



Town of Brookhaven Long Island

Daniel J. Panico, Supervisor

DATE: March 20, 2025

TO: Peter E. Fountaine, Town of Brookhaven, Division of Environmental Protection
Christopher Mehrman, Town of Brookhaven, Division of Fire Prevention
Daniel P. Losquadro, Town of Brookhaven, Highway Department
Gregson H. Pigott, Suffolk County, Department of Health Services
Melik Tariq, New York State, Department of Transportation
Judy Jakobsen, Central Pine Barrens Joint Planning & Policy Commission

FROM: Amy Moody
Planning Division

RE: Town Board Application: **RA Middle Island Starbucks**, Log # **2024-020-CZ**
Proposed Change of Zone From J4 to J5 with Special Permit for a major restaurant with an accessory drive-through to convert the existing vacant bank building with drive-through to a major restaurant (Starbucks) with an accessory drive-through
599 Middle Country Road, N/S Middle Country Road (NYS Route 25), approx. 968' E/O Birchwood Park Drive, Middle Island
SCTM: 0200 40200 0200 002000, 1.44 acres

Please be advised that the Town Board of the Town of Brookhaven has received an amended submission for the above-referenced action. A copy of the revised plan, revised Town Board Land Use Application, and revised Environmental Assessment Form supplied by the applicant are enclosed for your consideration.

Please reply within 30 days of the date of this mailing. Also, kindly forward any information or concerns you may have regarding this proposal, particularly with respect to your agency's areas of expertise and jurisdiction, which would enhance the utilization of this site or provide additional protection to the community.

All correspondence should be forwarded to:

**Town of Brookhaven
OFFICE OF THE TOWN CLERK
Kevin J. Lavallo
One Independence Hill
Farmingville, NY 11738**

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

Cc: Kevin J. Lavallo, Brookhaven Town Clerk
Michelle DiBrita, Town of Brookhaven, Division of Planning



Town of
Brookhaven
Long Island, New York

1 Independence Hill, Farmingville NY 11738

RECEIVED

By Brookhaven Town Clerk at 9:56 am, Mar 11, 2025

Town Board Land Use Application

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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.

File Number:

Application Date:

Town Use Only

Please check the appropriate Town Board application request:

- ☐ 1a. AMENDMENT OF RESTRICTIVE COVENANT
☒ 1b. CHANGE OF ZONE
☐ 1c. PLANNED DEVELOPMENT DISTRICT
☒ 1d. SPECIAL PERMIT

I. GENERAL APPLICATION: Name of Application: **RA Middle Island Starbucks**

A. PROPERTY LOCATION:

Street Address: **599 Middle Country Road, Middle Island, NY 11953**

Suffolk County Tax Map (SCTM) Property:

(Use "Scope of Work" section below to list any additional SCTM #s)

DISTRICT

SECTION

BLOCK

LOT

0200

402.00

02.00

002.00

Located on the: ☒ N ☐ E ☐ S ☐ W Side of: **Middle Country Road**

Distance on Survey: **+/- 968 feet** ☐ N ☒ E ☐ S ☐ W of: **Birchwood Park Drive**

Hamlet: **MIDDLE ISLAND**

Zip Code: **11953**

Post Office: **MIDDLE ISLAND**

School District: **LONGWOOD CSD**

Ambulance District: **Not Applicable**

Fire District: **MIDDLE ISLAND**

Property Size (Total Acres): **1.44**

Square footage of Existing Building: **4,000**

*Total Proposed Square footage of Building(s)/Additions: **4,000**



Area of **Existing** Disturbed Property Size (Acres): OR Square Feet:

Area of Proposed Disturbed Property Size (Acres): OR Square Feet:

Present Zoning/Use of Site:

Proposed Zoning/Use of Site:

Does the property in question conform to the lot area requirement? ☒ Yes ☐ No

Has the property in question been the subject of a Town Board public hearing in the last 12 months? ☐ Yes ☒ No

In the space below please thoroughly describe the proposed action in paragraph form. The description should include details about the current condition and use of the subject property as well as what is being proposed. Please also describe any existing buildings and their use as well as any proposed buildings or additions and their proposed use. Any special permits, waivers or variances should also be described including the reason they are being sought.

B. SCOPE OF PROPOSED WORK: (Please list all SCTM #'s associated with application.)

SCTM: 0200-402.00-02.00-002.000

Applicant requests a change of zone from J Business 4 to J Business 5 with Special Permit for a major restaurant with an accessory drive-through pursuant to Town Code 85-460C to convert the existing building, a vacant bank with drive-through lane to a major restaurant (Starbucks) with an accessory drive-through.



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C. SPECIAL USE PERMITS, WAIVERS & VARIANCES

1. If the proposed project requires a Special Permit, please check the appropriate Board. Describe the Special Permit in the space below. (*Planning Board/ZBA are for informational purposes. They are not being applied for with this Town Board application.)

☒ Town Board

☐ Planning Board*

☐ Zoning Board of Appeals*

85-460: Town Board Special Permit for Major restaurant with accessory drive-through

If the proposed project requires Waivers or Variances, please check the appropriate Board. State the nature of the request and reason in the space below. (*Planning Board/ZBA are for informational purposes. They are not being applied for with this Town Board application.)

☒ Town Board

☐ Planning Board*

☒ Zoning Board of Appeals*

Zoning Board of Appeals Variances:

85-466A(4): Minimum Lot Area- 2 Acres Required, 1.44 Acres Proposed

85-466C(1): Minimum Front Yard Setback- 50 Feet Required, 42.1 Feet Proposed from Canopy

85-843B(1): Minimum Residential Buffer: 25 Feet Required, 10 Feet Proposed to the West

85-850: Loading Space Requirement: 1 Space Required, Does not comply

Town Board Special Permit:

85-467E(4): Exterior menu board or speakers shall not face any residential use or zone, Does not comply

D. AMEND RESTRICTIVE COVENANTS

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

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

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



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II. APPLICANT INFORMATION

A. OWNER/CONTRACT VENDEE/LESSEE:

Name: Firm Name:

Street Address:

City: State: Zip: Tel#:

Email: Fax#:

B. PLAN PREPARER:

Name: Firm Name:

Street Address:

City: State: Zip: Tel#:

Email: Fax#:

C. ATTORNEY/AGENT (Cannot be same as Owner/Applicant):

Name: Firm Name:

Street Address:

City: State: Zip: Tel#:

Email: Fax#:



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III. 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: RA Middle Island LLC

Firm Name: RA Middle Island LLC

Address: 1201 Route 112, Suite 900

Hamlet: Port Jefferson Station State: NY Zipcode: 11776

Email: w.caffrey@crestorg.com Tel #: (631) 582-4800 Fax #: (631) 582-4955

If corporation, name of responsible officer: Enrico Scarda

Title: Manager

IN WITNESS WHEREOF I have hereto set my hand onto this 21st day of November, 2024

(Do not leave above Date Fields blank)



Sign by Owner/Officer

STATE OF NEW YORK)

SS.:

COUNTY OF SUFFOLK)

On the 21st day of November in the year 2024 before me, the undersigned, personally appeared Enrico Scarda 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

WILLIAM P CAFFREY JR
NOTARY PUBLIC-STATE OF NEW YORK
No. 02CA0010189
Qualified in Suffolk County
My Commission Expires 06-26-2027



IV. A. PROJECT DATA

- ☐ Yes ☐ No 1. Is the property within 500' of the boundary of any village or town? If Yes, enter here:
- ☒ 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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IV. 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.C): ☐ 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).

12 months

3. If multi-phased:

a. Total number of phases anticipated.

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

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

d. Is Phase 1 functionally dependent on subsequent phases?

☐ Yes ☐ No

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

5

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

5

6. Number of jobs eliminated by this project.

0

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

\$44,000.00

8. What tax revenues will project generate after completion?

\$44,000.00

9. What is the estimated cost of construction?

\$1,000,000

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

C. REMOVAL OF EXCESS MATERIALS:

Engineers Certification:

The site plan or subdivision submitted to the Board depicts and excess of cubic yards, proposed to be removed from the premises.

Name: Zachary Chaplin

Phone Number: 718-606-8305

Email: zchaplin@stonefieldeng.com

License Number: 099748

Signature

11/21/24

Date



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V.CONFLICT OF INTEREST TRANSACTIONAL DISCLOSURE FORM

A Transactional Disclosure form is required when someone submits certain applications to Brookhaven Town. The purpose of the disclosure is to alert the Town if a party of influence has an interest in this application or if someone within the Town who will participate in the decision has an interest.

***Note:** It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name: Address:
City: State: Zip:
Tel#: Fax#: Email:

This form is for: ☐ An individual ☐ A corporation ☐ A partnership ☐ An association
X A Limited Liability Company

Nature of Application:

- | | |
|---|--|
| <input type="checkbox"/> Property Assessment Grievance for non-residential parcel | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Change of Zone |
| <input type="checkbox"/> Approval of Plat | <input type="checkbox"/> Exemption from Plat or Official Map |
| <input type="checkbox"/> License or Permit affecting real property | <input type="checkbox"/> Bidding on contract(s) |

Affected parcel (address):

☐ 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?

If YES, complete the appropriate section below.

If NO, sign and date at end of form.

Please complete the following relevant section below:

For **Individual:**

Interested Party:

Name: Address:
City: State: Zip:

Effective 5/15/2018



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For **corporation:**

Interested Party:

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

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

- ☐ Yes ☐ No 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 publicly traded?
- ☐ Yes ☐ No The actual applicant,
- ☐ Yes ☐ No An Officer, Director, Partner, or Employee of the applicant, or
- ☐ Yes ☐ No Legally or beneficially owns or controls any stock of a nonpublicly traded corporate applicant or is a member of a partnership or association of the applicant.

For **partnership or association:**

Interested Party:

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

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

- ☐ Yes ☐ No Does the owner hold greater than five percent (5%) interest of publicly traded shares?
- ☐ Yes ☐ No The actual applicant,
- ☐ Yes ☐ No An Officer, Director, Partner, or Employee of the applicant, or
- ☐ Yes ☐ No Legally or beneficially owns or controls any stock of a nonpublicly traded corporate applicant or is a member of a partnership

ALL APPLICANTS/OWNERS PLEASE FILL OUT BELOW:

Print Name:

Date:

Signature:

Title:

Effective 5/15/2018



V.CONFLICT OF INTEREST TRANSACTIONAL DISCLOSURE FORM

A Transactional Disclosure form is required when someone submits certain applications to Brookhaven Town. The purpose of the disclosure is to alert the Town if a party of influence has an interest in this application or if someone within the Town who will participate in the decision has an interest.

***Note:** It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name:	J. Timothy Shea, Jr., Esq	Address:	100 Motor Parkway, Suite 560		
City:	Hauppauge	State:	NY	Zip:	11788
Tel#:	631-979-7000	Fax#:	631-979-7070	Email:	tshea@certilmanbalin.com

This form is for: ☐ An individual ☐ A corporation ☒ A partnership ☐ An association

Nature of Application:

- | | |
|---|---|
| <input type="checkbox"/> Property Assessment Grievance for non-residential parcel | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Change of Zone and Special Permit |
| <input type="checkbox"/> Approval of Plat | <input type="checkbox"/> Exemption from Plat or Official Map |
| <input type="checkbox"/> License or Permit affecting real property | <input type="checkbox"/> Bidding on contract(s) |

Affected parcel (address): 599 Middle Country Rd., Middle Island, NY 11953 SCTM:0200-402-2-2

☐ 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?

If YES, complete the appropriate section below.

If NO, sign and date at end of form.

Please complete the following relevant section below:

For **Individual:**

Interested Party:

Name:		Address:			
City:		State:		Zip:	



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For corporation:

Interested Party:

Name: Address:

City: State: Zip:

Title: Department:

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

☐ Yes ☐ No 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 publicly traded?

☐ Yes ☐ No The actual applicant,

☐ Yes ☐ No An Officer, Director, Partner, or Employee of the applicant, or

☐ Yes ☐ No Legally or beneficially owns or controls any stock of a nonpublicly traded corporate applicant or is a member of a partnership or association of the applicant.

For partnership or association:

Interested Party:

Name: Address:

City: State: Zip:

Title: Department:

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

☐ Yes ☐ No Does the owner hold greater than five percent (5%) interest of publicly traded shares?

☐ Yes ☐ No The actual applicant,

☐ Yes ☐ No An Officer, Director, Partner, or Employee of the applicant, or

☐ Yes ☐ No Legally or beneficially owns or controls any stock of a nonpublicly traded corporate applicant or is a member of a partnership

ALL APPLICANTS/OWNERS PLEASE FILL OUT BELOW:

Print Name:

Date:

Signature:

Title:

Effective 5/15/2018

Full Environmental Assessment Form
Part 1 - Project and Setting

RECEIVED

By Brookhaven Town Clerk at 10:01 am, Mar 11, 2025

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 applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project: Proposed Change of Zone		
Project Location (describe, and attach a general location map): 599 Middle Country Road, Hamlet of Middle Island, Town of Brookhaven, Suffolk County, NY		
Brief Description of Proposed Action (include purpose or need): The proposed action is a change of zone for 599 Middle Country Road (SCTM 0200-402-02-002) from J Business 4 (Professional and Business Offices) to J Business 5 (High Intensity Business) in order to enable the future conversion of the existing bank building into a Starbucks restaurant and Drive-Thru.		
Name of Applicant/Sponsor: RA Middle Island LLC	Telephone: 631-582-4800	
	E-Mail: w.caffrey@crestorg.com	
Address: 1201 Route 112		
City/PO: Port Jefferson Station	State: New York	Zip Code: 11776
Project Contact (if not same as sponsor; give name and title/role): Zachary Chaplin, PE	Telephone: 718-606-8305	
	E-Mail: zchaplin@stonefieldeng.com	
Address: 584 Broadway, Suite 310		
City/PO: New York	State: New York	Zip Code: 10012
Property Owner (if not same as sponsor):	Telephone:	
	E-Mail:	
Address:		
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 Counsel, Town Board, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees	Town of Brookhaven Town Board, Application for Change of Zone	December 2024
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Town of Brookhaven Planning Board, Application for Site Plan Approval	TBD
c. City, Town or Village Zoning Board of Appeals <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Town of Brookhaven Board of Zoning Appeals	TBD
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	SCWA, Backflow Approval SCDHS, Wastewater Management	TBD
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	New York State DOT, Highway Work Permit	TBD
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 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

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If Yes, complete sections C, F and G. If No, proceed to question C.2 and complete all remaining sections and questions in Part 1 	
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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, identify the plan(s): NYS Heritage Areas: LI North Shore Heritage Area _____ _____ _____	
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): _____ _____ _____	

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 4 - Professional and Business Offices

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? J Business 5

C.4. Existing community services.

a. In what school district is the project site located? Longwood Central School District

b. What police or other public protection forces serve the project site?

Suffolk County Police Department, Sixth Precinct

c. Which fire protection and emergency medical services serve the project site?

Middle Island Fire District provides both fire and EMS service

d. What parks serve the project site?

The project is located a half mile from Cathedral Pines County Park and a mile from Prosser Pines Nature Preserve.

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)? Change of Zone, Commercial

b. a. Total acreage of the site of the proposed action? 1.44 acres

b. Total acreage to be physically disturbed? 0.92 acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 1.44 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 the 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes,	
i. Total number of structures _____ ii. Dimensions (in feet) of largest proposed structure: _____ height; _____ width; and _____ length iii. Approximate extent of building space to be heated or cooled: _____ 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="checkbox"/> 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): _____ _____	

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) 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="checkbox"/> 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 the proposed action cause or result in disturbance to bottom sediments? ☐ Yes ☐ No
If Yes, describe: _____

iv. Will the 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: _____
- 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), what is the 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: _____ 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): _____

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"> • Do existing sewer lines serve the project site? _____ • Will a line extension within an existing district be necessary to serve the project? _____ <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ _____ _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? _____</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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): _____ _____ _____</p>	
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____ _____ _____</p>	

<p>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? _____</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p style="margin-left: 40px;">_____ Square feet or _____ acres (impervious surface)</p> <p style="margin-left: 40px;">_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources. _____</p> <p>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)? _____ _____</p> <ul style="list-style-type: none"> • If to surface waters, identify receiving water bodies or wetlands: _____ _____ • Will stormwater runoff flow to adjacent properties? _____ 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? _____</p>		
<p>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? _____</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____</p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>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? _____</p> <p>If Yes:</p> <p>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) _____</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ Tons/year (short tons) of Carbon Dioxide (CO₂) • _____ Tons/year (short tons) of Nitrous Oxide (N₂O) • _____ Tons/year (short tons) of Perfluorocarbons (PFCs) • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆) • _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs) • _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs) 		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>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</p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>			
<p>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</p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>			
<p>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</p> <p>If Yes:</p> <p>i. When is the peak traffic expected (Check all that apply): <input checked="" type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Randomly between hours of _____ to _____.</p> <p>ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____</p> <p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____</p> <p>iv. Does the proposed action include any shared use parking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p> <p>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</p> <p>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</p> <p>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</p>			
<p>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</p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____</p> <p>iii. Will the proposed action require a new, or an upgrade, to an existing substation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: <u>Per Municipal Code Requirements</u> • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: <u>Per Municipal Code Requirements</u> • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> </tr> </table>		<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: <u>Per Municipal Code Requirements</u> • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: <u>Per Municipal Code Requirements</u> • Saturday: _____ • Sunday: _____ • Holidays: _____
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<p>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</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>n. Will the proposed action have outdoor lighting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>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</p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____</p> <p>_____</p> <p>_____</p>	
<p>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</p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally, describe the proposed storage facilities: _____</p> <p>_____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe proposed treatment(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> • Construction: _____ tons per _____ (unit of time) • Operation : _____ tons per _____ (unit of time) <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> • Construction: _____ _____ • Operation: _____ _____ <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • Construction: _____ _____ • Operation: _____ _____ 	

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 the 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:
 The site is currently occupied by a commercial structure and is bordered by commercial uses to the east and south. The site is bordered by forest to the north and west.

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	0.51	0.51	0
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: Grass/Landscaping _____	0.93	0.93	0

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v. Is the project site subject to an institutional control limiting property uses? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____ 																			
E.2. Natural Resources On or Near Project Site																			
a. What is the average depth to bedrock on the project site? _____ > 6 feet																			
b. Are there bedrock outcroppings on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %																			
c. Predominant soil type(s) present on project site: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">PIB - Plymouth Loamy Coarse Sand</td> <td style="width: 40%; text-align: right; border-bottom: 1px solid black;">1.0 %</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Riverhead Sandy Loam</td> <td style="text-align: right; border-bottom: 1px solid black;">99.0 %</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right; border-bottom: 1px solid black;">%</td> </tr> </table>		PIB - Plymouth Loamy Coarse Sand	1.0 %	Riverhead Sandy Loam	99.0 %		%												
PIB - Plymouth Loamy Coarse Sand	1.0 %																		
Riverhead Sandy Loam	99.0 %																		
	%																		
d. What is the average depth to the water table on the project site? Average: _____ > 6 feet																			
e. Drainage status of project site soils: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> Well Drained:</td> <td style="width: 70%; text-align: right;">100 % of site</td> </tr> <tr> <td><input type="checkbox"/> Moderately Well Drained:</td> <td style="text-align: right;">% of site</td> </tr> <tr> <td><input type="checkbox"/> Poorly Drained</td> <td style="text-align: right;">% of site</td> </tr> </table>		<input checked="" type="checkbox"/> Well Drained:	100 % of site	<input type="checkbox"/> Moderately Well Drained:	% of site	<input type="checkbox"/> Poorly Drained	% of site												
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<input type="checkbox"/> Poorly Drained	% of site																		
f. Approximate proportion of proposed action site with slopes: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> 0-10%:</td> <td style="width: 70%; text-align: right;">95 % of site</td> </tr> <tr> <td><input checked="" type="checkbox"/> 10-15%:</td> <td style="text-align: right;">5 % of site</td> </tr> <tr> <td><input type="checkbox"/> 15% or greater:</td> <td style="text-align: right;">% of site</td> </tr> </table>		<input checked="" type="checkbox"/> 0-10%:	95 % of site	<input checked="" type="checkbox"/> 10-15%:	5 % of site	<input type="checkbox"/> 15% or greater:	% of site												
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<input checked="" type="checkbox"/> 10-15%:	5 % of site																		
<input type="checkbox"/> 15% or greater:	% of site																		
g. Are there any unique geologic features on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe: _____ _____																			
h. Surface water features. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>ii. Do any wetlands or other waterbodies adjoin the project site?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table> If Yes to either <i>i</i> or <i>ii</i> , continue. If No, skip to E.2.i. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table> iv. For each identified regulated wetland and waterbody on the project site, provide the following information: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">• Streams:</td> <td style="width: 40%;">Name _____</td> <td style="width: 50%;">Classification _____</td> </tr> <tr> <td>• Lakes or Ponds:</td> <td>Name _____</td> <td>Classification _____</td> </tr> <tr> <td>• Wetlands:</td> <td>Name _____</td> <td>Approximate Size _____</td> </tr> <tr> <td>• Wetland No. (if regulated by DEC)</td> <td colspan="2">_____</td> </tr> </table>		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?	<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 checked="" type="checkbox"/> No	• Streams:	Name _____	Classification _____	• Lakes or Ponds:	Name _____	Classification _____	• Wetlands:	Name _____	Approximate Size _____	• Wetland No. (if regulated by DEC)	_____	
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• 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? <input type="checkbox"/> Yes <input checked="" 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">i. Name of aquifer:</td> <td>Sole Source Aquifer Names: Nassau-Suffolk SSA</td> </tr> </table>		i. Name of aquifer:	Sole Source Aquifer Names: Nassau-Suffolk SSA																
i. Name of aquifer:	Sole Source Aquifer Names: Nassau-Suffolk SSA																		

<p>m. Identify the predominant wildlife species that occupy or use the project site: _____</p> <p>Squirrels _____</p> <p>Other typical suburban wildlife sepcies _____</p>	
<p>n. Does the project site contain a designated significant natural community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p style="margin-left: 20px;">ii. Source(s) of description or evaluation: _____</p> <p style="margin-left: 20px;">iii. Extent of community/habitat:</p> <ul style="list-style-type: none"> • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres 	
<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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing (endangered or threatened): _____</p> <p>Northern Long-eared Bat</p> <p>_____</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing: _____</p> <p>_____</p>	
<p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p> <p>The East Bartlett Pine Barrens State Forrest to the South of the site is used for hunting and trapping. This will be unaffected by the change of zone.</p>	
<p>E.3. Designated Public Resources On or Near Project Site</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, provide county plus district name/number: _____</p>	
<p>b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="margin-left: 20px;">i. If Yes: acreage(s) on project site? _____</p> <p style="margin-left: 20px;">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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p style="margin-left: 20px;">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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. CEA name: SGPA, Central Suffolk Pine Barrens</p> <p style="margin-left: 20px;">ii. Basis for designation: Protect groundwater, Benefit to human health & protect drinking water</p> <p style="margin-left: 20px;">iii. Designating agency and date: Agency:Long Island Regional Planning, Agency:Suffolk County, Date:3-19-93, Date:2-10-88</p>	

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input checked="" type="checkbox"/> Historic Building or District ii. Name: <u>Long Island North Shore Heritage Area</u> iii. Brief description of attributes on which listing is based: <u>This area includes the northern half of Long Island, which contains a variety of cultural and historic resources.</u> 	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
g. Have additional archaeological or historic site(s) or resources been identified on the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Describe possible resource(s): _____ ii. Basis for identification: _____ 	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: <ul style="list-style-type: none"> i. Identify resource: <u>Cathedral Pines County Park; Prosser Pines Nature Preserve; East Bartlett, Longwood, & Rocky Point State Forests</u> ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): <u>Local Park, Nature Preserve, & State Forests</u> iii. Distance between project and resource: _____ <u>0.1-5 miles.</u> 	
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: <ul style="list-style-type: none"> 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.

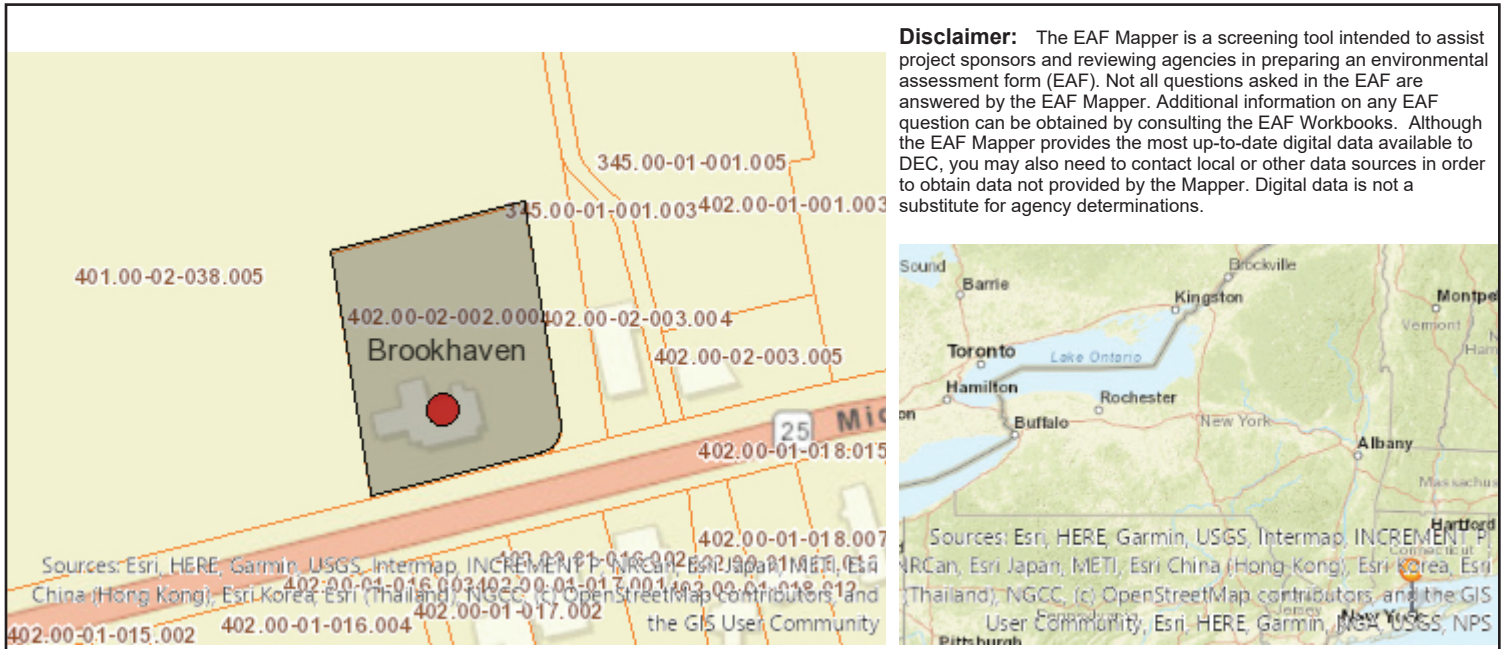
If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

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

Applicant/Sponsor Name Zachary Chaplin Date 02/14/2025

Signature  Title Engineer



B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	No
C.2.b. [Special Planning District]	Yes - Digital mapping data are not available for all Special Planning Districts. Refer to EAF Workbook.
C.2.b. [Special Planning District - Name]	NYS Heritage Areas:LI North Shore Heritage Area
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	No
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	Yes
E.2.l. [Aquifer Names]	Sole Source Aquifer Names:Nassau-Suffolk SSA
E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	Yes

E.2.o. [Endangered or Threatened Species - Name]	Northern Long-eared Bat
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	Yes
E.3.d [Critical Environmental Area - Name]	SGPA, Central Suffolk Pine Barrens
E.3.d.ii [Critical Environmental Area - Reason]	Protect groundwater, Benefit to human health & protect drinking water
E.3.d.iii [Critical Environmental Area – Date and Agency]	Agency:Long Island Regional Planning, Agency:Suffolk County, Date:3-19-93, Date:2-10-88
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e.ii [National or State Register of Historic Places or State Eligible Sites - Name]	
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No