



# 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

---

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

One Independence Hill, Farmingville, NY 11738

## Land Use Application

Form PL-01 rev E 6/2/15

Page 1 of 9

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



Town of  
**Brookhaven**  
Long Island, New York

## Land Use Application

Form PL-01 rev E 6/2/15

Page 2 of 9

**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	2101

Name of Application: **4K PROPERTY MANAGEMENT LLC**

Located at #: **217**, on the  N  E  S  W side of: **MIDDLE COUNTRY ROAD**

Distance: **300.00'**, on  N  E  S  W of: **ARNOLD DRIVE**

Hamlet **MIDDLE ISLAND**

Post Office: **MIDDLE ISLAND- 11953**

Ambulance District: **MIFD**

School District: **LONGWOOD CENTRAL**

Fire District: **MIFD**

\*Total Proposed S.F. of Building(s) **9000**

Property Size (Acres): **1.**

OR Square Feet: **76,181.2**

Disturbed Property Size (Acres): **1**

OR Square Feet: **53,078**

Present Zoning/Use of Site **J-2 BUS/A-1 RES**

Proposed Zoning/Use of Site **MEDICAL BUILDING**

Name of Subdivision: **N/A**

Subdivision 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)

**CONSTRUCTION OF A PROPOSED MEDICAL BUILDING ALONG  
WITH PROPOSED SITE IMPROVEMENTS SUCH AS PARKING  
WITH STRIPING, DRAINAGE, LIGHTING, AND CURBING**



Town of  
**Brookhaven**  
Long Island, New York

## Land Use Application

Form PL-01 rev E 6/2/15

Page 3 of 9

**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 LLC

Firm Name: AK PROPERTY MANAGEMENT LLC

Address: 516 RT 25A

Hamlet: MT. SINAI State: NY Zip: 11766 Tel#: 631-928-0220

E-mail: GKOKOLAKIS@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       ,       

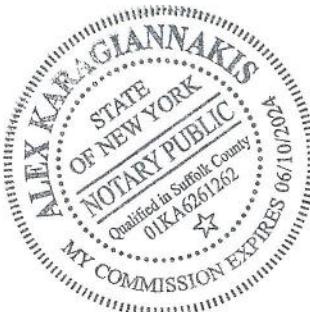
  
Sign By Owner/Officer

STATE OF NEW YORK )

COUNTY OF SUFFOLK ) ss.:

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





Town of  
**Brookhaven**  
Long Island, New York

# Land Use Application

Form PL-01 rev E 6/2/15

Page 4 of 9

## 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 AVENUE**  
City: **RONKONKOMA** State: **NY** Zip: **11779** Tel#: **631-676-4881**  
E-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: **631-676-4881**  
E-mail: **LABCREW@OPTONLINE.NET** License Number: **088475**  
Signature: Date: **4/14/22**



Town of

# Brookhaven

Long Island, New York

## Land Use Application

Form PL-01 rev E 6/2/15

Page 5 of 9

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

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

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

**A. APPLICANT**

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

On the 15<sup>th</sup> day of April, 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.

Notary Public:



Signature:



## 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?



Town of  
**Brookhaven**  
Long Island, New York

## Land Use Application

Form PL-01 rev E 6/2/15

Page 7 of 9

### 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

—



Town of  
**Brookhaven**  
Long Island, New York

## Land Use Application

Form PL-01 rev E 6/2/15

Page 9 of 9

- C1.** If the 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

--	--	--

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**

**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: <b>4K PROPERTY MANAGEMENT LLC</b>		
Project Location (describe, and attach a general location map): <b>NORTH SIDE OF MIDDLE COUNTRY RD., 300' E OF ARNOLD DR., MIDDLE ISLAND</b>		
Brief Description of Proposed Action (include purpose or need): <b>THE APPLICANT PROPOSES A MEDICAL OFFICE BUILDING ON A 1.748 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: <b>4K PROPERTY MANAGEMENT, LLC</b>		Telephone: <b>631-793-5130</b>
		E-Mail: <b>CKOKOLAKIS@KOKOCONTRACTING.COM</b>
Address: <b>S16 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): <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): <b>4K PROPERTY MANAGEMENT LLC c/o GEORGE KOKOLAKIS</b>		Telephone:  E-Mail:
Address: <b>SAME AS ABOVE</b>		
City/PO:		State: Zip Code:

## B. Government Approvals

<b>B. Government Approvals Funding, or Sponsorship.</b> ("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, or Village Board of Trustees	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>BROOKHAVEN TOWN BOARD</i>	<i>JUNE 2022</i>
b. City, Town or Village Planning Board or Commission	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>BROOKHAVEN PLANNING BOARD</i>	
c. City Council, Town or Village Zoning Board of Appeals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Other local agencies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>SUFFOLK COUNTY PLANNING/HEALTH</i>	
f. Regional agencies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
h. Federal agencies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i. Coastal Resources.			
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes,			
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
iii. Is the project site within a Coastal Erosion Hazard Area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## C. Planning and Zoning

<b>C.1. Planning and zoning actions.</b>		
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="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> <li>• <b>If Yes</b>, complete sections C, F and G.</li> <li>• <b>If No</b>, proceed to question C.2 and complete all remaining sections and questions in Part 1</li> </ul>		
<b>C.2. Adopted land use plans.</b>		
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="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> 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.  
If Yes, what is the zoning classification(s) including any applicable overlay district?

Yes  No

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?  
If Yes,

Yes  No

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: \_\_\_\_\_ 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? If Yes, show numbers of units proposed.				<input type="checkbox"/> Yes <input checked="" type="radio"/> No
	<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)?				<input checked="" type="radio"/> Yes <input type="checkbox"/> No
If Yes,				
i. Total number of structures	1			
ii. Dimensions (in feet) of largest proposed structure:	24	height; 50	width; and 180	length
iii. Approximate extent of building space to be heated or cooled:	9,000			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?				<input type="checkbox"/> Yes <input checked="" type="radio"/> No
If Yes,				
i. Purpose of the impoundment:				
ii. If a water impoundment, the principal source of the water:	<input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify:			
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):				
<b>D.2. Project Operations</b>				
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)				<input type="checkbox"/> Yes <input checked="" type="radio"/> No
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?				
• Volume (specify tons or cubic yards):				
• Over what duration of time?				
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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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?				<input type="checkbox"/> Yes <input checked="" type="radio"/> No
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  Yes  No
- 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

- Do existing sewer lines serve the project site?  Yes  No
  - Will line extension within an existing district be necessary to serve the project?  Yes  No
- If Yes:
- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_

- iv. Will a new wastewater (sewage) treatment district be formed to serve the project site?  Yes  No

If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- What is the receiving water for the wastewater discharge? \_\_\_\_\_

- 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):

SEPTIC TANK & LEACHING POOLS

- vi. Describe any plans or designs to capture, recycle or reuse liquid waste: \_\_\_\_\_

SEPTIC TANK & LEACHING POOLS

- 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?  Yes  No

If Yes:

- i. How much impervious surface will the project create in relation to total size of project parcel?

49.738 Square feet or 1.14 acres (impervious surface)

76.181 Square feet or 1.75 acres (parcel size)

- ii. Describe types of new point sources. \_\_\_\_\_

- 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)?

TO LEACHING POOLS

- If to surface waters, identify receiving water bodies or wetlands: \_\_\_\_\_
- Will stormwater runoff flow to adjacent properties?  Yes  No

- iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?

Yes  No

- 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?  Yes  No

If Yes, identify:

- i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)

- ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)

- iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)

- g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit,  Yes  No or Federal Clean Air Act Title IV or Title V Permit?

If Yes:

- 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)  Yes  No

- ii. In addition to emissions as calculated in the application, the project will generate:

- \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)
- \_\_\_\_\_ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)
- \_\_\_\_\_ Tons/year (short tons) of Perfluorocarbons (PFCs)
- \_\_\_\_\_ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)
- \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)
- \_\_\_\_\_ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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): _____	
i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	
<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____ _____	
vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Hours of operation. Answer all items which apply.	
i. During Construction:	ii. During Operations:
<ul style="list-style-type: none"> <li>Monday - Friday: _____ <i>7-5</i></li> <li>Saturday: _____ <i>7-5</i></li> <li>Sunday: _____ <i>n/a</i></li> <li>Holidays: _____ <i>n/a</i></li> </ul>	<ul style="list-style-type: none"> <li>Monday - Friday: _____ <i>7-5</i></li> <li>Saturday: _____ <i>9-4</i></li> <li>Sunday: _____ <i>n/a</i></li> <li>Holidays: _____ <i>n/a</i></li> </ul>

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe: _____	
n.. Will the proposed action have outdoor lighting?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	
i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:	_____
<b>BUILDING + SITE LIGHTING: FULL CUTOFF, DARKSKY COMPLIANT &lt; 20 FT</b>	
ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe: <b>EXISTING VEGETATION TO REMAIN TO GREATEST EXTENT POSSIBLE</b>	
o. Does the proposed action have the potential to produce odors for more than one hour per day?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
i. Describe proposed treatment(s):	_____
<b>TYICAL LAWN CARE: PEST CONTROL AS REQUIRED</b>	
ii. Will the proposed action use Integrated Pest Management Practices?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
i. Describe any solid waste(s) to be generated during construction or operation of the facility:	_____
• Construction: _____ tons per _____ (unit of time)	_____
• Operation : _____ tons per _____ (unit of time)	_____
ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:	_____
• Construction: <b>RECYCLING OF METALS</b>	_____
• Operation: <b>RECYCLING OF METAL, PAPER, PLASTIC</b>	_____
iii. Proposed disposal methods/facilities for solid waste generated on-site:	_____
• Construction: <b>ROLL OFF DUMPSTER</b>	_____
• Operation: <b>SITE DUMPSTER</b>	_____

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 Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
Roads, buildings, and other paved or impervious surfaces	0	0.98	+0.98
Forested	1.75	0.53	-1.22
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? i. If Yes: explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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? If Yes, i. Identify Facilities:  <hr/> <hr/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Does the project site contain an existing dam? If Yes: i. Dimensions of the dam and impoundment: • Dam height: _____ feet • Dam length: _____ feet • Surface area: _____ acres • Volume impounded: _____ gallons OR acre-feet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Dam's existing hazard classification: iii. Provide date and summarize results of last inspection:  <hr/> <hr/>	
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? If Yes: i. Has the facility been formally closed? • If yes, cite sources/documentation: ii. Describe the location of the project site relative to the boundaries of the solid waste management facility:  <hr/> iii. Describe any development constraints due to the prior solid waste activities: _____  <hr/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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? If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred:  <hr/> 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? 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: <input checked="" type="checkbox"/> Yes – Spills Incidents database      Provide DEC ID number(s): <u>0606654 - CLOSED</u> <input type="checkbox"/> Yes – Environmental Site Remediation database      Provide DEC ID number(s): _____ <input type="checkbox"/> Neither database ii. If site has been subject of RCRA corrective activities, describe control measures:  <hr/> iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? If yes, provide DEC ID number(s): _____ iv. If yes to (i), (ii) or (iii) above, describe current status of site(s):  <hr/> <hr/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

v. Is the project site subject to an institutional control limiting property uses?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If yes, DEC site ID number: _____</li> <li>• Describe the type of institutional control (e.g., deed restriction or easement): _____</li> <li>• Describe any use limitations: _____</li> <li>• Describe any engineering controls: _____</li> <li>• Will the project affect the institutional or engineering controls in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Explain: _____ _____ _____</li> </ul>		
<b>E.2. Natural Resources On or Near Project Site</b>		
a. What is the average depth to bedrock on the project site? <u>1400</u> feet		
b. Are there bedrock outcroppings on the project site? If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Predominant soil type(s) present on project site: <u>Cp A - CAYER! Ply MOUTH Soils</u> <u>86.7</u> % <u>Cu B - Cuy! Fill Land</u> <u>13.3</u> %		
d. What is the average depth to the water table on the project site? Average: _____ feet		
e. Drainage status of project site soils: <input checked="" type="checkbox"/> Well Drained: <u>100</u> % of site <input type="checkbox"/> Moderately Well Drained: _____ % of site <input type="checkbox"/> Poorly Drained: _____ % of site		
f. Approximate proportion of proposed action site with slopes: <input checked="" type="checkbox"/> 0-10%: <u>100</u> % of site <input type="checkbox"/> 10-15%: _____ % of site <input type="checkbox"/> 15% or greater: _____ % of site		
g. Are there any unique geologic features on the project site? If Yes, describe: _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. Surface water features.		
i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Do any wetlands or other waterbodies adjoin the project site? If Yes to either i or ii, continue. If No, skip to E.2.i.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?		<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. For each identified regulated wetland and waterbody on the project site, provide the following information:		
<ul style="list-style-type: none"> <li>• Streams: Name _____ Classification _____</li> <li>• Lakes or Ponds: Name _____ Classification _____</li> <li>• Wetlands: Name _____ Approximate Size _____</li> <li>• Wetland No. (if regulated by DEC) _____</li> </ul>		
v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of impaired water body/bodies and basis for listing as impaired: _____		
i. Is the project site in a designated Floodway? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
j. Is the project site in the 100 year Floodplain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
k. Is the project site in the 500 year Floodplain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? If Yes:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i. Name of aquifer: <u>MACROTHY AQUIFER</u>		

m. Identify the predominant wildlife species that occupy or use the project site:

BIRD

SQUIRREL

RACCOON

RABBIT

DEER

n. Does the project site contain a designated significant natural community?

Yes  No

If Yes:

i. Describe the habitat/community (composition, function, and basis for designation): \_\_\_\_\_

ii. Source(s) of description or evaluation: \_\_\_\_\_

iii. Extent of community/habitat:

- Currently: \_\_\_\_\_ acres
- Following completion of project as proposed: \_\_\_\_\_ acres
- Gain or loss (indicate + or -): \_\_\_\_\_ acres

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?

Yes  No

NORTHERN LONG EARED BAT - POTENTIAL SEASONAL HIBERNATION

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?

Yes  No

q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing?

Yes  No

If yes, give a brief description of how the proposed action may affect that use: \_\_\_\_\_

### E.3. Designated Public Resources On or Near Project Site

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?

Yes  No

If Yes, provide county plus district name/number: \_\_\_\_\_

b. Are agricultural lands consisting of highly productive soils present?

Yes  No

i. If Yes: acreage(s) on project site? \_\_\_\_\_

ii. Source(s) of soil rating(s): \_\_\_\_\_

c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark?

Yes  No

If Yes:

i. Nature of the natural landmark:  Biological Community  Geological Feature

ii. Provide brief description of landmark, including values behind designation and approximate size/extent: \_\_\_\_\_

\_\_\_\_\_

d. Is the project site located in or does it adjoin a state listed Critical Environmental Area?

Yes  No

If Yes:

i. CEA name: \_\_\_\_\_

ii. Basis for designation: \_\_\_\_\_

iii. Designating agency and date: \_\_\_\_\_

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="radio"/> 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="radio"/> No
g. Have additional archaeological or historic site(s) or resources been identified on the project site?	<input type="checkbox"/> Yes <input checked="" type="radio"/> No
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="radio"/> 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

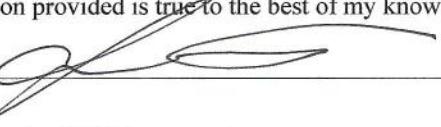
#### F. Additional Information

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

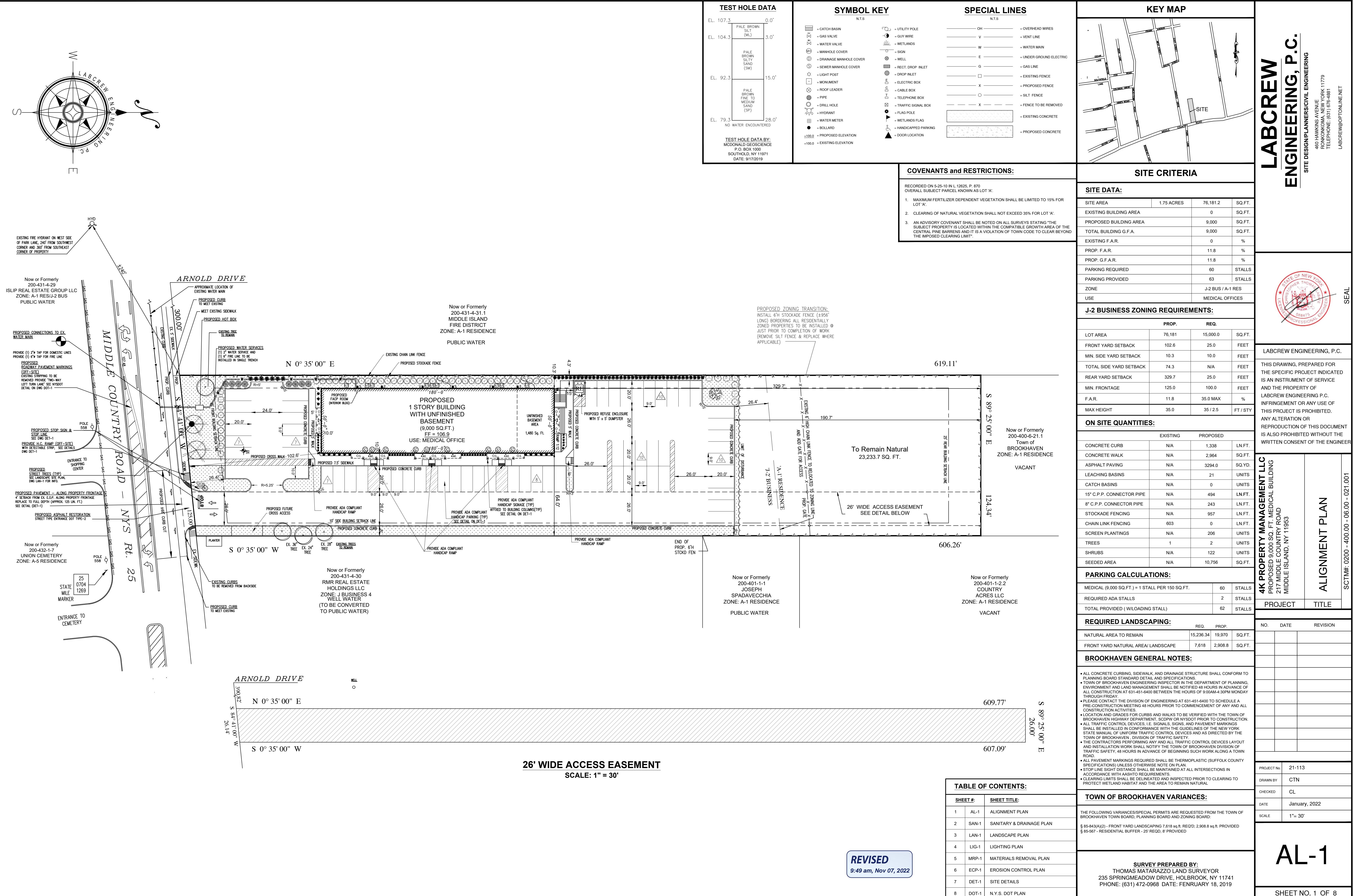
I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name  Date 11/4/22  
 Signature CHAMSTONIAN Title AGENCY

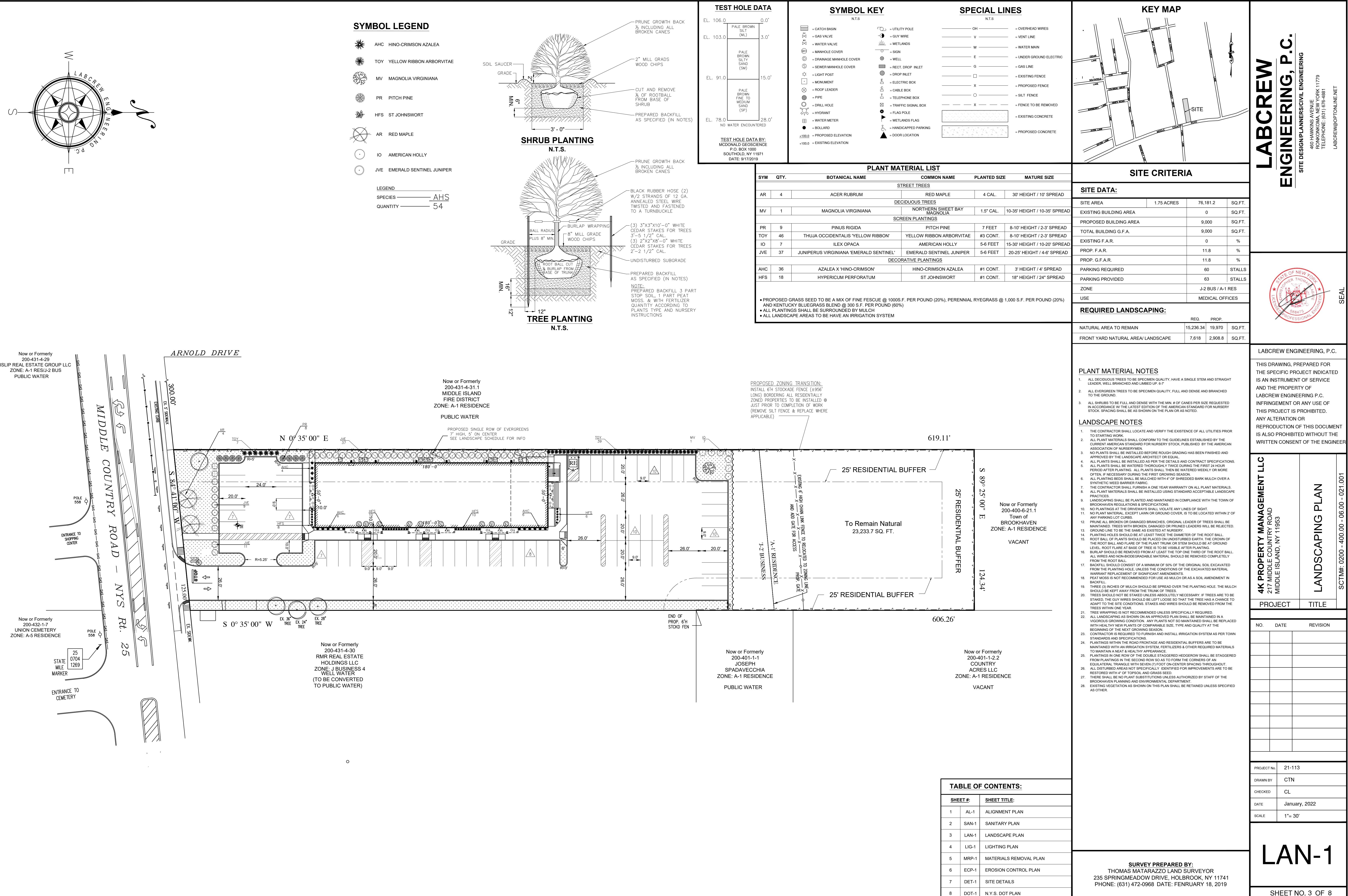
# LABCREW ENGINEERING, P.C.

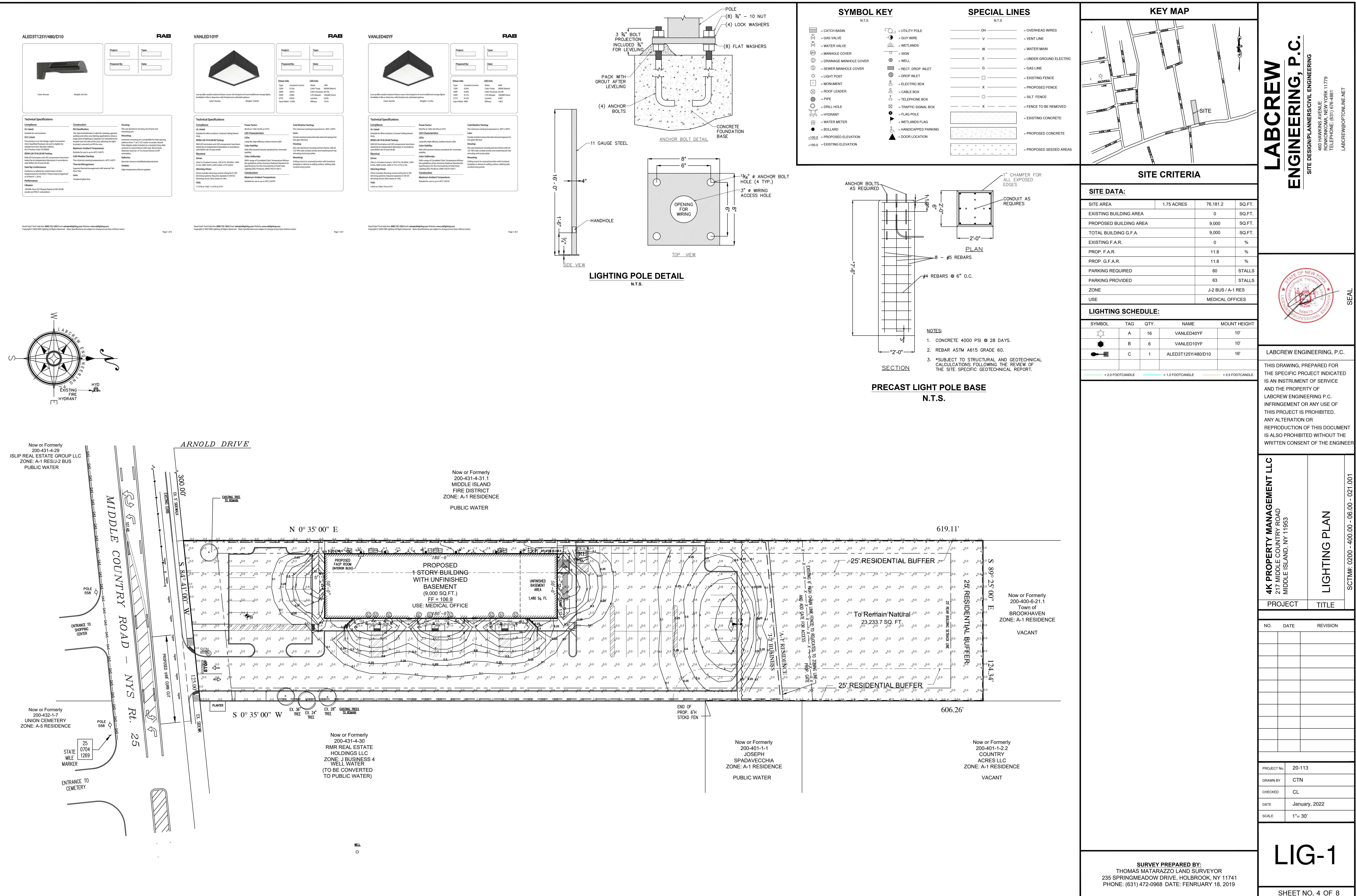
STATE DESIGN/PLANNERS/CIVIL ENGINEERING  
469 HAWKINS AVENUE  
RONKONKOMA, NEW YORK 11779  
TELEPHONE: (631)766-4881  
LABCREW@GMAIL.COM

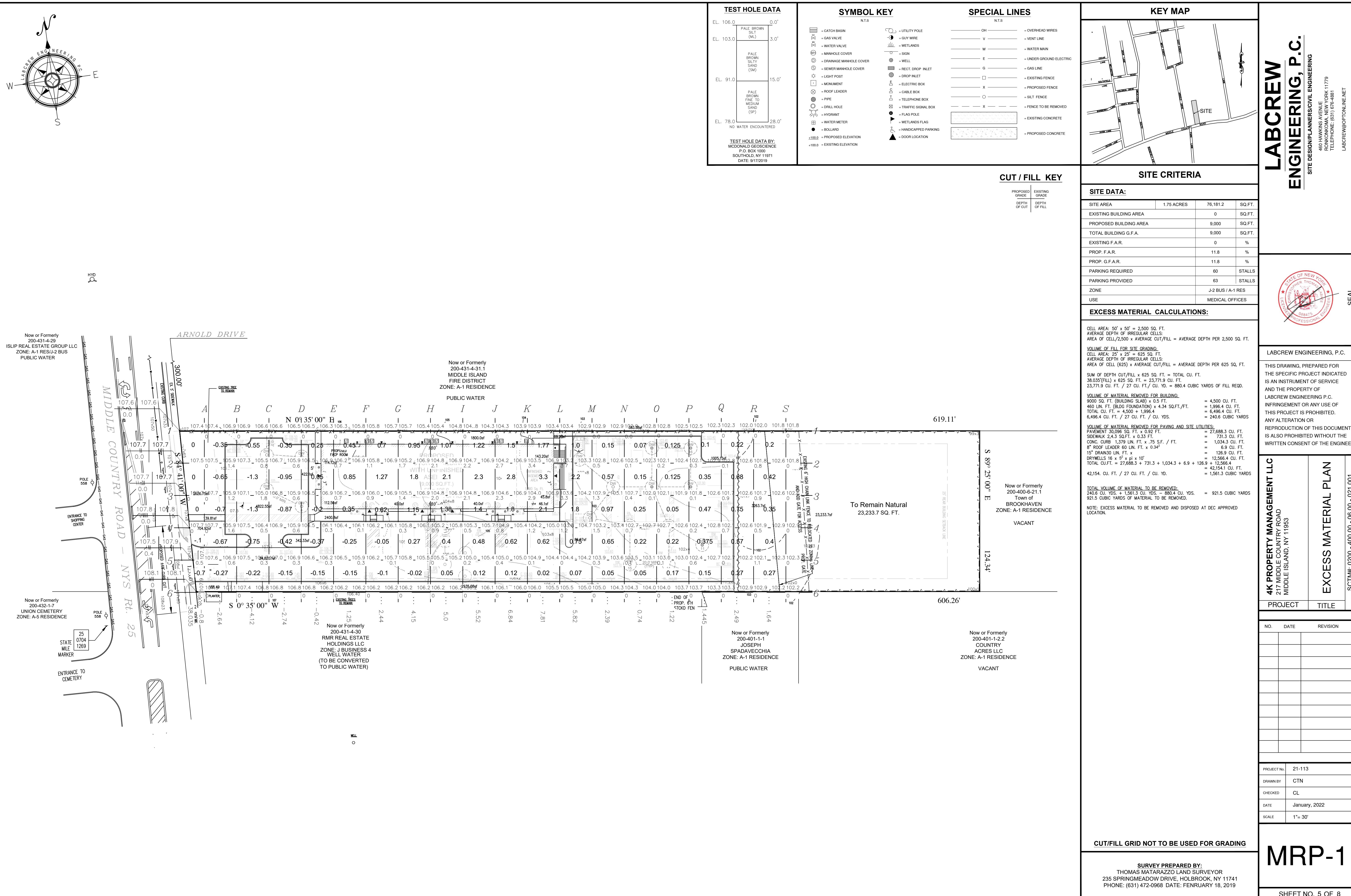
SEAL

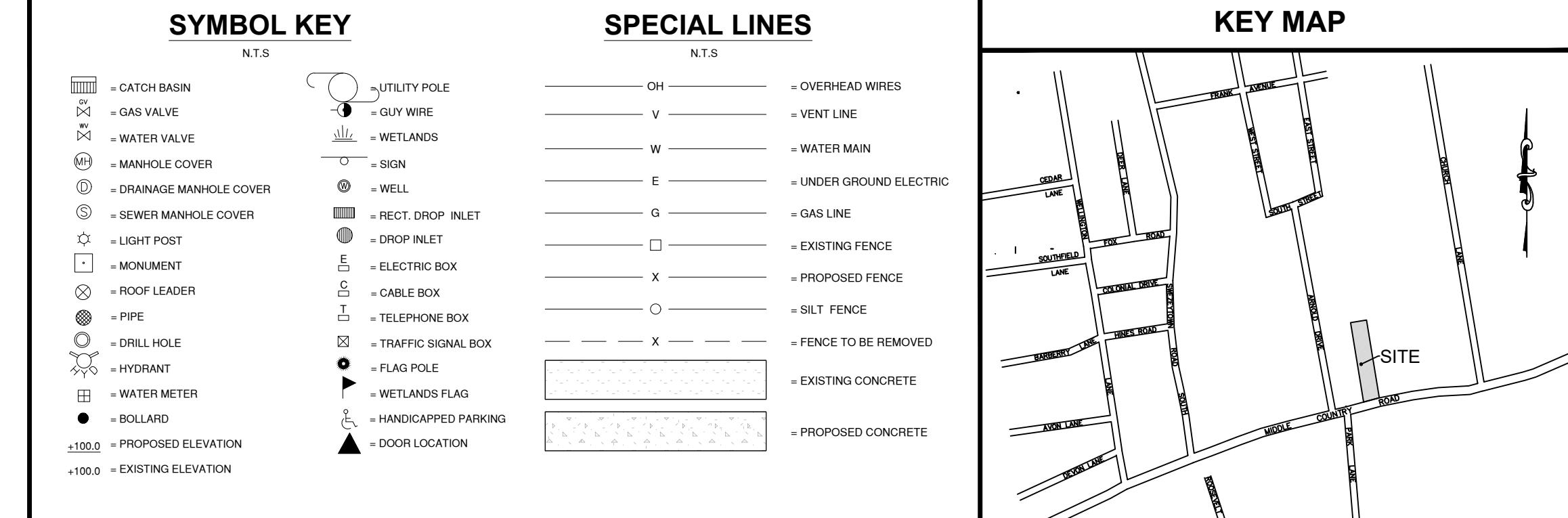
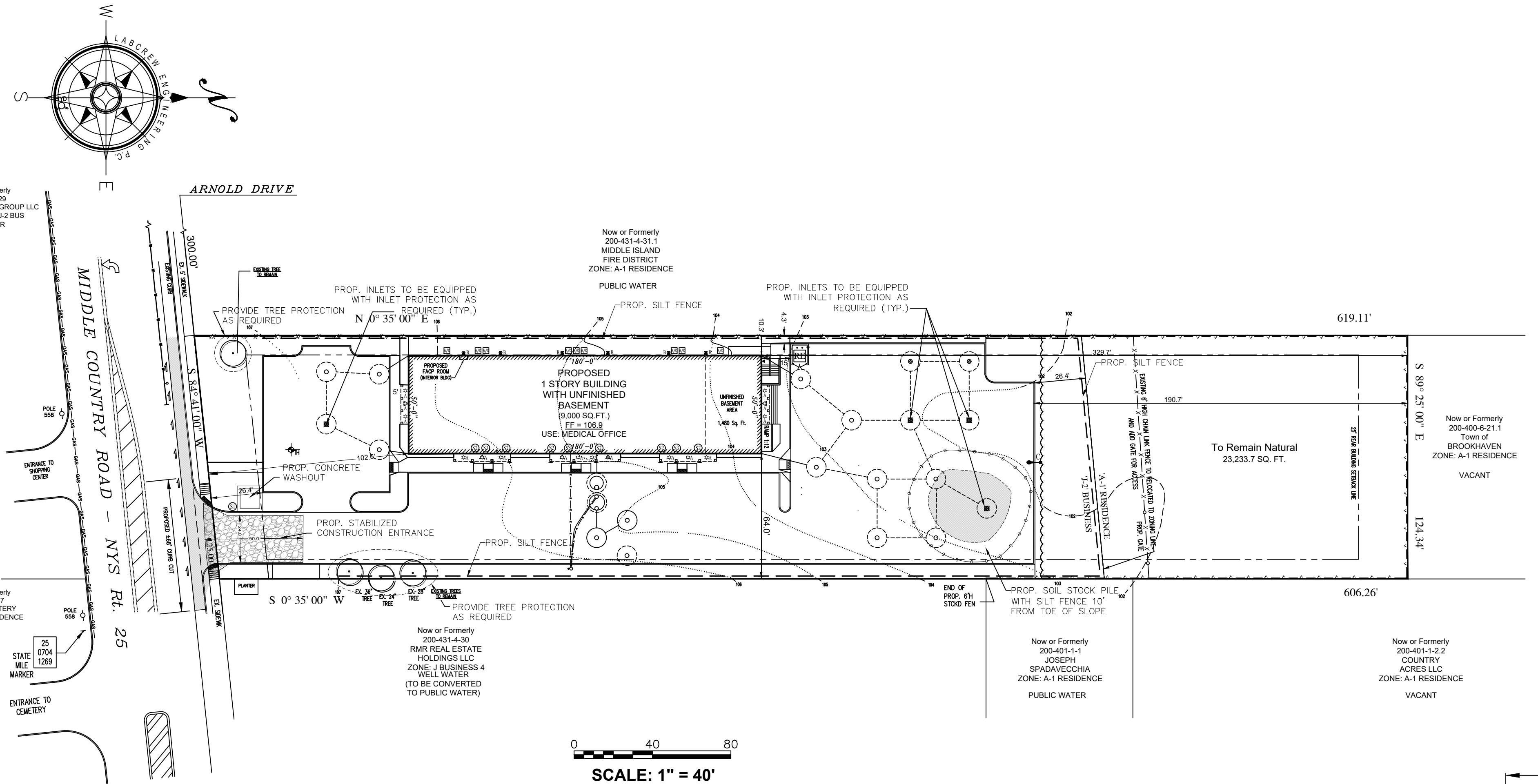




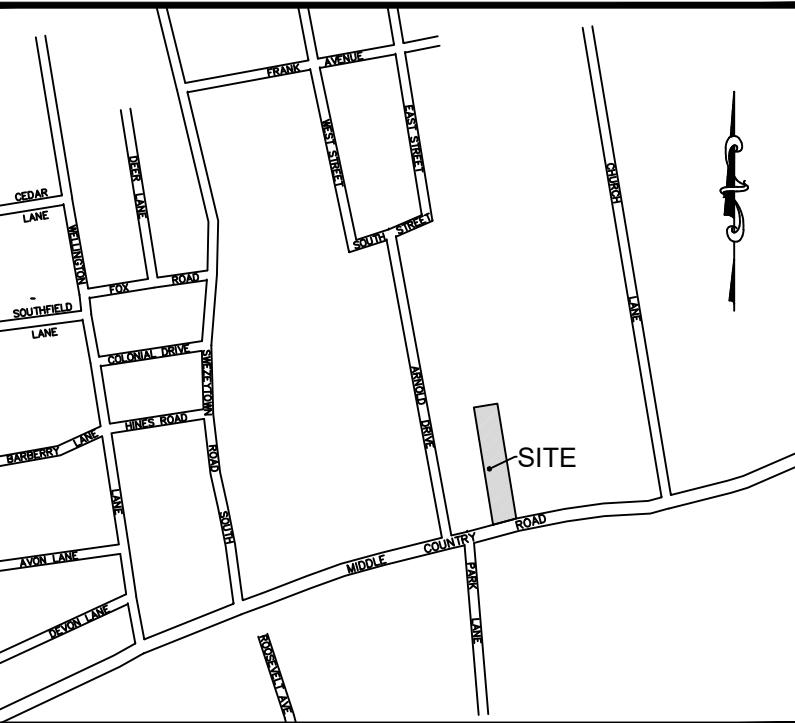








**KEY MAP**



**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	



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**

217 MIDDLE COUNTRY ROAD

MIDDLE ISLAND, NY 11953

SCTM# 0200-400.00-06.00 - 021.001

**EROSION CONTROL PLAN**

SCTM# 0200-400.00-06.00 - 021.001

**PROJECT** **TITLE**

NO.

DATE

REVISION

PROJECT No.

21-113

DRAWN BY

CTN

CHECKED

CL

DATE

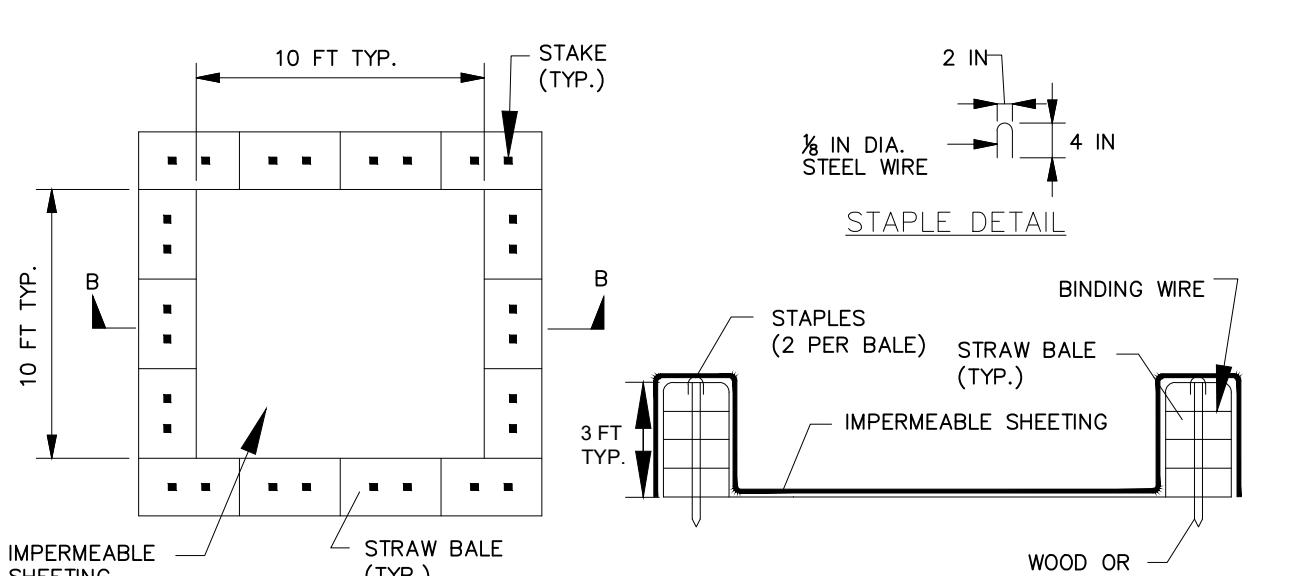
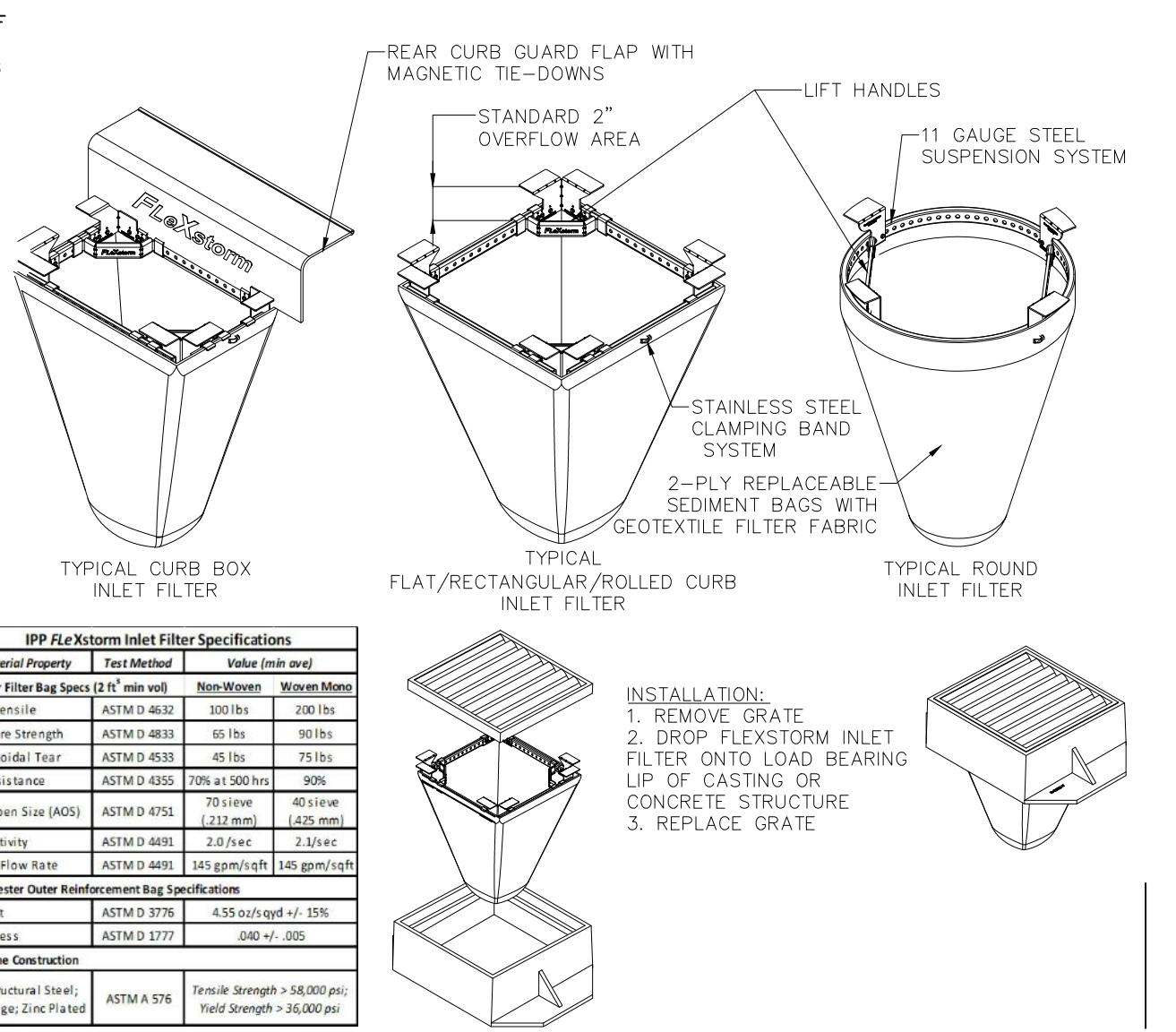
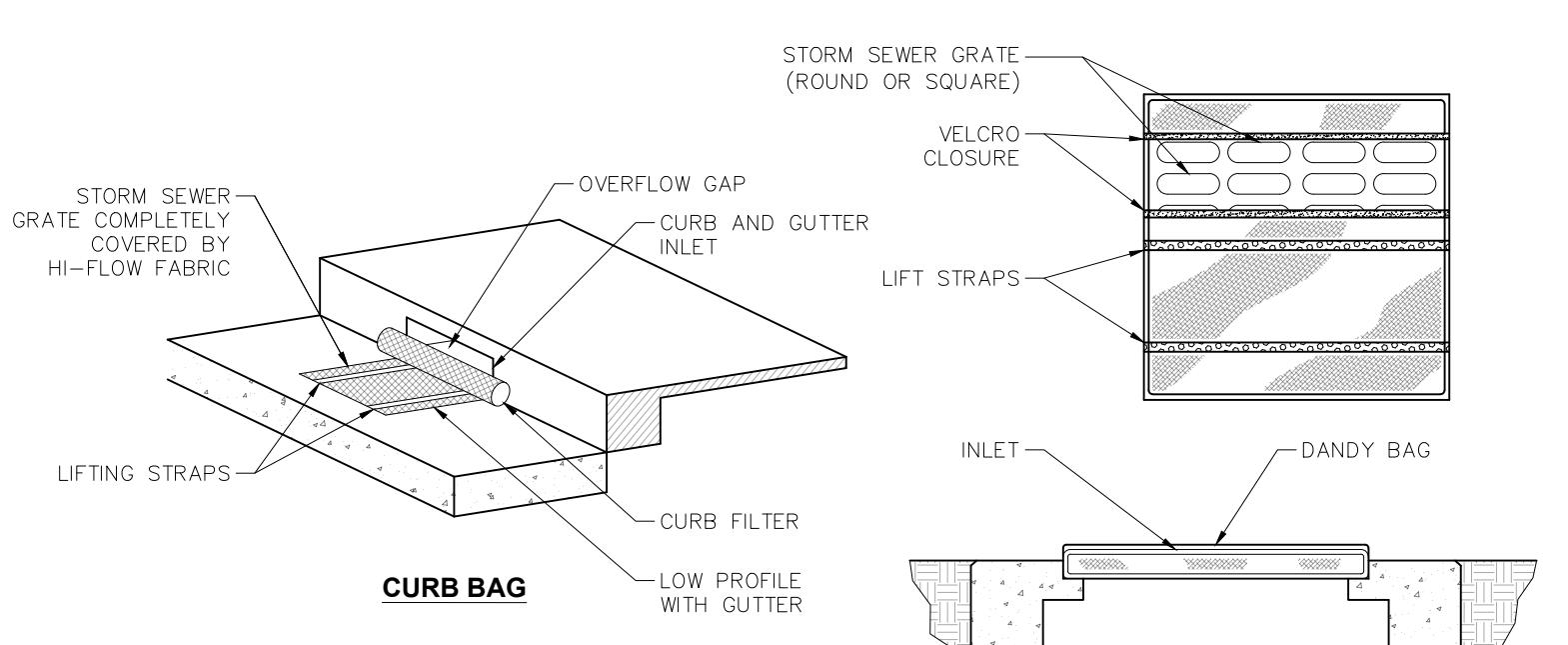
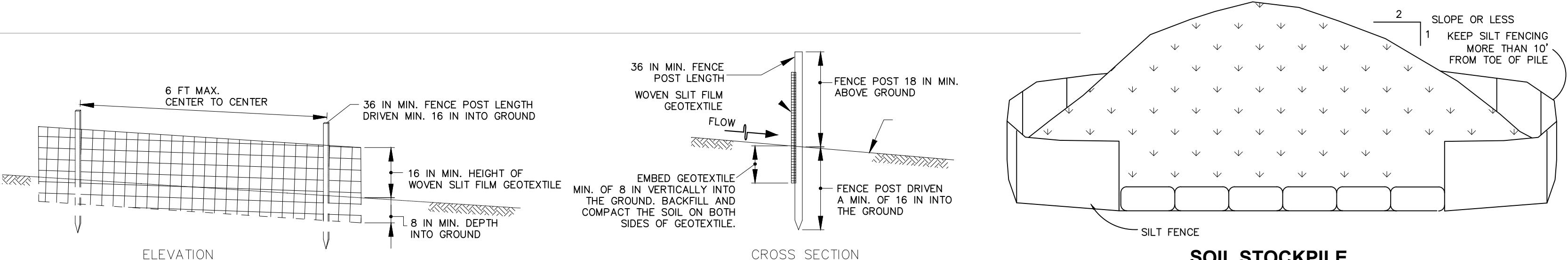
January, 2022

SCALE

AS NOTED

**ECP-1**

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



- GRADING NOTES:**
- ALL 1/2 & 1/3 SLOPE AREAS WILL BE PROTECTED AGAINST EROSION DURING CONSTRUCTION AND PERMANENT GROUND COVER SHALL BE SUCH THAT EROSION IS PREVENTED. NECESSARY MEASURES SHALL INCLUDE BUT NOT LIMITED TO: FENCE, SILT TRAPS/BASINS, JUTE MESH, HYDROSEEDING, ETC. AND SHALE BE MAINTAINED FOR THE DURATION OF CONSTRUCTION AS WELL AS FOLLOWING CONSTRUCTION OF SLOPES. ETC. SUCH TIME THAT THE PROPOSED PLANTINGS HAVE BECOME ACCLIMATED/ESTABLISHED.
  1. CAN BE TWO STACKED BALES OR PARTIALLY EXCAVATED BALES.  
2. CAN BE A SHORT WALL 10 YARD STEEL REFUSE CONTAINER (IMPERMEABLE SHEETING LINER IS STILL REQUIRED FOR THIS OPTION).
- SCHEDULE OF OPERATIONS:**
1. INSTALLATION OF SEDIMENT AND EROSION CONTROL MEASURES.
  2. SITE CLEARING AND EXCAVATION.
  3. CONSTRUCTION ACTIVITIES.
  4. ROUGH GRADING.
  5. HORIZONTAL SLOPES.
  6. NEW CONSTRUCTION.
  7. INSTALLATION OF NEW TREES AND SHRUBS.
  8. FINAL GRADING AND STABILIZATION.
  9. REMOVAL OF SEDIMENT AND EROSION CONTROL MEASURES.
  10. FINAL LANDSCAPING.

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



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

SITE DETAILS

SCTM# 0200-400.00-06.00-021.001

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

PROJECT TITLE

NO. DATE REVISION

PROJECT No. 21-113

DRAWN BY CTN

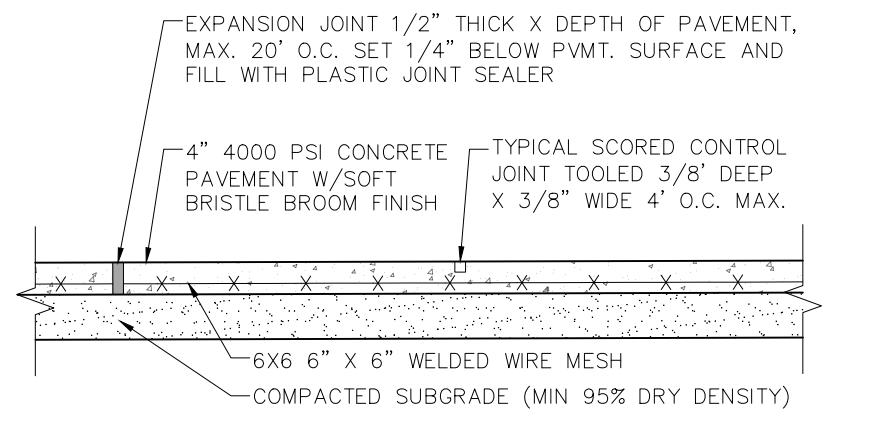
CHECKED CL

DATE January, 2022

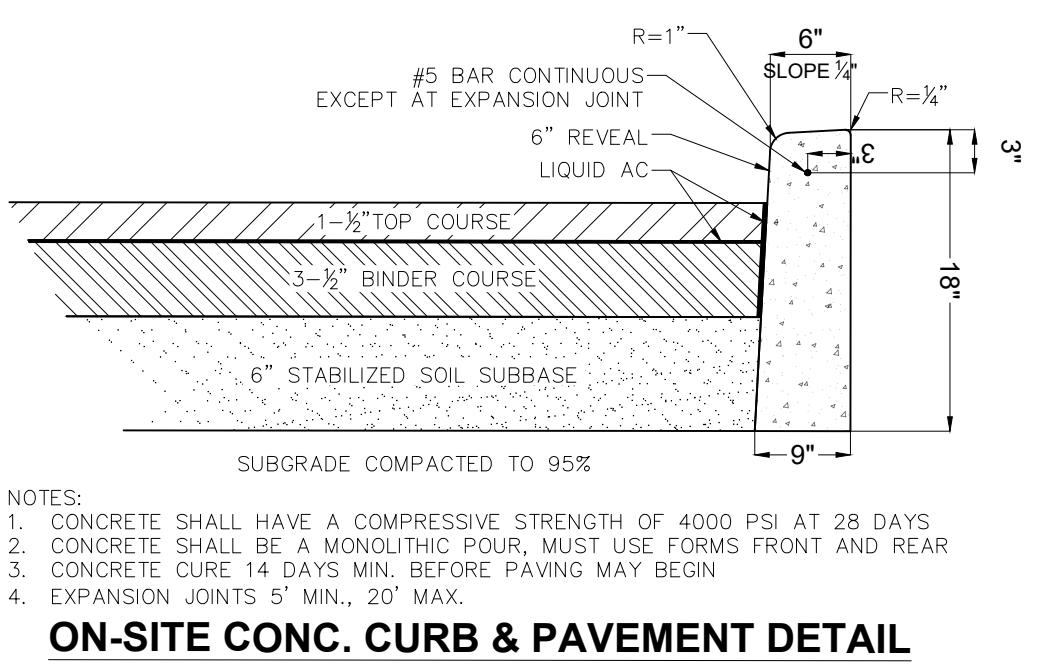
SCALE N.T.S.

**DET-1**

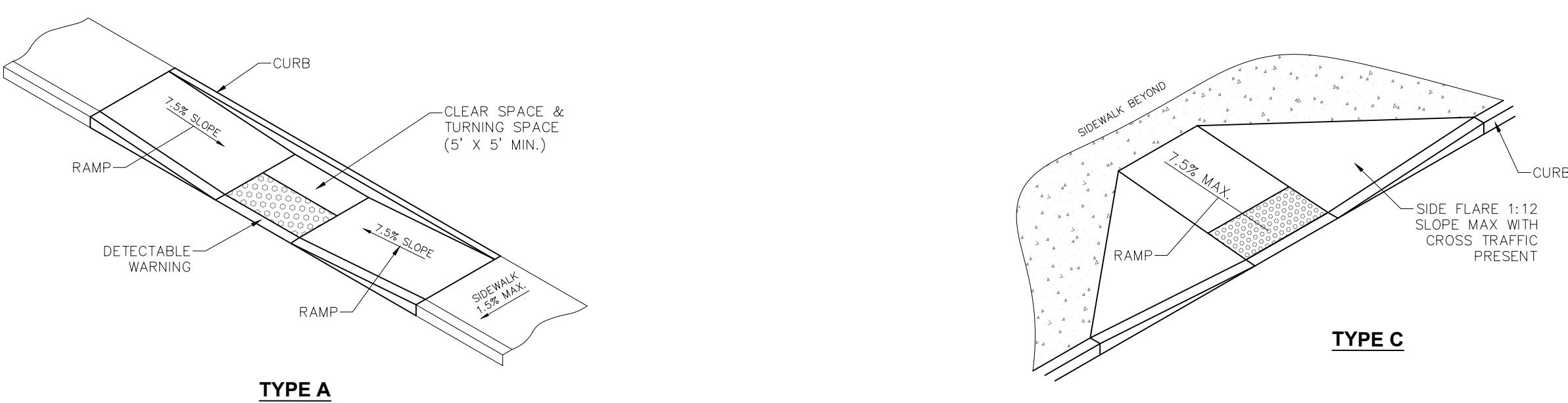
SHEET NO. 7 OF 8



**CONCRETE WALK DETAIL**  
N.T.S.

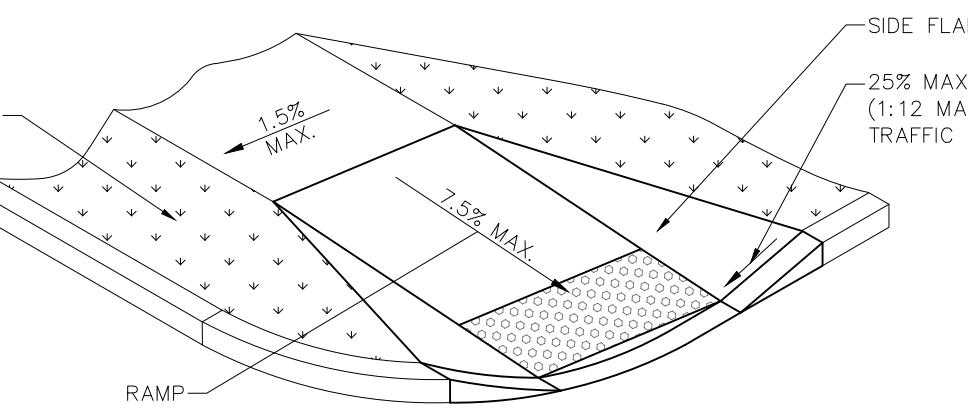


**ON-SITE CONC. CURB & PAVEMENT DETAIL**  
N.T.S.



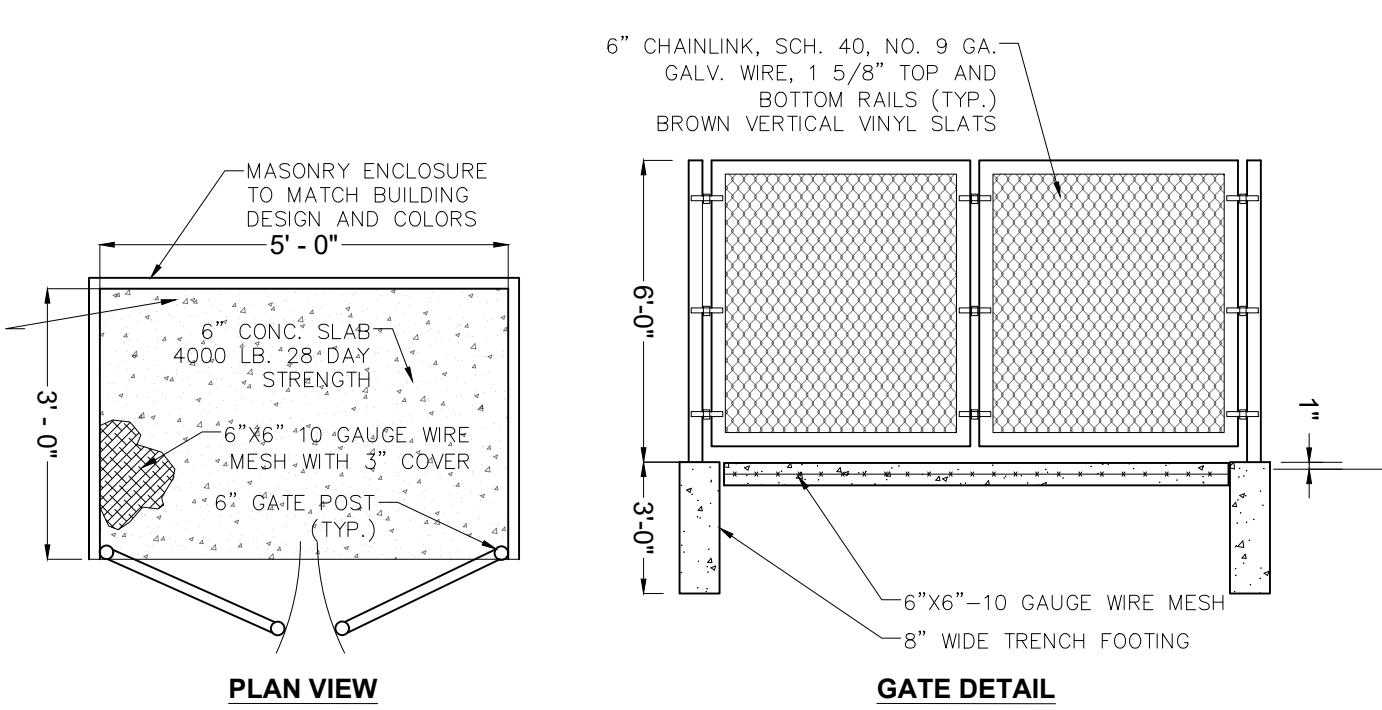
**TYPE A**

**TYPE C**

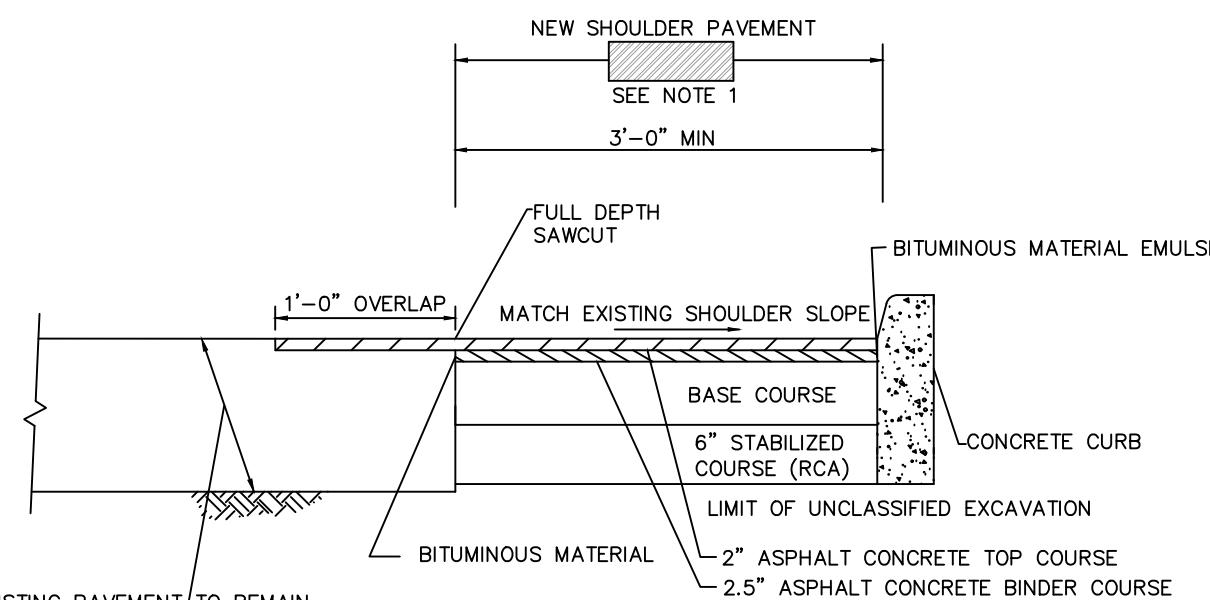


**CURB RAMP DETAILS**  
N.T.S.

**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, 2.5" 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 SIDEWALK. Ramps shall have flush, smooth transitions to the adjacent street or highway surface.  
3. THE SURFACE OF ALL SIDEWALK CURB RAMPS SHALL BE STABLE, FIRM, AND SLIP RESISTANT. (E.G. A COARSE BROOM FINISH PERPENDICULAR TO THE RAMP SLOPE, ACROSS THE CENTER OF CONCRETE CURB RAMPS).  
4. EXISTING CONCRETE RAMPS SHALL BE SMOOTH. HANDICAP RAMPS SHALL CONFORM TO REGULATIONS SPECIFIED IN THE NEW YORK UNIFORM BUILDING CODE AND ANSI A-117.1, LATEST REVISION.

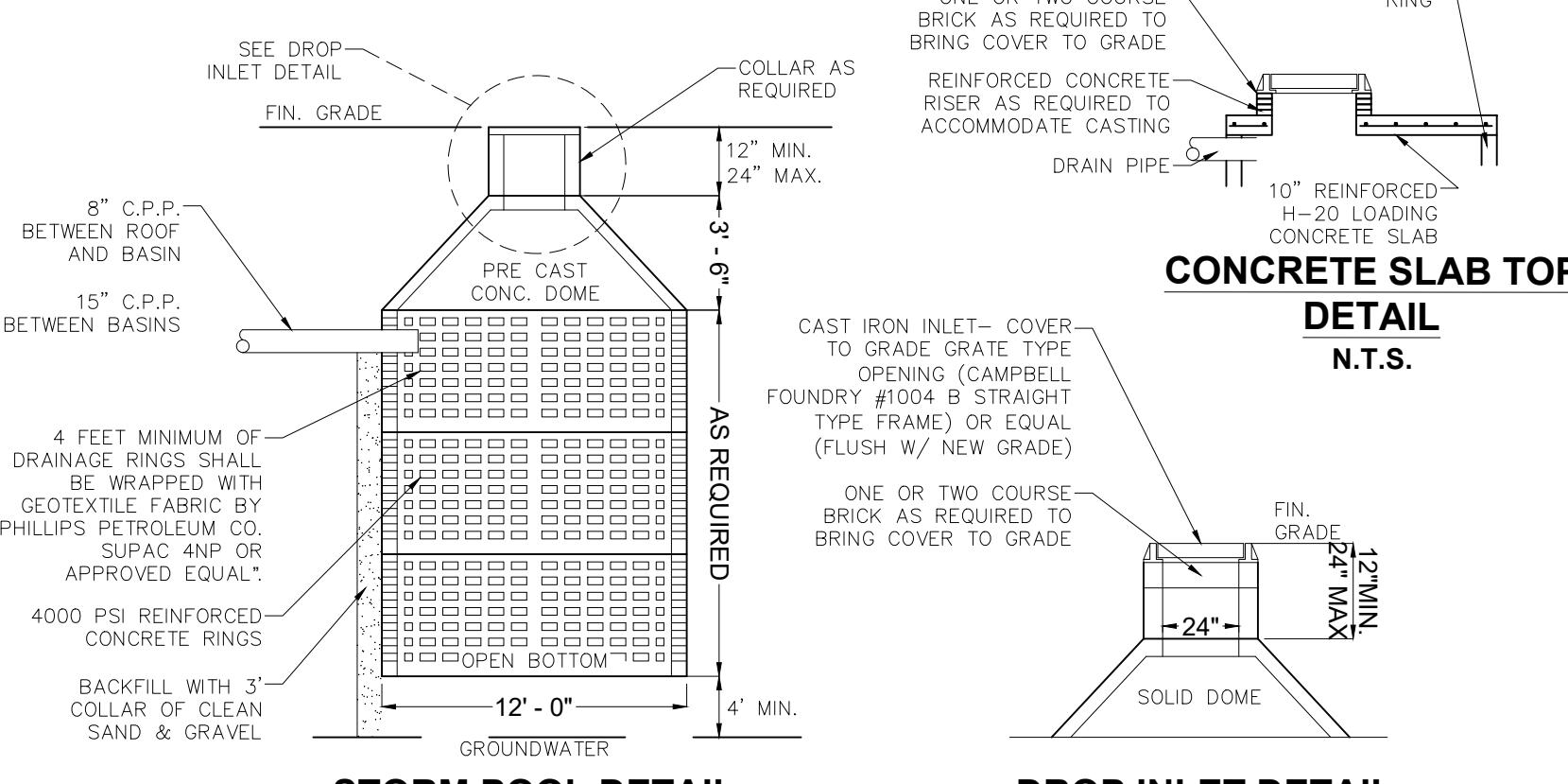


**DUMPSTER ENCLOSURE DETAIL**  
N.T.S.

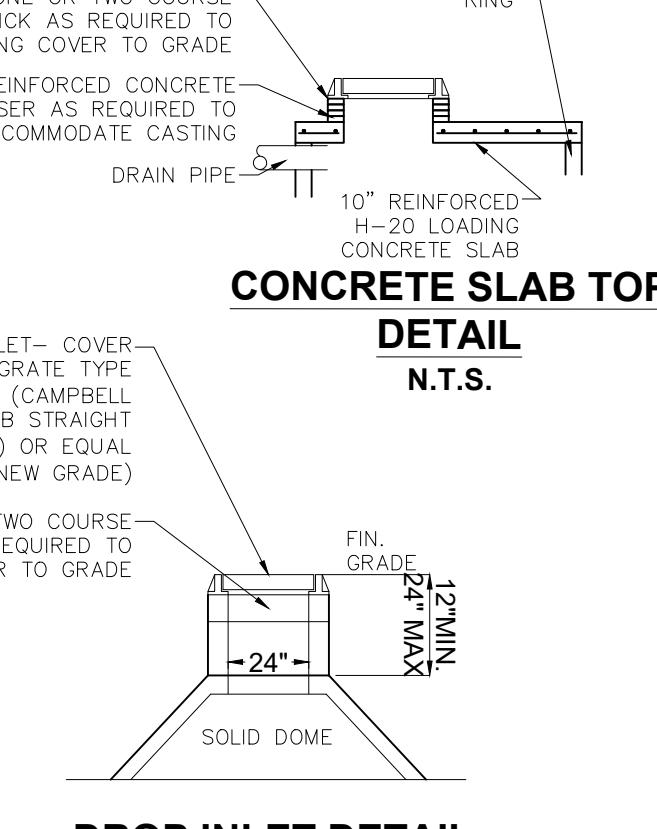


**OFF SITE ASPHALT RESTORATION DETAIL**  
N.T.S.

**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.



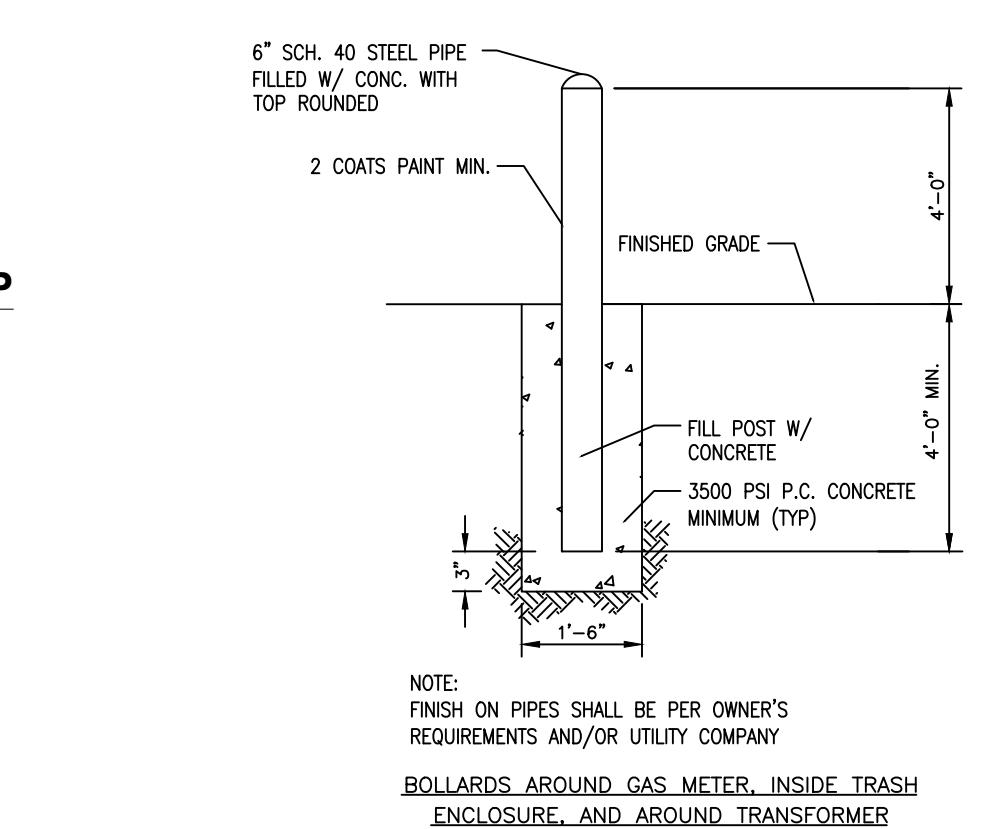
**STORM POOL DETAIL**  
N.T.S.



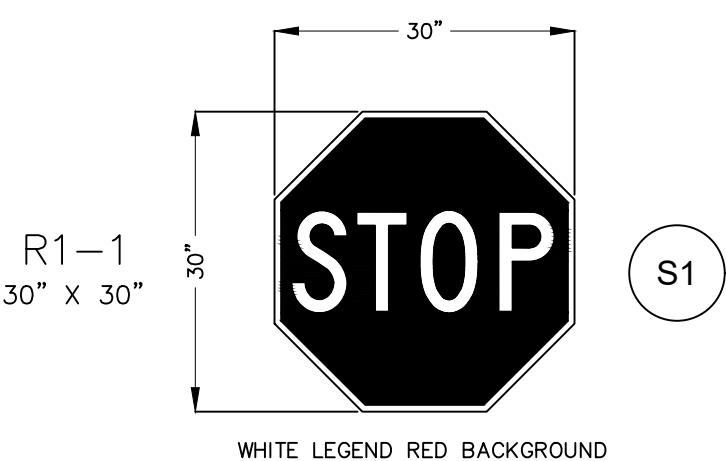
**DROP INLET DETAIL**  
N.T.S.

**NOTES:**  
1. MAINTAIN 20' SETBACK FROM SANITARY LEACHING POOL.  
2. MAINTAIN 10' SETBACK FROM SANITARY SEWER PIPE.  
3. MAINTAIN 10' 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 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.



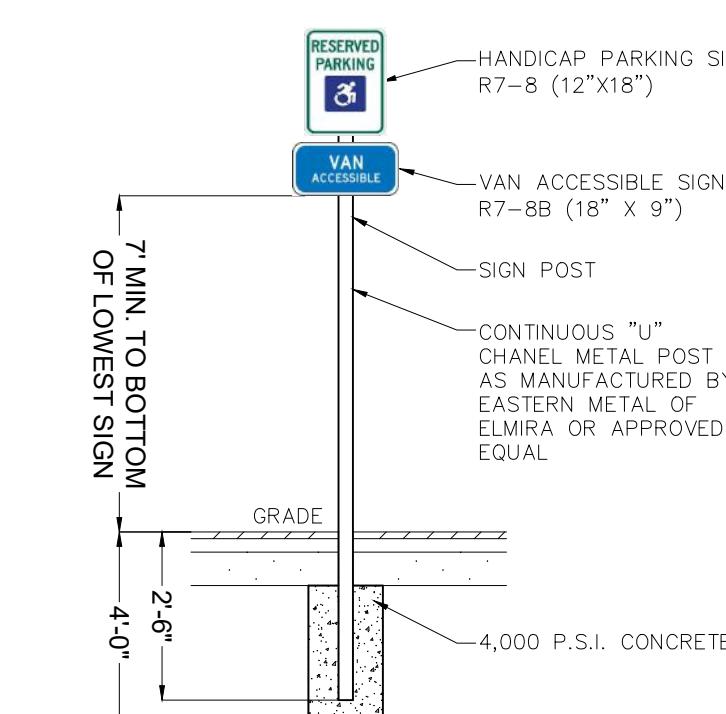
**BOLLARD DETAIL**  
N.T.S.



**STOP SIGN**  
N.T.S.



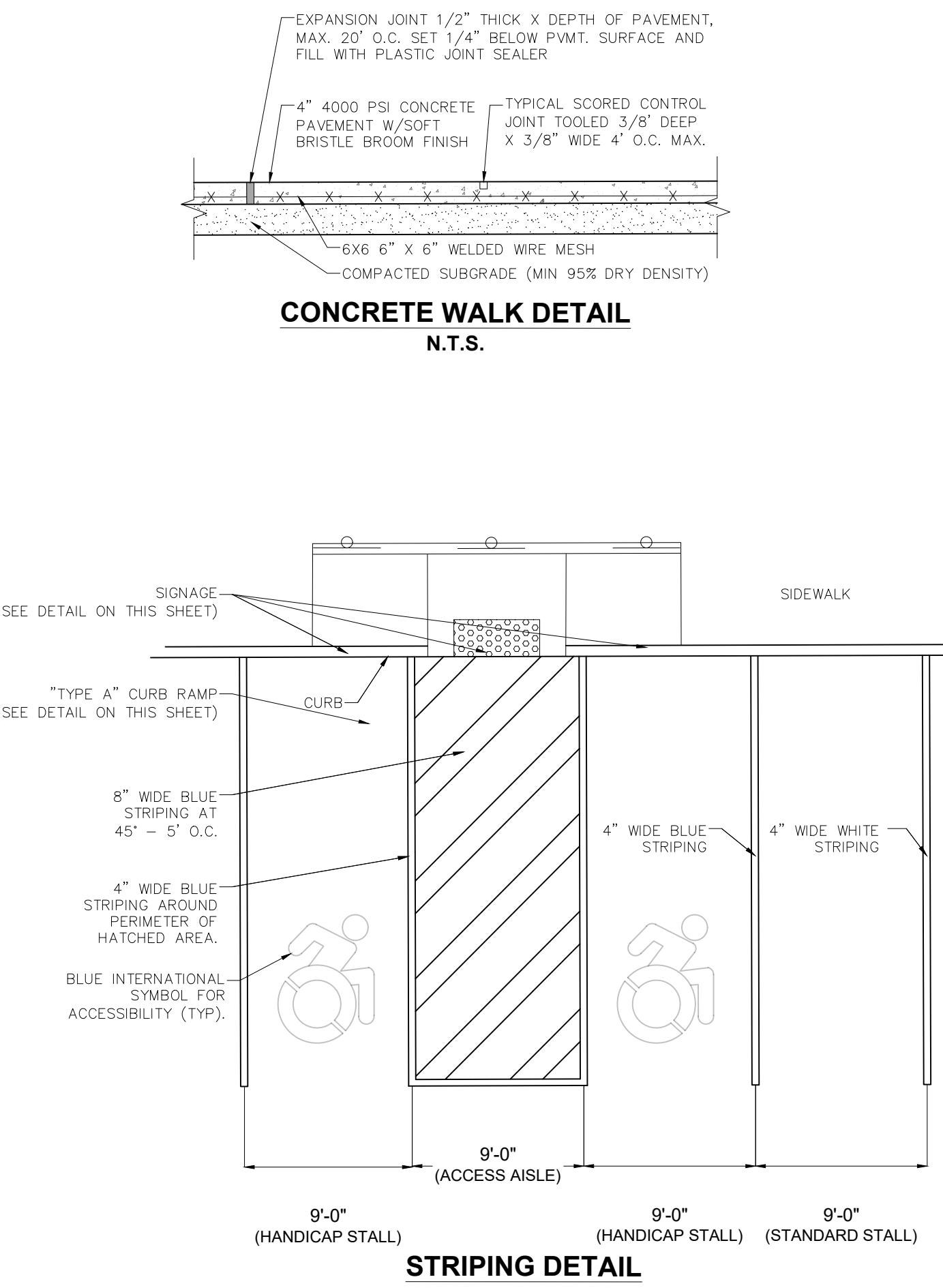
**NO PARKING ANY TIME SIGN**  
N.T.S.



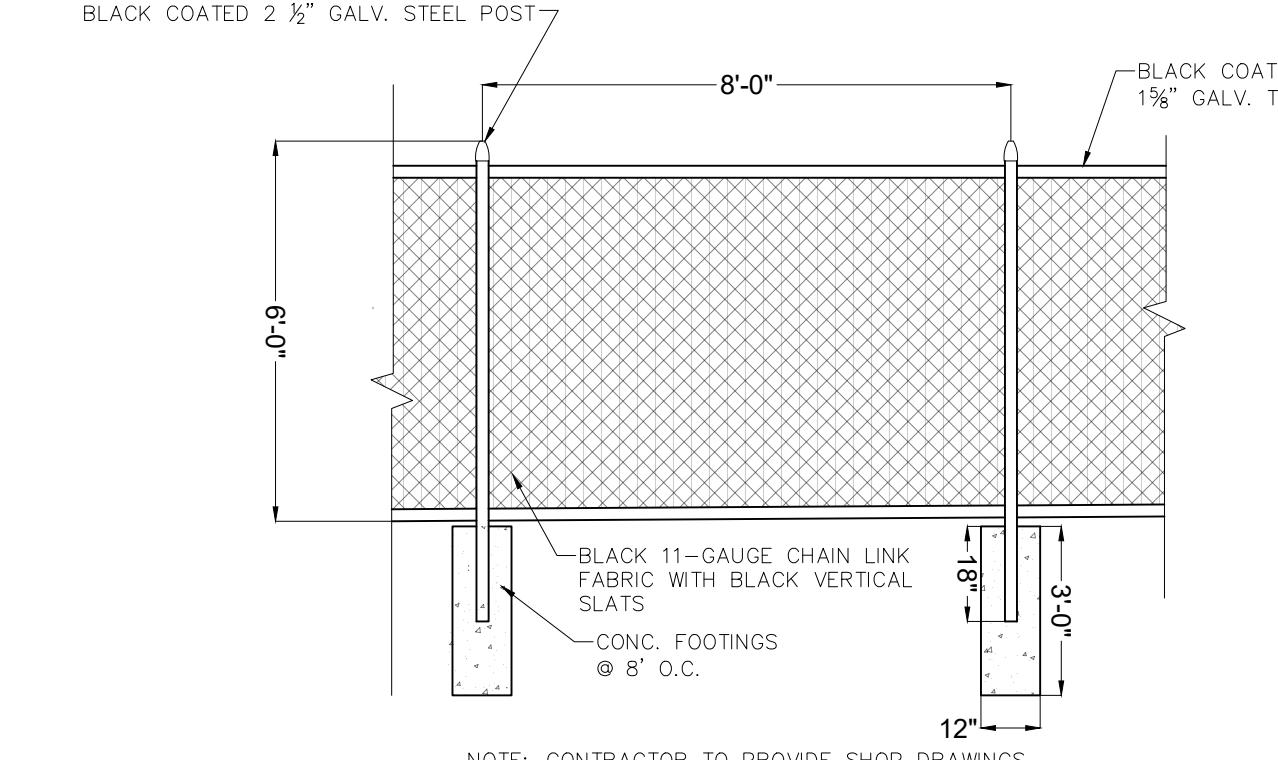
**SIGNAGE DETAIL**  
N.T.S.

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

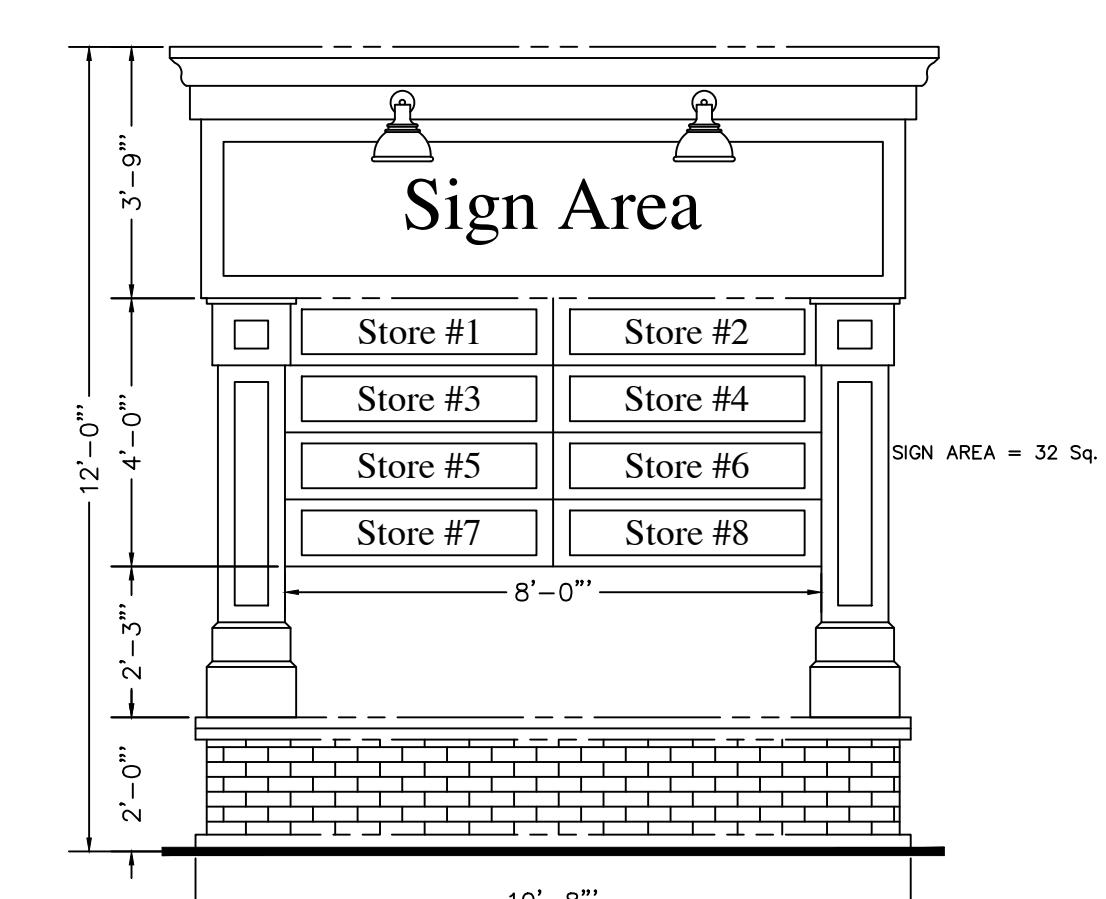
SEE SHEET AL-1 FOR LOCATIONS



**STRIPING DETAIL**  
N.T.S.



**FENCE DETAIL**  
N.T.S.



**GROUND SIGN**  
N.T.S.

SEE SHEET AL-1 FOR LOCATION

