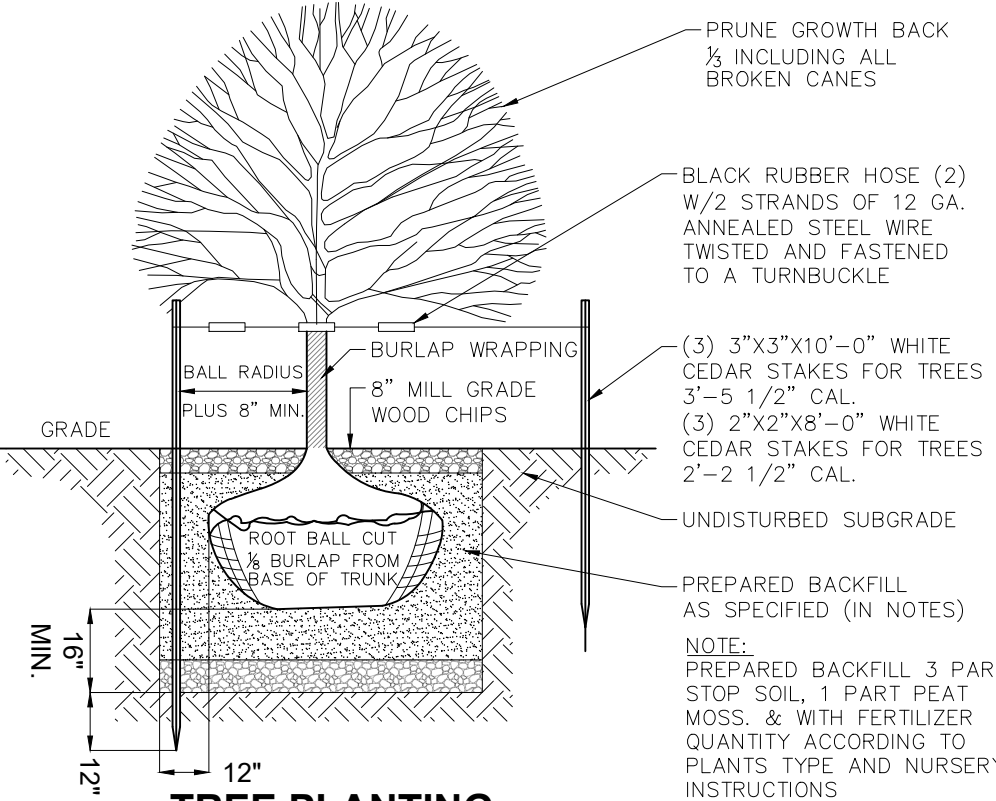
SPECIES ————— AHS

QUANTITY ————— 54



## SHRUB PLANTING

**N.T.S.**



## TREE PLANTING

N.T.S.

### TEST HOLE DATA

Diagram of a borehole log for BH-1. The log is a vertical rectangle divided into three horizontal sections. The left side of the rectangle has four elevation markers: 'EL. 106.0' at the top, 'EL. 103.0' at the boundary of the first section, 'EL. 91.0' at the boundary of the second section, and 'EL. 78.0' at the bottom. The right side of the rectangle has three depth markers: '0.0'' at the top, '3.0'' at the boundary of the first section, and '15.0'' at the boundary of the second section. The bottom of the rectangle is labeled 'NO WATER ENCOUNTERED'. The three sections are labeled as follows: the top section (0.0' to 3.0') is 'PALE BROWN SILT (ML)', the middle section (3.0' to 15.0') is 'PALE BROWN SILTY SAND (SM)', and the bottom section (15.0' to 28.0') is 'PALE BROWN FINE TO MEDIUM SAND (SP)'.

| Section | Soil Type                           | Soil Description | Top Elevation (EL.) | Bottom Elevation (EL.) | Depth (ft)     |
|---------|-------------------------------------|------------------|---------------------|------------------------|----------------|
| 1       | PALE BROWN SILT (ML)                |                  | 106.0               | 103.0                  | 0.0' to 3.0'   |
| 2       | PALE BROWN SILTY SAND (SM)          |                  | 103.0               | 91.0                   | 3.0' to 15.0'  |
| 3       | PALE BROWN FINE TO MEDIUM SAND (SP) |                  | 91.0                | 78.0                   | 15.0' to 28.0' |

NO WATER ENCOUNTERED

TEST HOLE DATA BY:  
MCDONALD GEOSCIENCE  
P.O. BOX 1000  
SOUTHOLD, NY 11971  
DATE: 9/17/2019

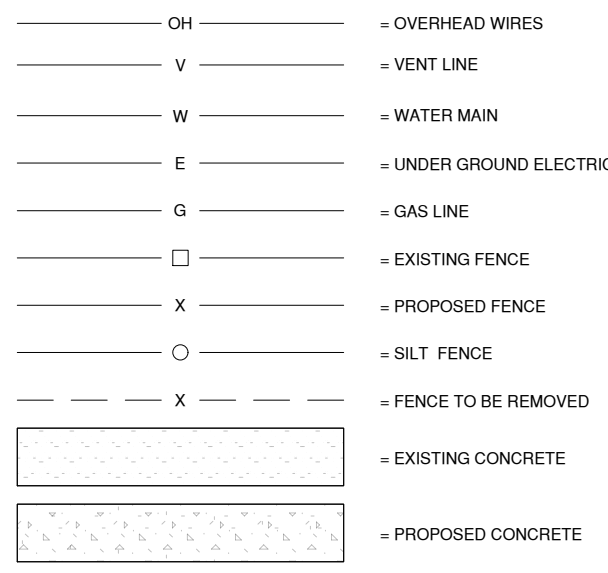
### SYMBOL KEY

N.T.S

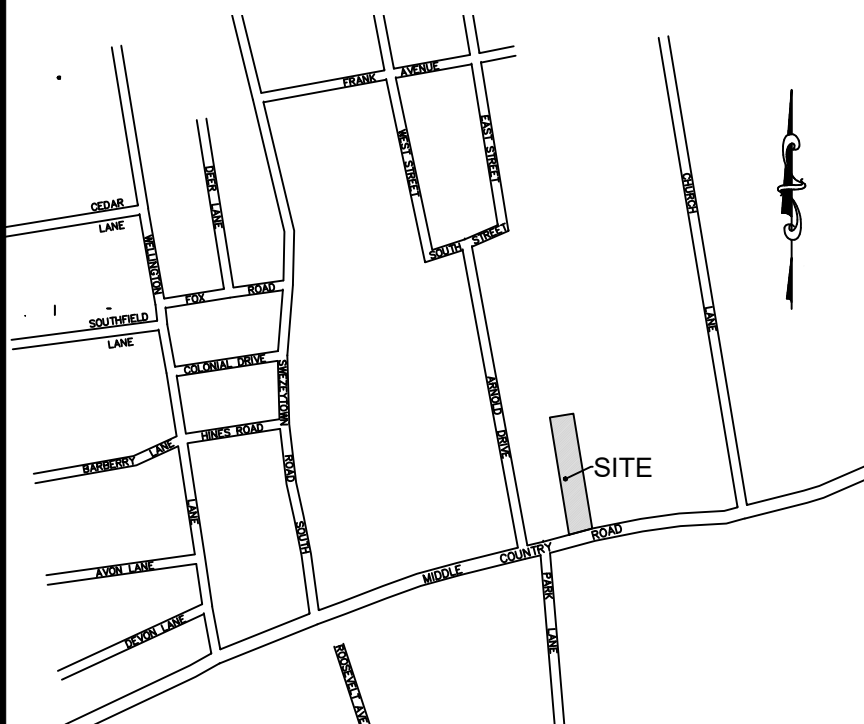


## SPECIAL LINES

N.T.S



## KEY MAP



## SITE CRITERIA

### SITE DATA:

|                        |            |                   |        |
|------------------------|------------|-------------------|--------|
| SITE AREA              | 1.75 ACRES | 76,181.2          | SQ.FT. |
| EXISTING BUILDING AREA |            | 0                 | SQ.FT. |
| PROPOSED BUILDING AREA |            | 9,000             | SQ.FT. |
| TOTAL BUILDING G.F.A.  |            | 9,000             | SQ.FT. |
| EXISTING F.A.R.        |            | 0                 | %      |
| PROP. F.A.R.           |            | 11.8              | %      |
| PROP. G.F.A.R.         |            | 11.8              | %      |
| PARKING REQUIRED       |            | 60                | STALLS |
| PARKING PROVIDED       |            | 63                | STALLS |
| ZONE                   |            | J-2 BUS / A-1 RES |        |
| USE                    |            | MEDICAL OFFICES   |        |

### REQUIRED LANDSCAPING:

|                                    | REQ.      | PROP.   |        |
|------------------------------------|-----------|---------|--------|
| NATURAL AREA TO REMAIN             | 15,236.34 | 19,970  | SQ.FT. |
| FRONT YARD NATURAL AREA/ LANDSCAPE | 7,618     | 2,908.8 | SQ.FT. |

### PLANT MATERIAL NOTES

1. ALL DECIDUOUS TREES TO BE SPECIMEN QUALITY, HAVE A SINGLE STEM AND STRAIGHT LEADER, WELL BRANCHED AND LIMBED UP. 6-7'
2. ALL EVERGREEN TREES TO BE SPECIMEN QUALITY, FULL AND DENSE AND BRANCHED TO THE GROUND.
3. ALL SHRUBS TO BE FULL AND DENSE WITH THE MIN. # OF CANES PER SIZE REQUESTED IN ACCORDANCE WITH THE LATEST EDITION OF THE AMERICAN STANDARD FOR NURSERY STOCK. SPACING SHALL BE AS SHOWN ON THE PLAN OR AS NOTED.

## LANDSCAPE NOTES

- [illegible]

## TABLE OF CONTENTS:

| SHEET #: |       | SHEET TITLE:      |
|----------|-------|-------------------|
| 1        | AL-1  | ALIGNMENT PLAN    |
| 2        | SAN-1 | SANITARY PLAN     |
| 3        | LAN-1 | LANDSCAPE PLAN    |
| 4        | LIG-1 | LIGHTING PLAN     |
| 5        | MRP-1 | MATERIALS REMOVAL |
| 6        | ECP-1 | EROSION CONTROL   |
| 7        | DET-1 | SITE DETAILS      |
| 8        | DOT-1 | N.Y.S. DOT PLAN   |

**SURVEY PREPARED BY:**  
THOMAS MATARAZZO LAND SURVEYOR  
235 SPRINGMEADOW DRIVE, HOLBROOK, NY 11741  
PHONE: (631) 472-0968 DATE: FEBRUARY 18, 2019

**LABCREW**  
**ENGINEERING, P.C.**

SITE DESIGN/PLANNERS/CIVIL ENGINEERING

460 HAWKINS AVENUE

1  
2  
3  
4



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**4K PROPERTY MANAGEMENT LLC**  
217 MIDDLE COUNTRY ROAD

## LANDSCAPING PLAN

SCTM#: 0200 - 400 00 - 06 00 - 021 001

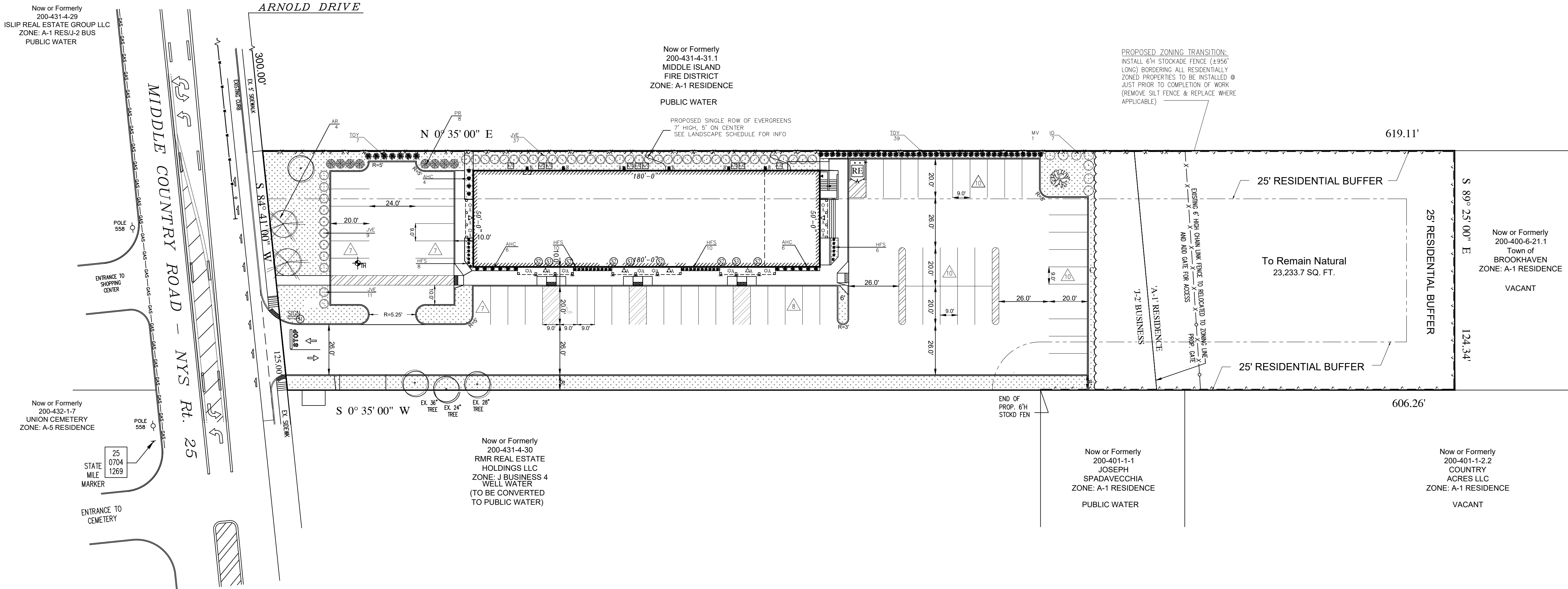
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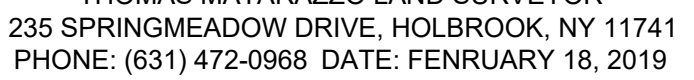
|             |               |
|-------------|---------------|
| PROJECT No. | 21-113        |
| DRAWN BY    | CTN           |
| CHECKED     | CL            |
| DATE        | January, 2022 |
| SCALE       | 1"= 30'       |

# LAN-1

SHEET NO. 3 OF 8











TEST HOLE DATA BY:  
MCDONALD GEOSCIENCE  
P.O. BOX 1000  
SOUTHOLD, NY 11971  
DATE: 9/17/2019

+100.0 = EXISTING ELEVATION

---



| SITE DATA:             |                   |          |         |
|------------------------|-------------------|----------|---------|
| SITE AREA              | 1.75 ACRES        | 76,181.2 | SQ.FT.  |
| EXISTING BUILDING AREA |                   | 0        | SQ. FT. |
| PROPOSED BUILDING AREA |                   | 9,000    | SQ. FT. |
| TOTAL BUILDING G.F.A.  |                   | 9,000    | SQ. FT. |
| EXISTING F.A.R.        |                   | 0        | %       |
| PROP. F.A.R.           |                   | 11.8     | %       |
| PROP. G.F.A.R.         |                   | 11.8     | %       |
| PARKING REQUIRED       |                   | 60       | STALLS  |
| PARKING PROVIDED       |                   | 63       | STALLS  |
| ZONE                   | J-2 BUS / A-1 RES |          |         |
| USE                    | MEDICAL OFFICES   |          |         |

CELL AREA:  $50' \times 50' = 2,500$  SQ. FT.  
AVERAGE DEPTH OF IRREGULAR CELLS:  
AREA OF CELL /  $2,500 \times$  AVERAGE CUT/FILL = AVERAGE DEPTH PER 2,500 SQ. FT.

**VOLUME OF FILL FOR SITE GRADING:**  
CELL AREA:  $25' \times 25' = 625$  SQ. FT.  
AVERAGE DEPTH OF IRREGULAR CELLS:  
AREA OF CELL (625)  $\times$  AVERAGE CUT/FILL = AVERAGE DEPTH PER 625 SQ. FT.

SUM OF DEPTH CUT/FILL  $\times$  625 SQ. FT. = TOTAL CU. FT.  
 $338.033$  CU. FT. /  $625$  CU. FT. =  $27.719$  YD. CU. FT.  
 $338.033$  CU. FT. /  $27.719$  YD. =  $27$  CU. FT. / CU. YD. =  $880.4$  CUBIC YARDS OF FILL REQD.

**VOLUME OF MATERIAL REMOVED FOR BUILDING:**  
 $8000$  SQ. FT. (BUILDING SLAB)  $\times$   $0.5$  FT. =  $4,000$  CU. FT.  
 $4460$  LIN. FT. (B.DG. FOUNDATION)  $\times$   $4.34$  SQ. YD. =  $1,936.4$  CU. FT.  
TOTAL CU. FT. =  $5,936.4$  CU. FT.  
 $5,936.4$  CU. FT. /  $27$  CU. FT. / CU. YD. =  $219.6$  CUBIC YARDS

**VOLUME OF MATERIAL REMOVED FOR PAVING AND SITE UTILITIES:**  
PAVEMENT  $30,096$  SQ. FT.  $\times$   $0.32$  FT. =  $27,688.3$  CU. FT.  
SIDEWALK  $2,43$  SQ. FT.  $\times$   $0.33$  FT. =  $731.3$  CU. FT.  
CONCRETE CURB  $1,379$  LIN. FT.  $\times$   $7.5$  SF. / FT. =  $10,343.5$  CU. FT.

NOTE: EXCESS MATERIAL TO BE REMOVED AND DISPOSED AT DEC APPROVED LOCATION.

NOTE: EXCESS MATERIAL TO BE REMOVED AND DISPOSED AT DEC APPROVED LOCATION.

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| PROJECT | TITLE |
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| PROJECT No. | 21-113        |
| DRAWN BY    | CTN           |
| CHECKED     | CL            |
| DATE        | January, 2022 |
| SCALE       | 1" = 30'      |

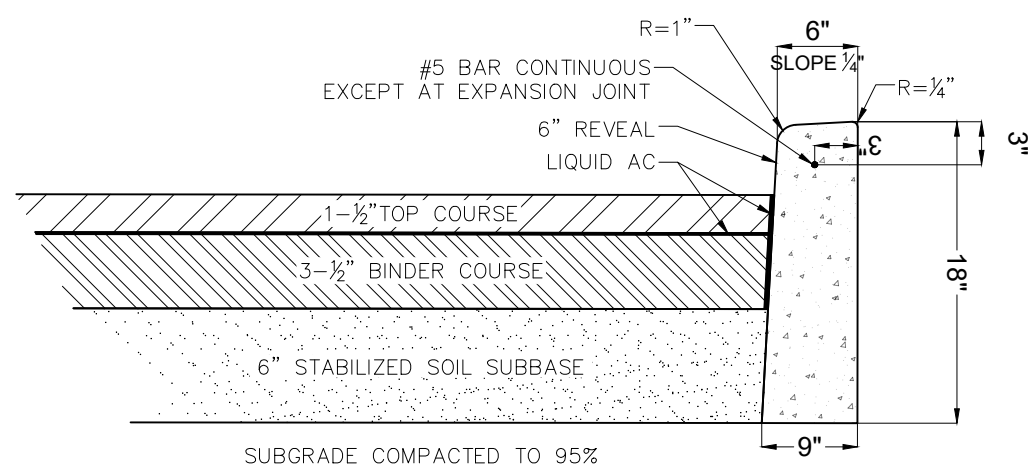
SHEET NO. 5 OF 8

**SURVEY PREPARED BY:**  
THOMAS MATARAZZO LAND SURVEYOR  
235 SPRINGMEADOW DRIVE, HOLBROOK, NY 11741  
PHONE: (631) 472-0968 DATE: FEBRUARY 18, 2019



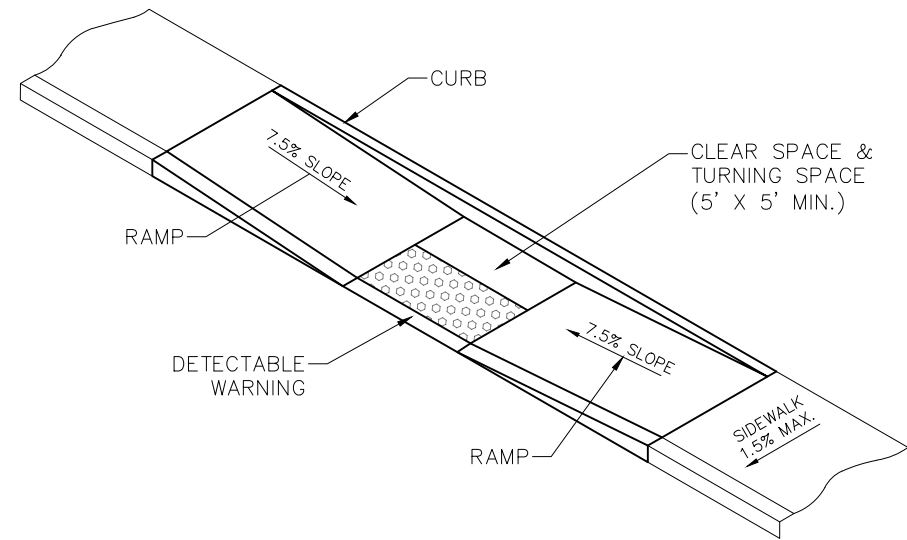






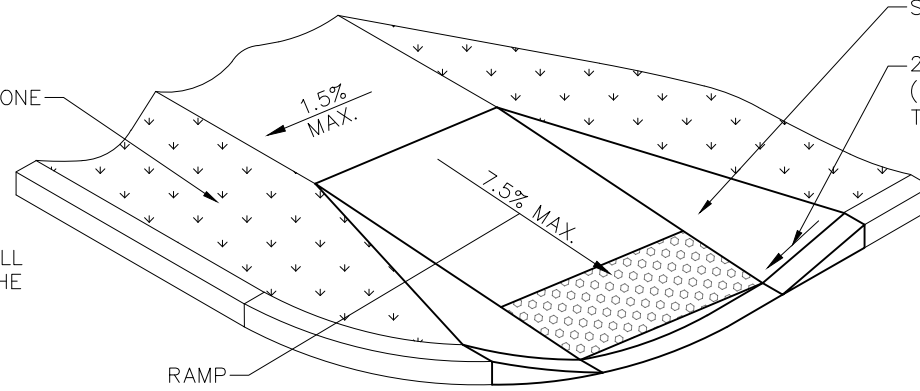
- NOTES:
1. CONCRETE SHALL HAVE A COMPRESSIVE STRENGTH OF 4000 PSI AT 28 DAYS
  2. CONCRETE SHALL BE A MONOLITHIC POUR, MUST USE FORMS FRONT AND REAR
  3. CONCRETE CURE 14 DAYS MIN. BEFORE PAVING MAY BEGIN
  4. EXPANSION JOINTS 5' MIN., 20' MAX.

ON-SITE CONC. CURB & PAVEMENT DETAIL  
N.T.S.



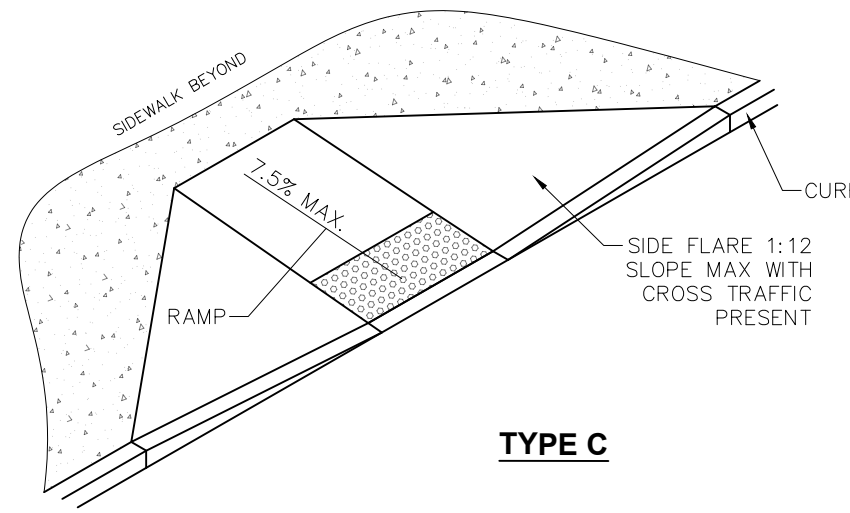
TYPE A

- NOTE:
1. THE MAXIMUM SLOPE OF A SIDEWALK CURB RAMP IN NEW CONSTRUCTION SHALL BE 1:12. IF SPACE LIMITATIONS ON EXISTING SITES PROHIBIT THE USE OF 1:12 THE FOLLOWING SLOPES AND RISES MAY BE USED:  
A) STEEPER THAN 1:12 (8.33%) BUT NO STEEPER THAN 1:10 (10%) 6" MAX. RISE, 5' MAX. RUN  
B) STEEPER THAN 1:10 (10%) BUT NO STEEPER THAN 1:8 (12.5%) 3" MAX. RISE, 2' MAX. RUN  
C) A SLOPE STEEPER THAN 1:8 (12.5%) IS NOT ALLOWED
  2. THE MIN. WIDTH OF A SIDEWALK CURB RAMP SHALL BE FIVE (5') FEET, EXCLUSIVE OF FLARED SIDES
  3. ALL SIDEWALK CURB RAMP SHALL HAVE FLUSH, SMOOTH TRANSITIONS TO THE ADJACENT STREET OR HIGHWAY SURFACE
  4. THE SURFACE OF ALL SIDEWALK CURB RAMP SHALL BE STABLE, FIRM, AND SLIP RESISTANT (E.G. A COARSE BROOM FINISH PERPENDICULAR TO THE RAMP SLOPE IS ACCEPTABLE ON CEMENT CONCRETE CURB RAMP)
  5. EXISTING CONCRETE SHALL BE SAWCUT FULL DEPTH, 6. HANDICAP RAMP SHALL CONFORM TO REGULATIONS SPECIFIED IN THE NEW YORK UNIFORM BUILDING CODE AND ANSI A-117.1, LATEST REVISION.

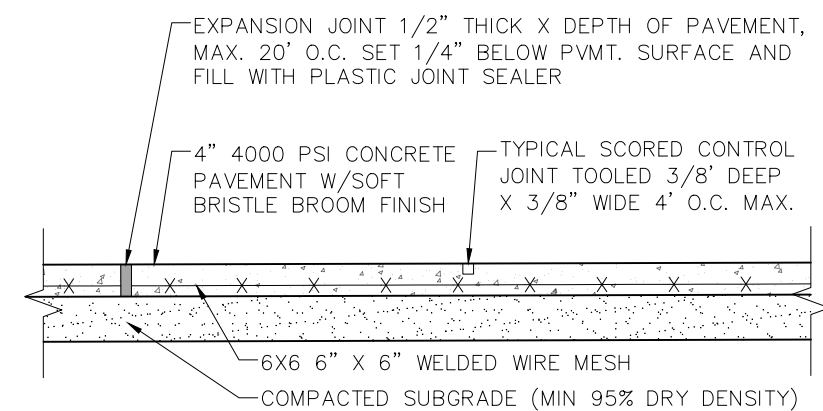


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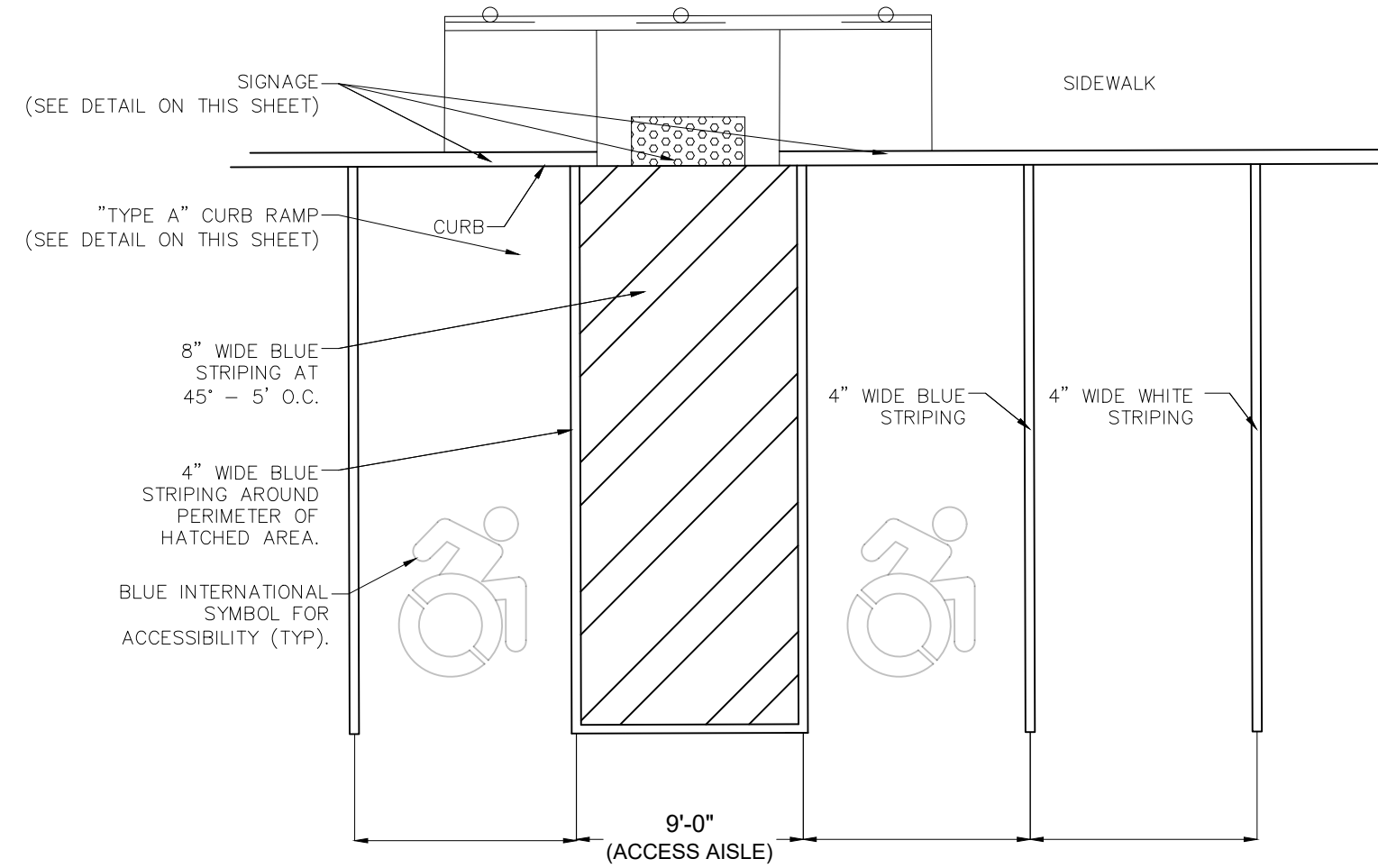
CURB RAMP DETAILS  
N.T.S.



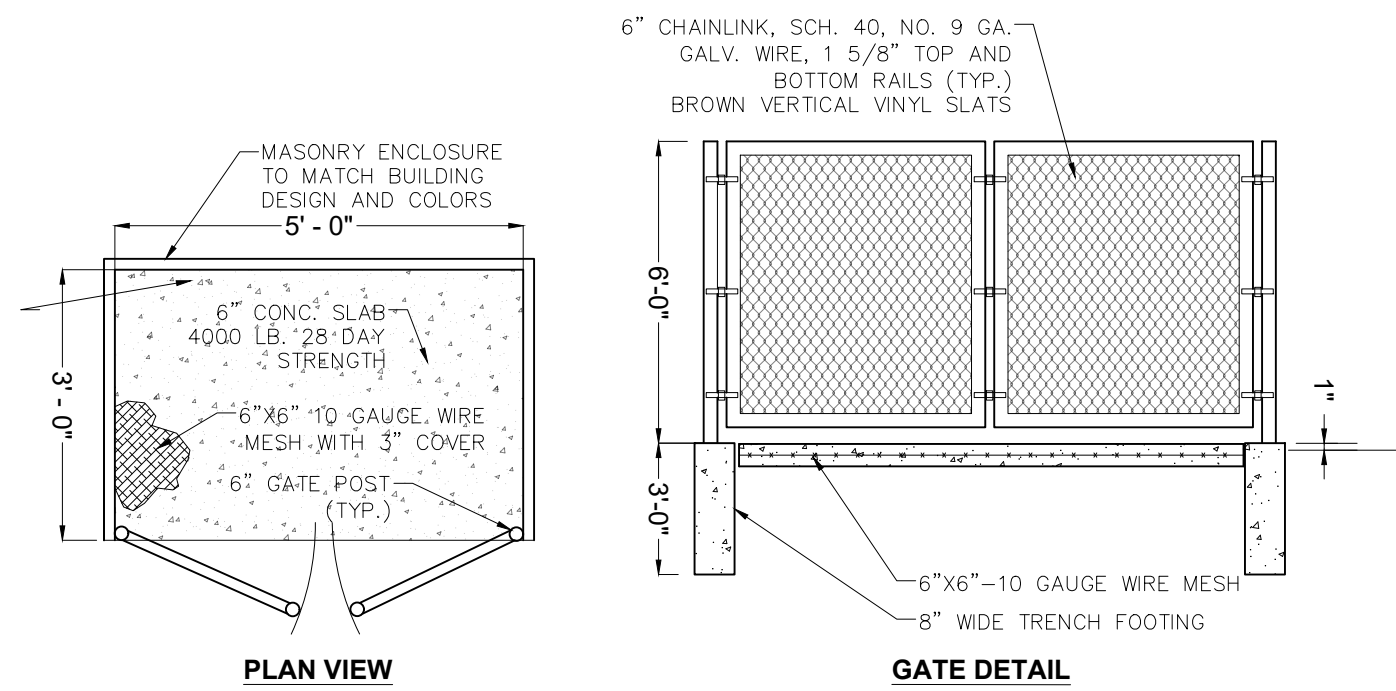
TYPE C



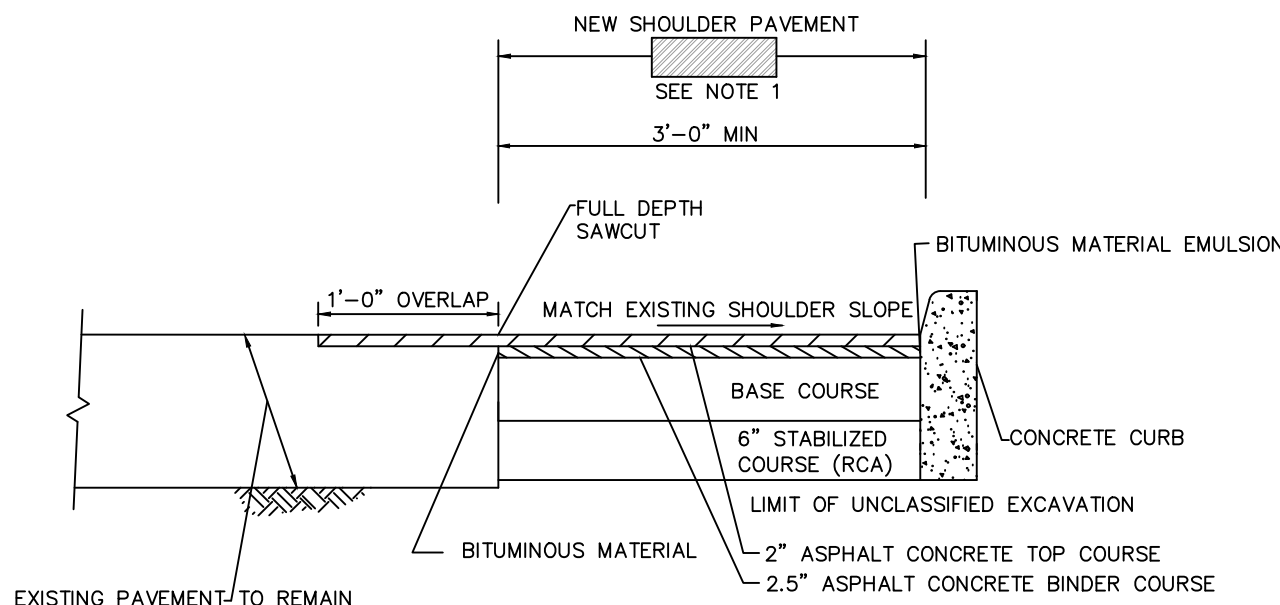
CONCRETE WALK DETAIL  
N.T.S.



STRIPING DETAIL  
N.T.S.

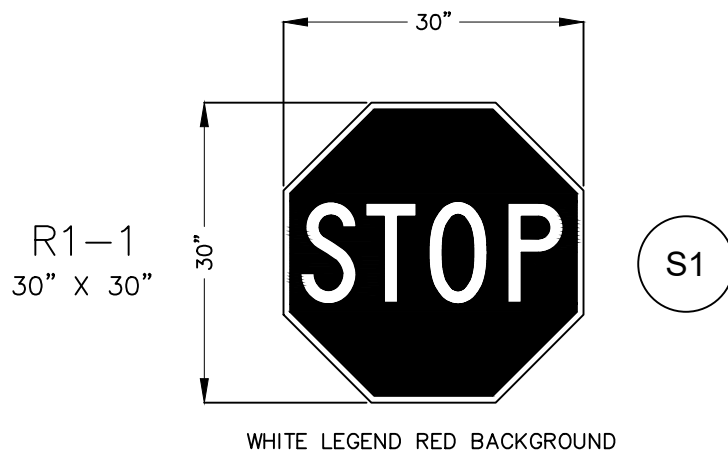


DUMPSTER ENCLOSURE DETAIL  
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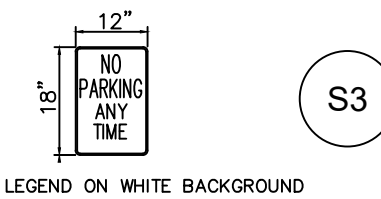


OFF SITE ASPHALT RESTORATION DETAIL  
N.T.S.

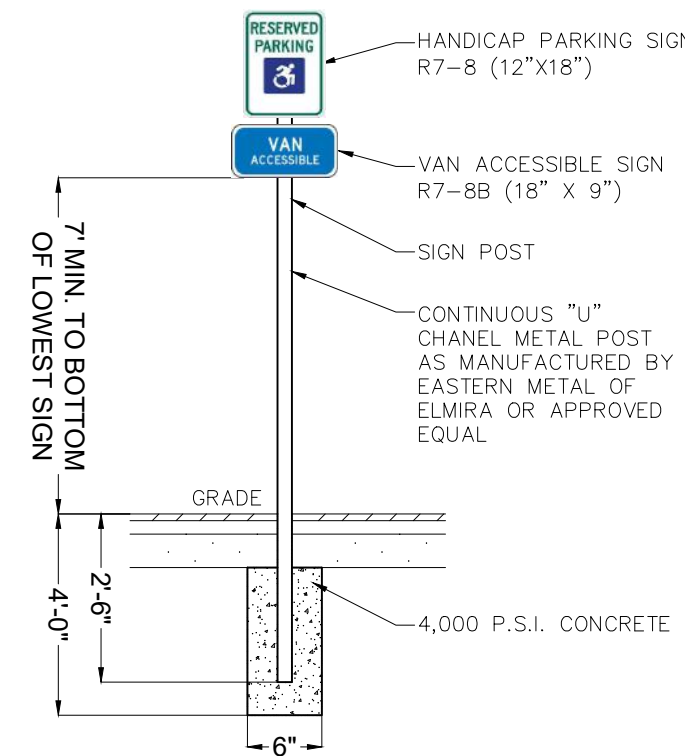
- NOTES:
1. SEE PLAN FOR LIMITS OF PAVEMENT CONSTRUCTION.
  2. SEE PLAN FOR LIMITS OF NEW CONCRETE CURB. A FULL DEPTH TACK COAT SHALL BE PLACED ALONG THE FACE OF NEW CURB ADJACENT TO NEW ASPHALT PAVEMENT
  3. TACK COAT REQUIRED BETWEEN ALL LIFTS REGARDLESS WHEN PLACED.



STOP SIGN  
NTS



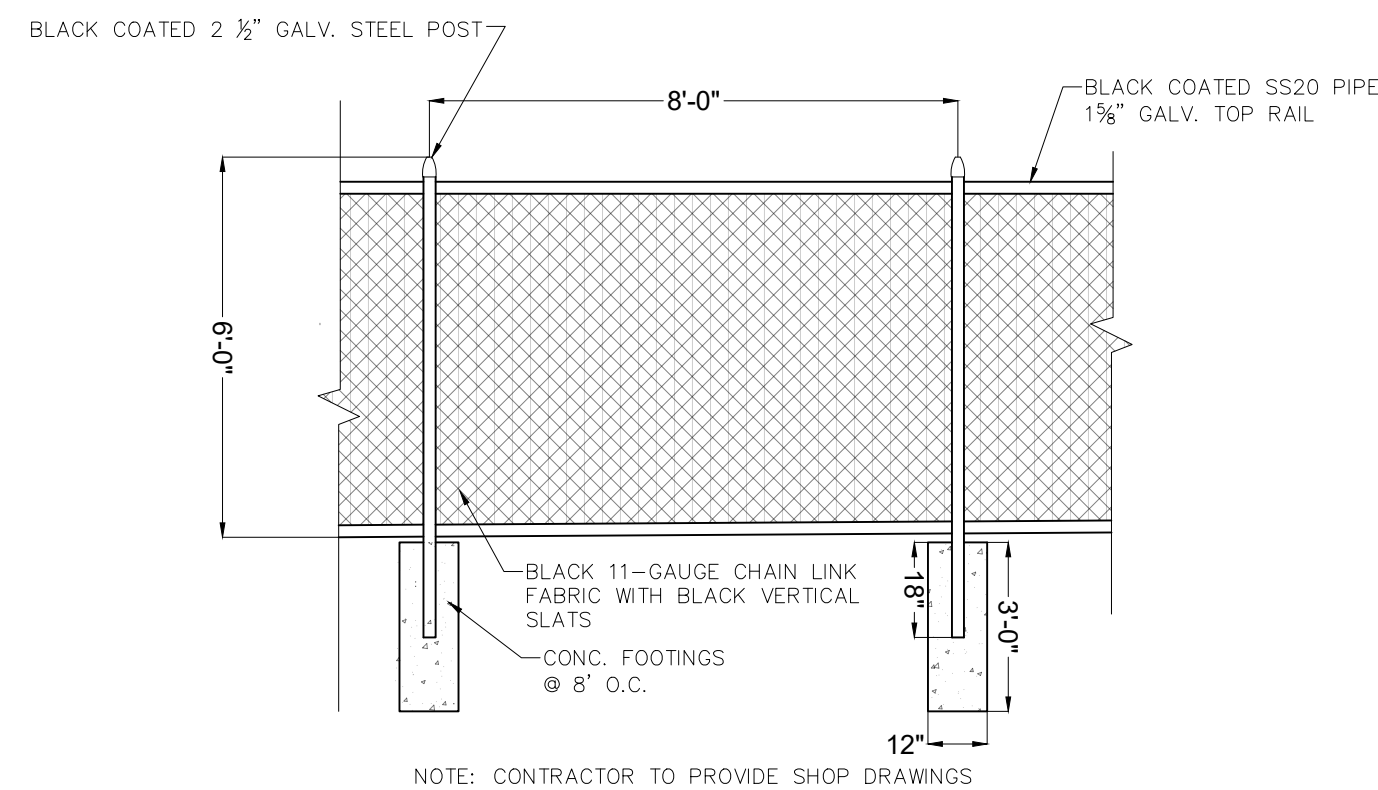
NO PARKING ANY TIME SIGN  
NTS



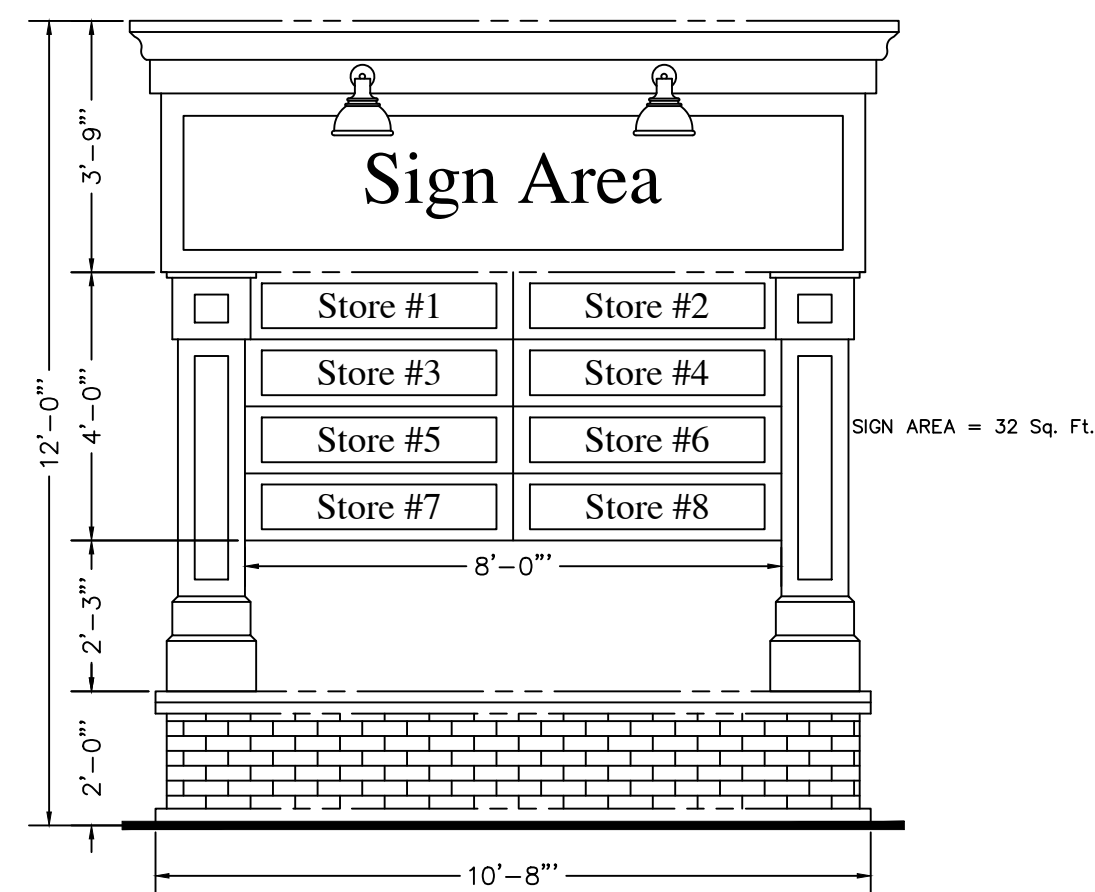
SIGNAGE DETAIL  
N.T.S.

| LABEL | SIGN TYPE   | WORDAGE                          |
|-------|-------------|----------------------------------|
| S1    | R1-1        | STOP SIGN                        |
| S2    | R7-8, R7-8B | HANDICAP PARKING, VAN ACCESSIBLE |
| S3    | R7-1        | NO PARKING ANYTIME               |

SEE SHEET AL-1 FOR LOCATIONS

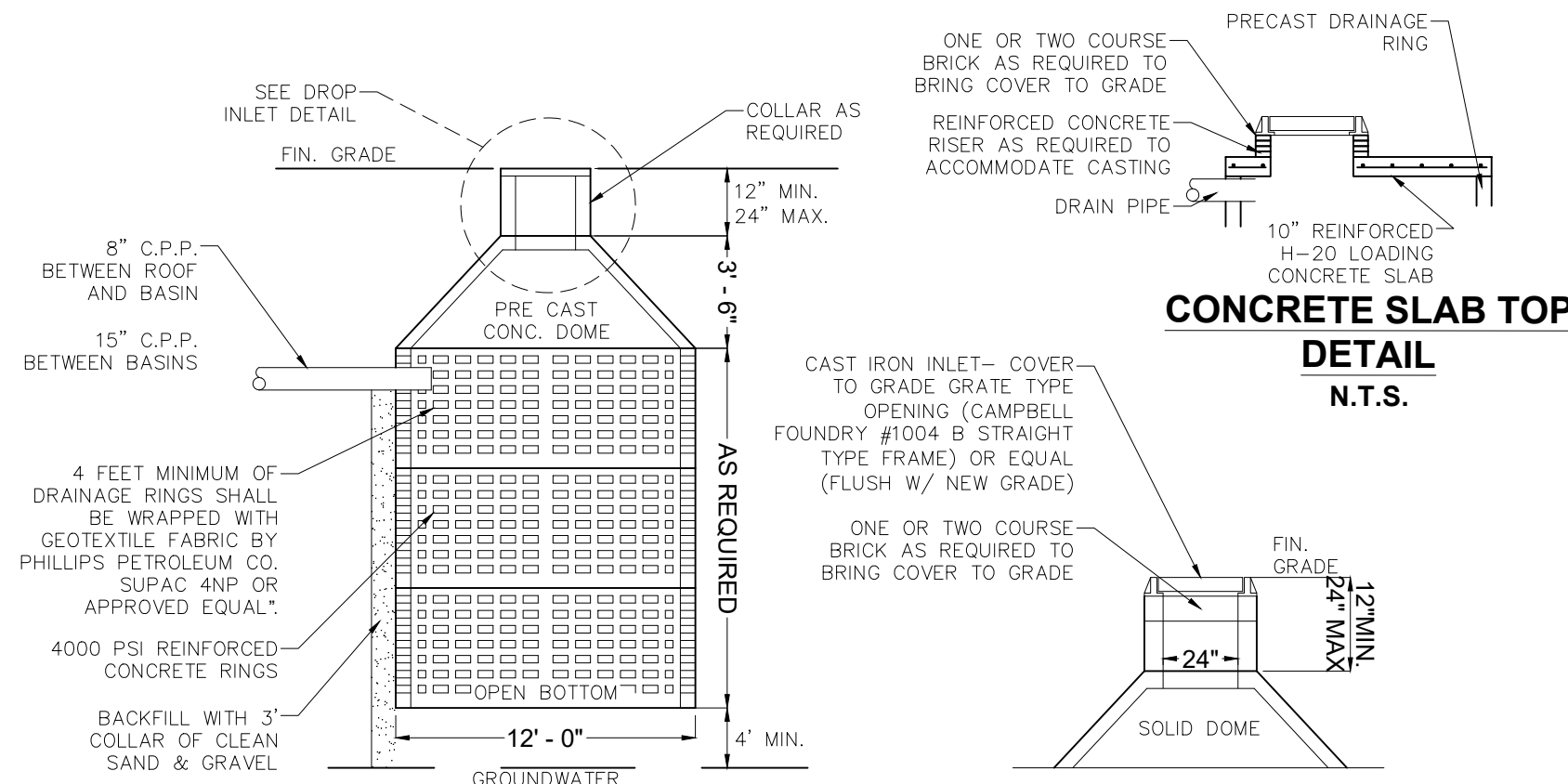


FENCE DETAIL  
N.T.S.



GROUND SIGN  
NTS

SEE SHEET AL-1 FOR LOCATION



STORM POOL DETAIL  
N.T.S.

DROP INLET DETAIL  
N.T.S.

- NOTES:
1. MAINTAIN 20" SETBACK FROM SANITARY LEACHING POOL.
  2. MAINTAIN 10" SETBACK FROM SANITARY SEWER PIPE.
  3. MAINTAIN SCDPW SETBACK REQUIREMENTS FROM ALL UTILITIES.
  4. MAINTAIN 10" SETBACK FROM BUILDING FOUNDATION.
  5. SANITARY RINGS MAY NOT BE USED.
  6. ALL CONCRETE STRUCTURES MUST MEET ACI CODE AND SPECIFICATIONS.
  7. MINIMUM 28 DAY COMPRESSIVE STRENGTH OF 4000 PSI CONCRETE PRIOR TO INSTALLATION.
  8. ALL STRUCTURES MUST BE MANUFACTURED AT AN ACI CERTIFIED PLANT. A COPY OF CERTIFICATION MUST BE ON FILE WITH THE TOWN.



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4K PROPERTY MANAGEMENT LLC  
217 MIDDLE COUNTRY ROAD  
MIDDLE ISLAND, NY 11953

SITE DETAILS

SCTM#: 02000 - 400.00 - 06.00 - 021.001

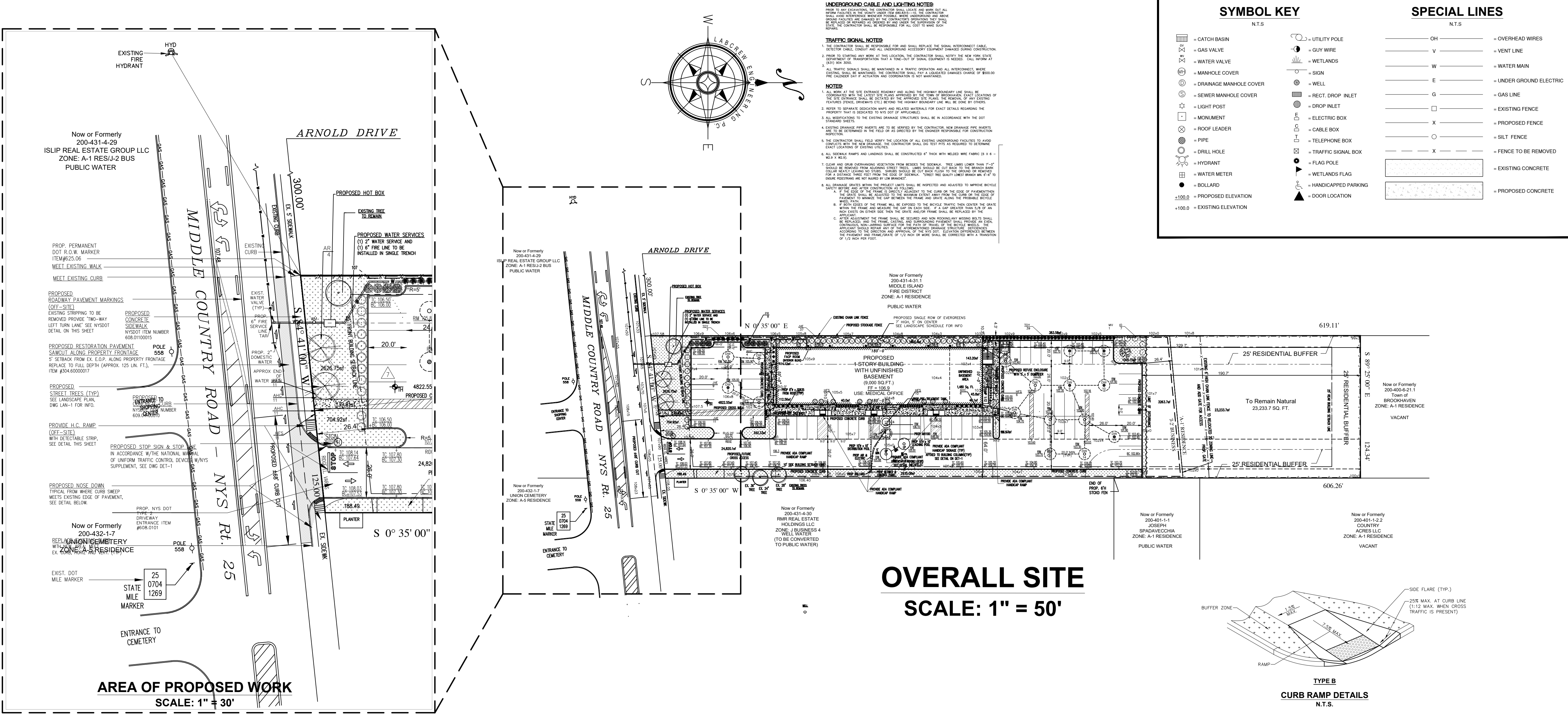
PROJECT TITLE

| NO. | DATE | REVISION |
|-----|------|----------|
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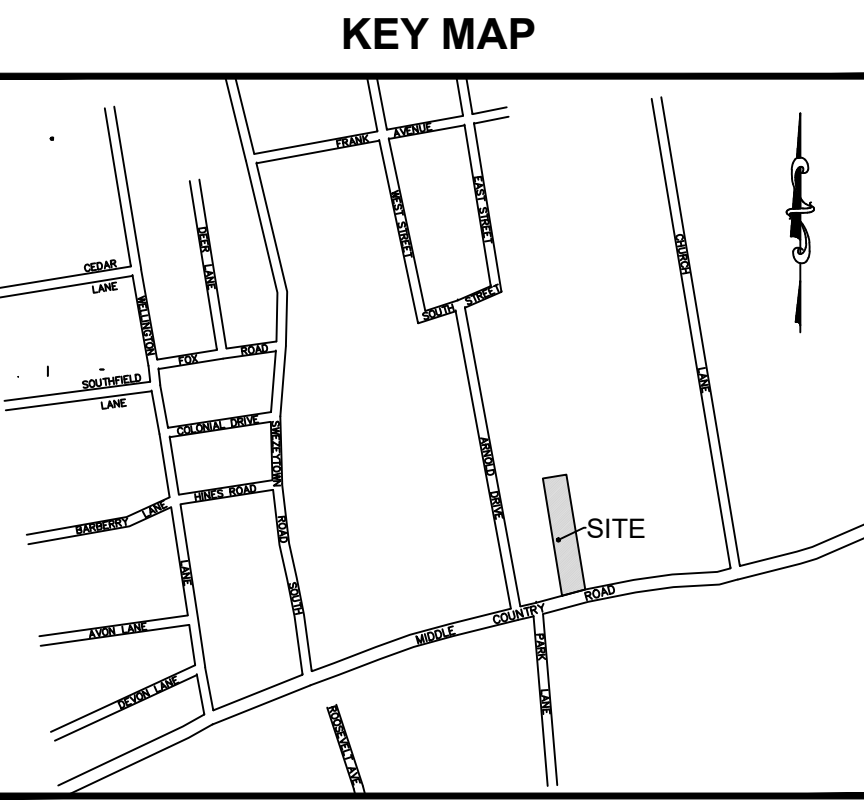
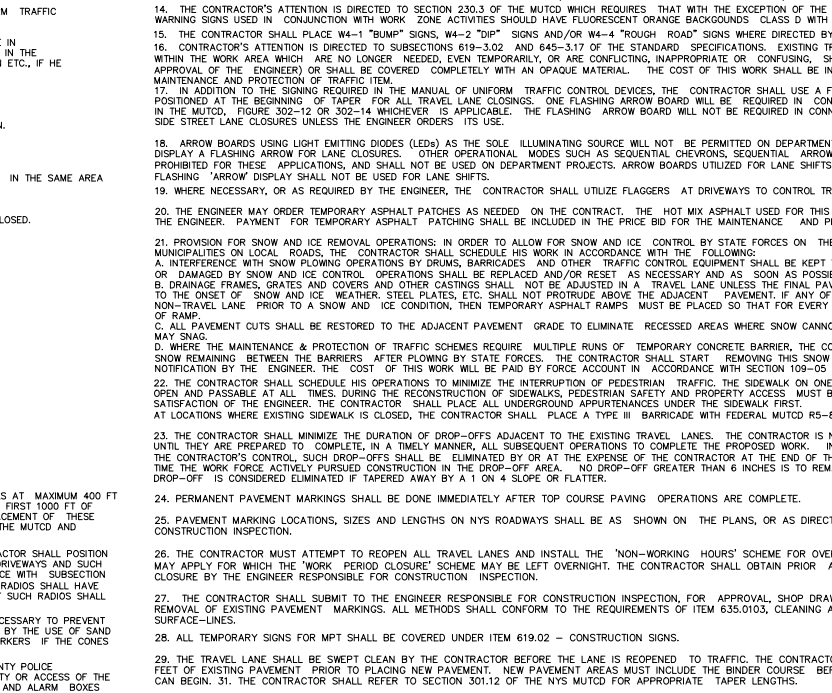
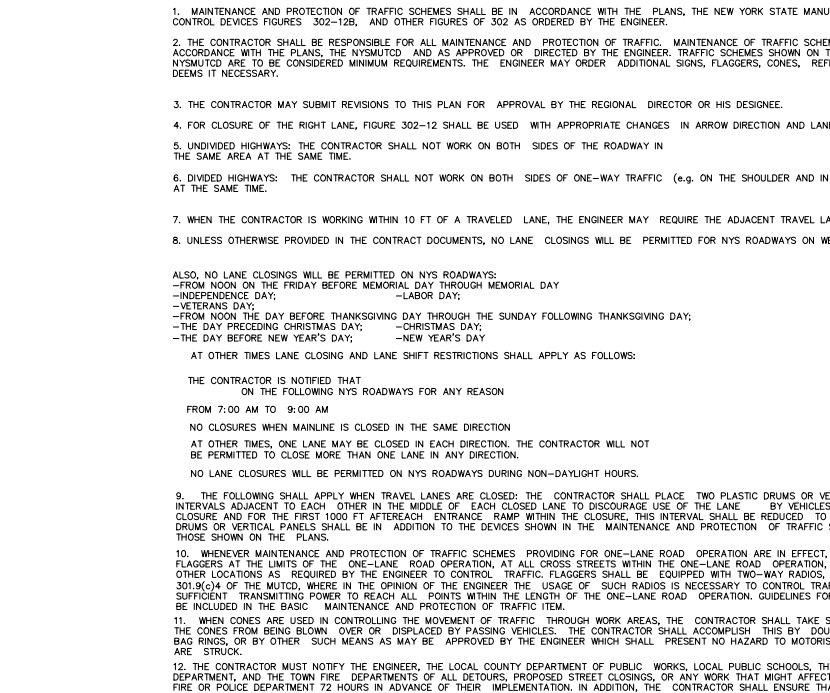
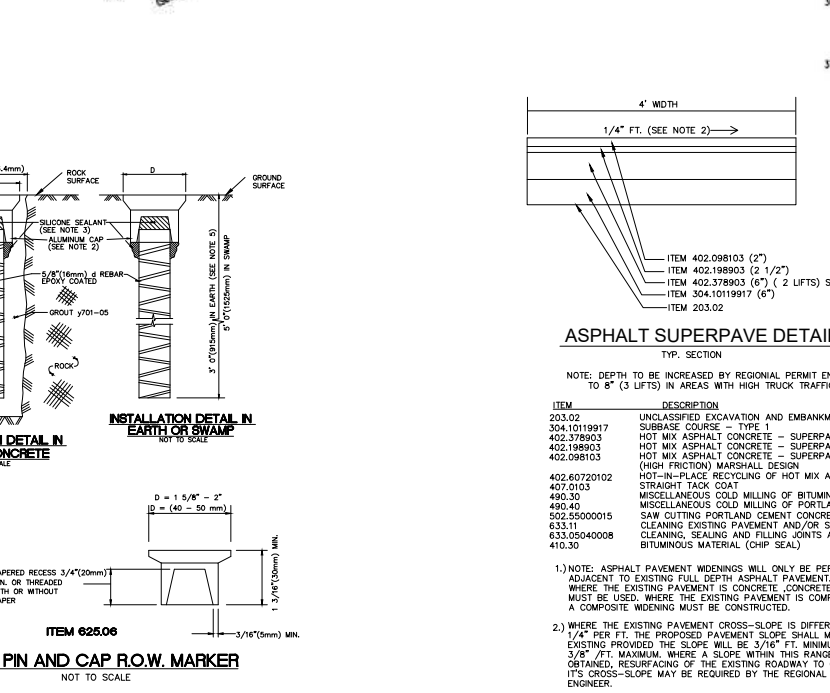
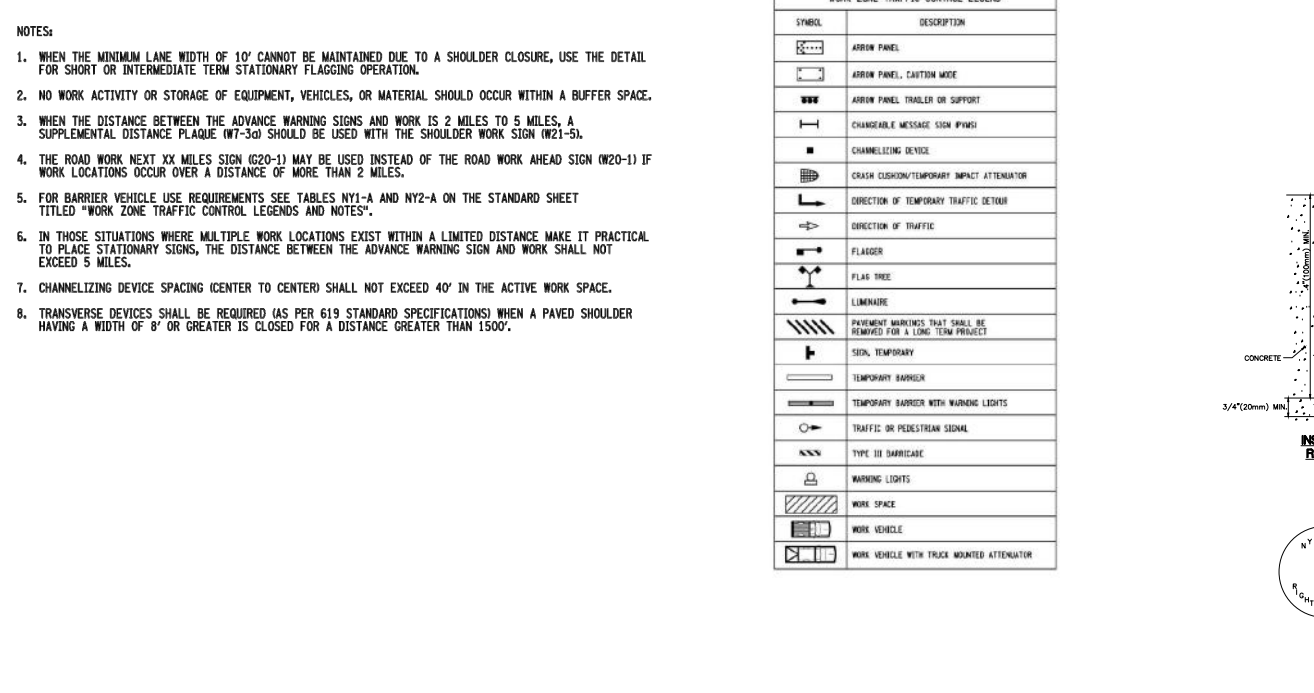
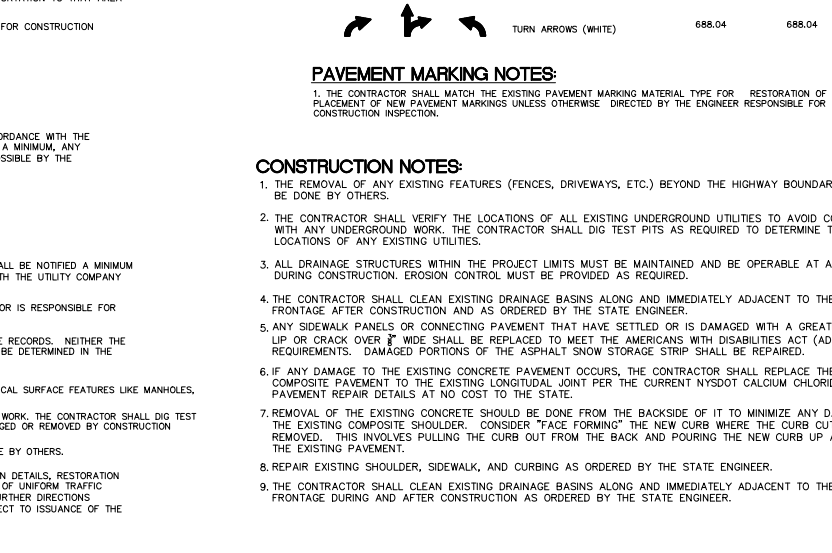
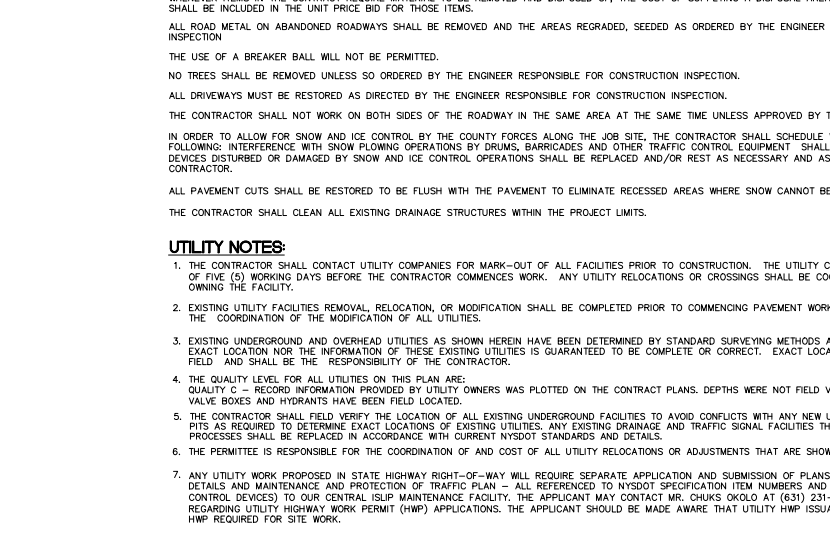
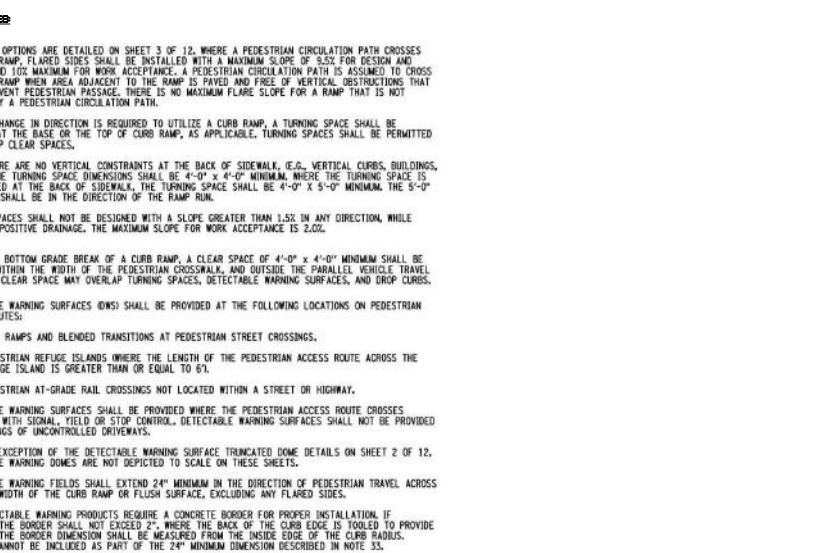
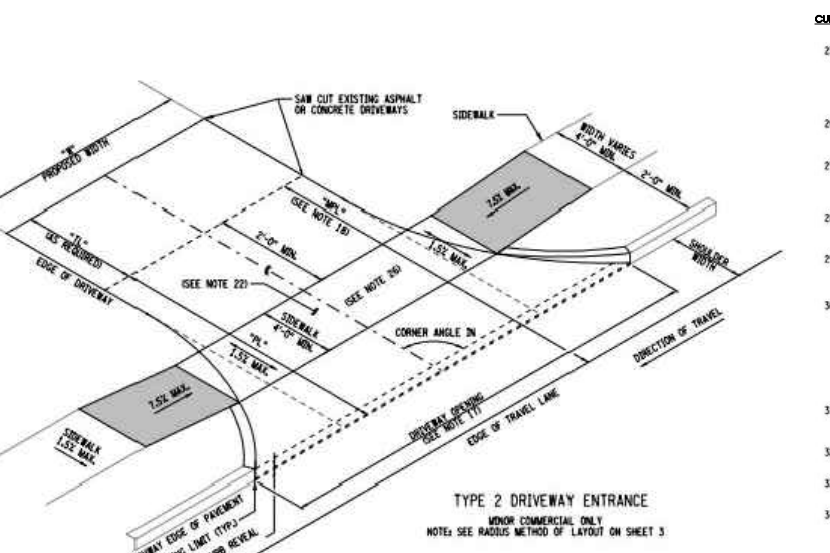
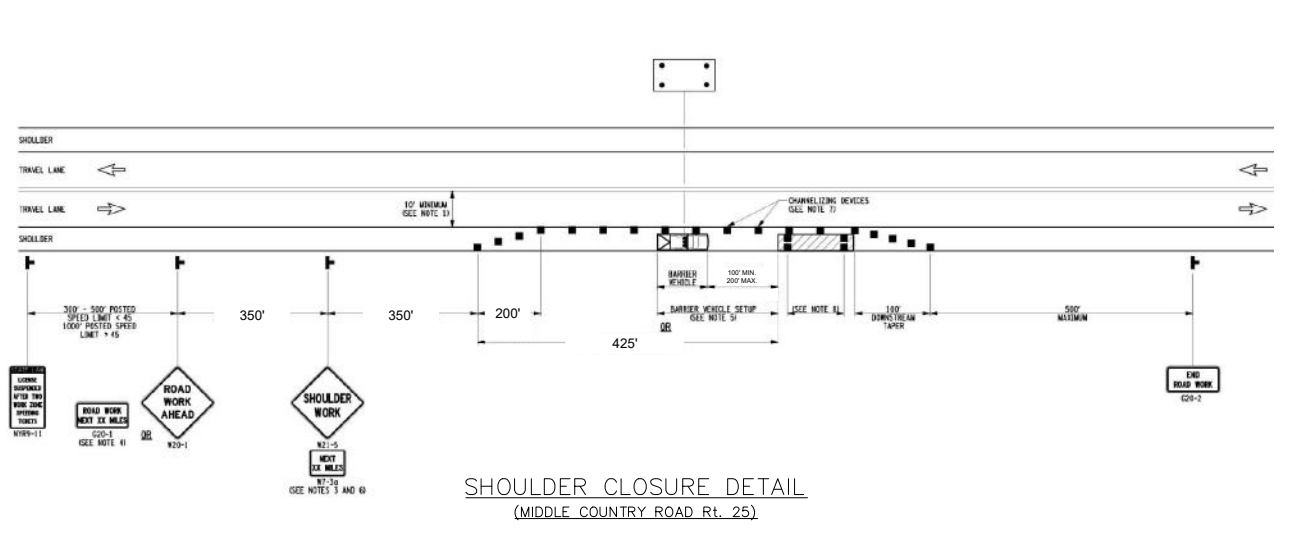
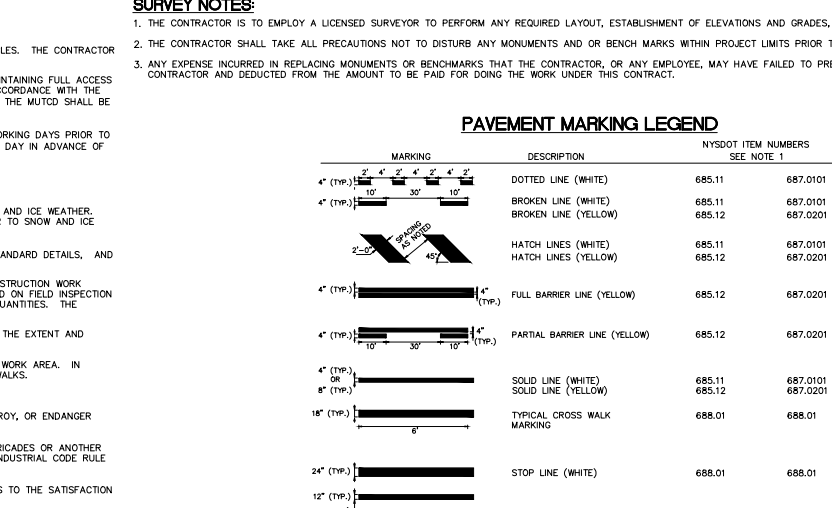
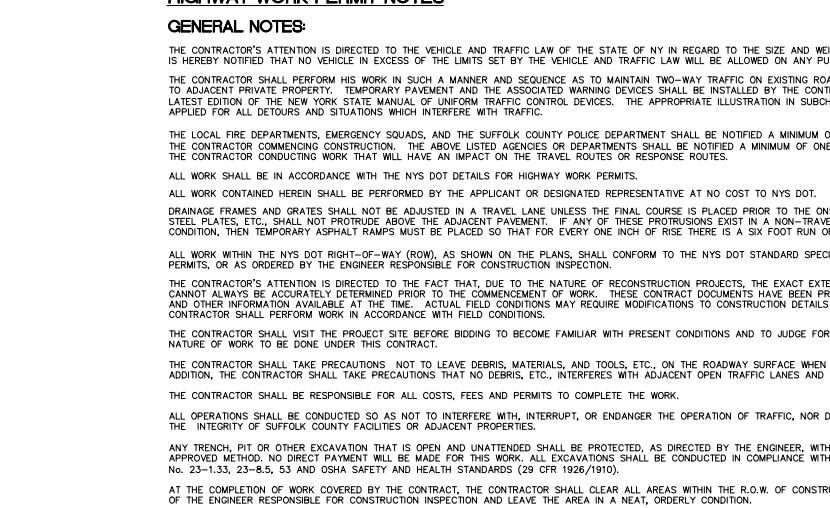
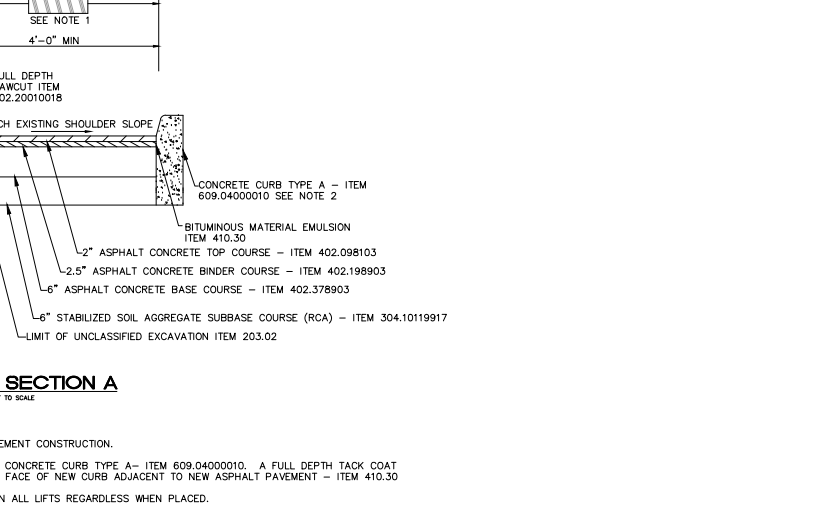
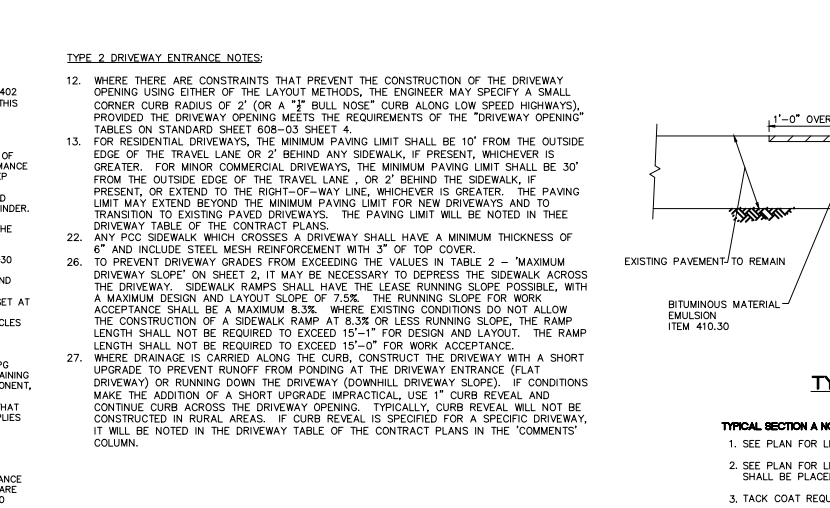
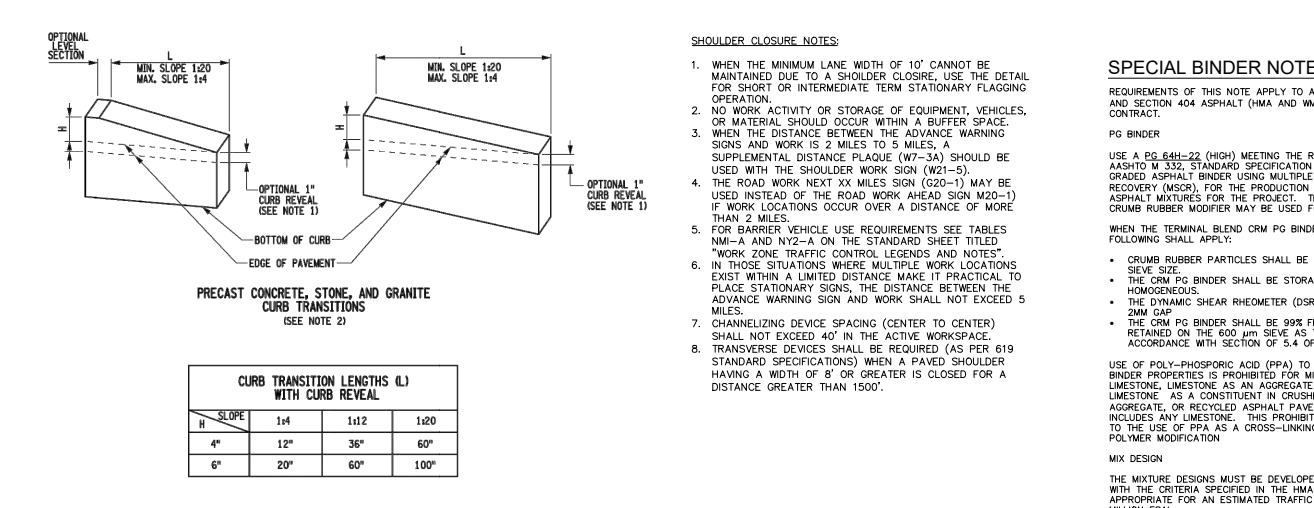
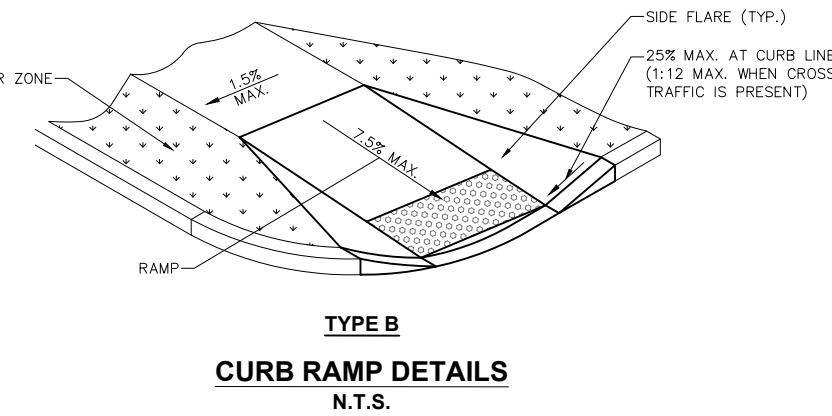
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|-------------|---------------|
| PROJECT No. | 21-113        |
| DRAWN BY    | CTN           |
| CHECKED     | CL            |
| DATE        | January, 2022 |
| SCALE       | N.T.S.        |

DET-1





OVERALL SITE  
SCALE: 1" = 50'



SITE CRITERIA table with columns for SITE AREA, EXISTING BUILDING AREA, PROPOSED BUILDING AREA, TOTAL BUILDING G.F.A., EXISTING F.A.R., PROP. F.A.R., PROP. G.F.A.R., PARKING REQUIRED, PARKING PROVIDED, ZONE, and USE.

LABCREW ENGINEERING, P.C. SITE DESIGN/PLANNING/CIVIL ENGINEERING 460 HAWKINS AVENUE RONKONKOMA, NEW YORK 11779 TELEPHONE: (631) 676-4881 LABCREW@GOTONLINE.NET

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PROJECT TITLE table with columns for PROJECT, TITLE, NO., DATE, and REVISION.

PROJECT No. 21-113  
DRAWN BY CTN  
CHECKED CL  
DATE January, 2022  
SCALE AS NOTED

SURVEY PREPARED BY: THOMAS MATARAZO LAND SURVEYOR 235 SPRINGMEADOW DRIVE, HOLBROOK, NY 11741 PHONE: (631) 472-0968 DATE: FEBRUARY 18, 2019

LABCREW ENGINEERING, P.C. SITE DESIGN/PLANNING/CIVIL ENGINEERING 460 HAWKINS AVENUE RONKONKOMA, NEW YORK 11779 TELEPHONE: (631) 676-4881 LABCREW@GOTONLINE.NET

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NYS DEPARTMENT OF TRANSPORTATION PLAN

SCITM#: 0200 - 400.00 - 06.00 - 021.001

PROJECT TITLE

NO. DATE REVISION

PROJECT No. 21-113  
DRAWN BY CTN  
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SCALE AS NOTED

SURVEY PREPARED BY: THOMAS MATARAZO LAND SURVEYOR 235 SPRINGMEADOW DRIVE, HOLBROOK, NY 11741 PHONE: (631) 472-0968 DATE: FEBRUARY 18, 2019

SHEET NO. 8 OF 8