



# Town of Brookhaven Long Island

Daniel J. Panico, Supervisor

DATE: December 27, 2024

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**  
Change of Zone From J4 to J5  
N/s Middle Country Rd. 968' E/o Birchwood Park Dr., Middle Island  
SCTM: 0200 40200 0200 002000, 1.44 acres

---

Attached is a copy of a new application this office has received. For your review and consideration, please find enclosed a copy of the project application materials.

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:

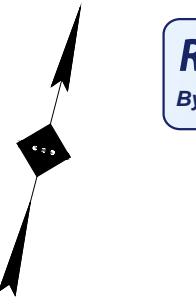
**Town of Brookhaven  
OFFICE OF THE TOWN CLERK  
Kevin J. Lavalle  
One Independence Hill  
Farmingville, NY 11738**

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

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

**Planning, Environment and Land Management  
James M. Tullo, Commissioner**

One Independence Hill • Farmingville • NY 11738 • Phone (631) 451-6400 • Fax (631) 451-6419  
[www.brookhavenny.gov](http://www.brookhavenny.gov)



## RECEIVED

By Brookhaven Town Clerk at 12:17 pm, Nov 22, 2024

LAND USE AND ZONING		
DISTRICT 200, SECTION 402, BLOCK 2, LOT 2		
HIGH INTENSITY BUSINESS (J-5)		
<b>PROPOSED USE</b>		
MAJOR RESTAURANT W/ ACCESSORY DRIVE-THROUGH	SPECIAL PERMIT USE (TOWN BOARD APPROVAL)	
ZONING REQUIREMENT	REQUIRED	PROPOSED
MINIMUM LOT AREA	2.00 AC (87,120 SF)	1.44 AC (62,846 SF) (V)
MINIMUM LOT WIDTH	150 FT	225 FT
MAXIMUM FLOOR AREA RATIO	25%	6.2% (3,913 SF)
MAXIMUM BUILDING HEIGHT	2.5 STORIES / 35 FT	1 STORY / < 35 FT
MINIMUM FRONT YARD SETBACK (TO MIDDLE COUNTRY ROAD)	50 FT	BUILDING: 52.7 FT CANOPY: 42.0 FT
MINIMUM FRONT YARD SETBACK (TO NON-EXCLUSIVE SCWA ROW EASEMENT)	50 FT	BUILDING: 84.6 FT CANOPY: 91.5 FT
MINIMUM SIDE YARD SETBACK (ONE)	25 FT	BUILDING: 54.4 FT CANOPY: 42.5 FT TRASH ENCLOSURE: 4.3 FT (V)
MINIMUM REAR YARD SETBACK	40 FT	BUILDING: 161.9 FT CANOPY: 186.1 FT TRASH ENCLOSURE: 1.1 FT (V)

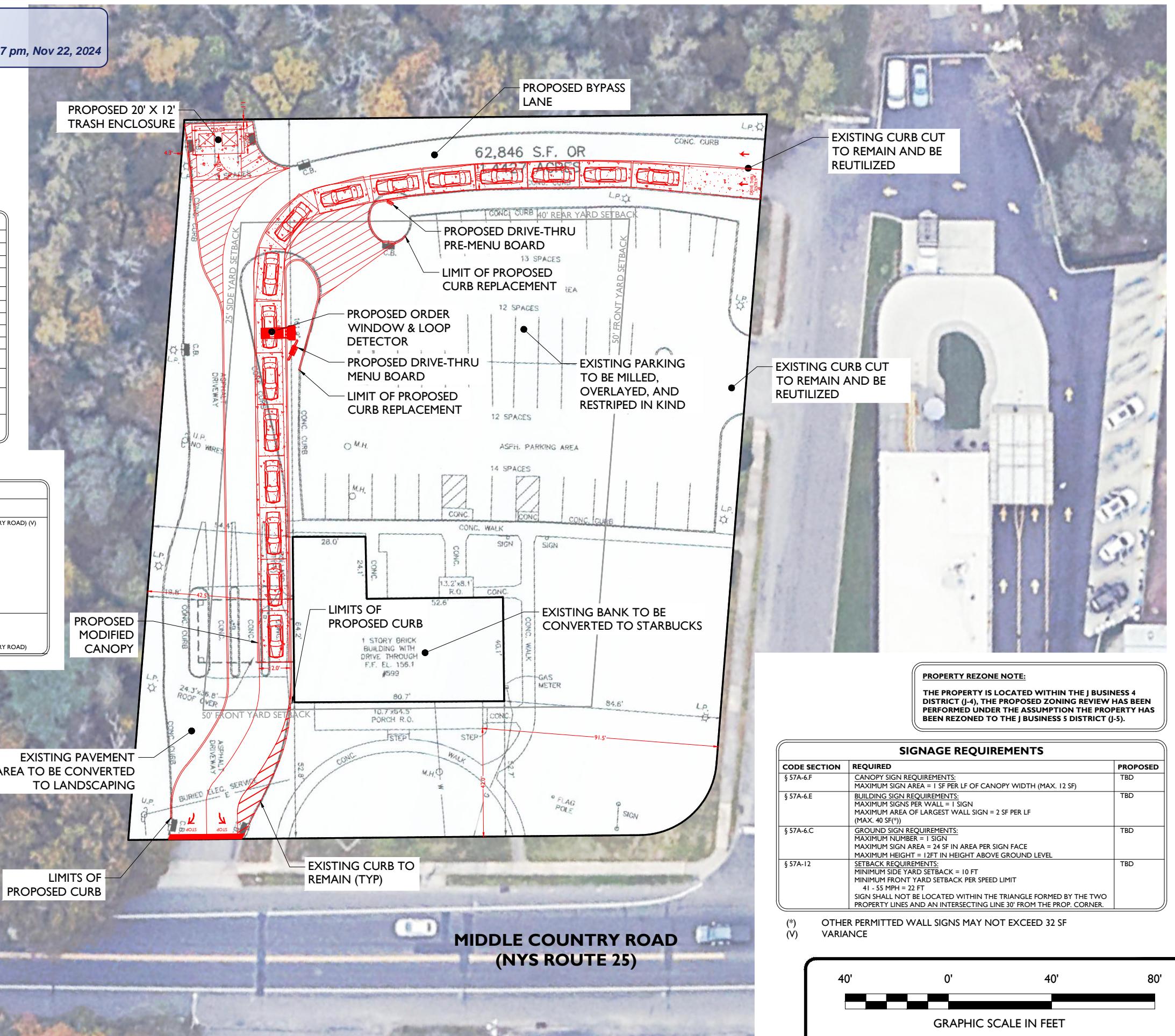
## (V) VARIANCE

LAND DEVELOPMENT STANDARDS		
CODE SECTION	REQUIRED	PROPOSED
§85-467 E.1-7	<ul style="list-style-type: none"> <li>- MINIMUM LANDSCAPED AREA OF 40 FEET SHALL BE MAINTAINED ADJACENT TO ALL ROAD FRONTAGES</li> <li>- MINIMUM LANDSCAPING = 35% (21,996 SF)</li> <li>- NO EXTERIOR MENU BOARD SIGNS SHALL BE LOCATED WITHIN THE FRONT YARD</li> <li>- EXTERIOR MENU BOARD OR SPEAKERS SHALL NOT FACE ANY RESIDENTIAL USE OR ZONE</li> <li>- NO INDOOR OR OUTDOOR PLAY AREA SHALL BE LOCATED IN THE FRONT YARD</li> <li>- THERE SHALL BE A MINIMUM OF 12 QUEUING SPACES FOR EACH DRIVE-THROUGH WINDOW</li> <li>- QUEUING LANES SHALL BE SEPARATE AND DISTINCT FROM PARKING AISLES</li> </ul>	<ul style="list-style-type: none"> <li>33.1 FT (MIDDLE COUNTRY ROAD) (V)</li> <li>37.6% (23,603 SF)</li> <li>TBD</li> <li>TBD</li> <li>TBD</li> <li>16 PROPOSED</li> <li>COMPLIES</li> </ul>
§85-843 A.1-4	<ul style="list-style-type: none"> <li>MINIMUM LANDSCAPING = 35% (21,996 SF)</li> <li>MINIMUM LANDSCAPING IN FRONT YARD = 50% OF REQUIRED (10,998 SF)</li> <li>STREET TREE SPACING = 30 FT</li> <li>MINIMUM LANDSCAPE WIDTH (STREET FRONTAGES) = 15 FT</li> </ul>	<ul style="list-style-type: none"> <li>37.6% (23,603 SF)</li> <li>49.1% (10,809 SF)</li> <li>TBD</li> <li>33.1 FT (MIDDLE COUNTRY ROAD)</li> </ul>

(V) VARIANCE  
(\*) THREE (3) PARKING SPACES CURRENTLY SHOWN AS PROPOSED  
LANDBANKED PARKING

OFF-STREET PARKING REQUIREMENTS		
CODE SECTION	REQUIRED	PROPOSED
§ 85-852	<p>MINIMUM PARKING REQUIREMENT: RESTAURANT: 1 PER 3 SEATS OR 1 PER 150 SF OF GFA, WHICHEVER IS GREATER 3,913 SF / 150 SF = 27</p> <p>TOTAL REQUIRED: 27 SPACES</p>	TOTAL PROPOSED: 51
§ 85-852	<p>MINIMUM DRIVE-THROUGH QUEUING REQUIREMENT: RESTAURANT 12 POSITIONS PER WINDOW</p>	TOTAL PROPOSED: 16
§ 85-850	<p>LOADING SPACE REQUIREMENT: 1 SPACE FOR BUILDING FLOOR AREA UNDER 8,000 SF</p>	DOES NOT COMPLY
§ 85-854-B	<p>MINIMUM PARKING SPACE DIMENSIONS: LENGTH = 19 FT WIDTH = 9 FT</p>	LENGTH = 17 FT (V) WIDTH = 8 FT (V)
§ 85-854-D	<p>MINIMUM DRIVE-THROUGH QUEUE SPACE DIMENSIONS: LENGTH = 22 FT WIDTH = 9 FT</p>	LENGTH = 22 FT WIDTH = 9 FT
§ 85-854.E	<p>MINIMUM MANEUVERING AISLE WIDTH: TBD BY PLANNING BOARD</p>	12 FT
§ 85-855.A	<p>NO PART OF ANY REQUIRED FRONT YARD, OTHER THAN A DRIVEWAY IN A RESIDENTIAL DISTRICT, SHALL BE USED FOR THE PARKING OF MOTOR VEHICLES OR FOR LOADING AND UNLOADING OPERATIONS.</p>	COMPLIES

## (V) VARIANCE



## MIDDLE COUNTRY ROAD (NYS ROUTE 25)

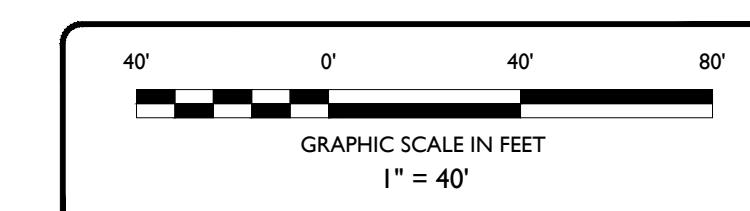
An aerial photograph of a road construction project. A large, white, U-shaped utility structure is positioned on the left side of a dark blue asphalt road. The road has three lanes with white dashed lines. To the right of the road, there is a white area with several small white arrows pointing upwards, likely indicating utility locations. In the top left corner, a white rectangular sign with black text reads 'URB CUT' on the first line and 'I AND BE' on the second line. The background shows some green trees and bushes. In the top left corner, there is a small white rectangular box with a black border.

**PROPERTY REZONE NOTE:**  
THE PROPERTY IS LOCATED WITHIN THE J BUSINESS 4 DISTRICT (J-4), THE PROPOSED ZONING REVIEW HAS BEEN PERFORMED UNDER THE ASSUMPTION THE PROPERTY HAS BEEN REZONED TO THE I BUSINESS 5 DISTRICT (I-5).

## SIGNAGE REQUIREMENTS

CODE SECTION	REQUIRED	PROPOSED
§ 57A-6.F	CANOPY SIGN REQUIREMENTS: MAXIMUM SIGN AREA = 1 SF PER LF OF CANOPY WIDTH (MAX. 12 SF)	TBD
§ 57A-6.E	BUILDING SIGN REQUIREMENTS: MAXIMUM SIGNS PER WALL = 1 SIGN MAXIMUM AREA OF LARGEST WALL SIGN = 2 SF PER LF (MAX. 40 SF <sup>(*)</sup> )	TBD
§ 57A-6.C	GROUND SIGN REQUIREMENTS: MAXIMUM NUMBER = 1 SIGN MAXIMUM SIGN AREA = 24 SF IN AREA PER SIGN FACE MAXIMUM HEIGHT = 12FT IN HEIGHT ABOVE GROUND LEVEL	TBD
§ 57A-12	SETBACK REQUIREMENTS: MINIMUM SIDE YARD SETBACK = 10 FT MINIMUM FRONT YARD SETBACK PER SPEED LIMIT 41 - 55 MPH = 22 FT SIGN SHALL NOT BE LOCATED WITHIN THE TRIANGLE FORMED BY THE TWO PROPERTY LINES AND AN INTERSECTING LINE 30' FROM THE PROP. CORNER.	TBD

(\*) OTHER PERMITTED WALL SIGNS MAY NOT EXCEED 32 SF  
(V) VARIANCE



DEVELOPER: CONCEPT PLAN	<p><b>PROPOSED STARBUCKS WITH DRIVE THRU</b></p>  <p>SECTION 402, BLOCK 2, LOT 2 559 MIDDLE COUNTRY ROAD TOWN OF BROOKHAVEN SUFFOLK COUNTY, NEW YORK</p>
----------------------------	--

CONCEPT PLAN	<b>PROPOSAL</b>	SECTION 402, BLO 599 MIDDLE COUR TOWN OF BROOK SUFFOLK COUNTY
<b>THRU</b>		
 <p>CHARLIE CHAPLIN, P.E. NEW YORK LICENSE No. 99748 LICENSED PROFESSIONAL ENGINEER</p>		
<b>NOT APPROVED FOR CONSTRUCTION</b>		
<b>DRAWN BY:</b> AGB		
<b>CHECKED BY:</b> FT		
<b>DATE:</b> 11/21/2024		
<b>SCALE:</b> (H) 1" = 40'		
<b>PROJECT ID:</b> NYC-240191		
<b>TITLE:</b>		
<b>CONCEPT A</b>		
<b>SHEET:</b>		
<b>A-1</b>		



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

1 Independence Hill, Farmingville NY 11738

**RECEIVED**

By Brookhaven Town Clerk at 12:13 pm, Nov 22, 2024

# Town Board Land Use Application

Form TC-01 Rev F 2/24/2024

Page 1 of 9

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

002.000

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: **CENTER MORICHES**

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 (same as existing)**



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

1 Independence Hill, Farmingville NY 11738

**Town Board  
Land Use Application**

Form TC-01 Rev F 2/24/2024

Page 2 of 9

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.)**

Renovate existing vacant bank building and convert 4,000 square feet of the property into a Starbucks with an accessory Drive-thru.

SCTM#-0200-402.00-02.00-002.000



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

1 Independence Hill, Farmingville NY 11738

**Town Board**  
**Land Use Application**

Form TC-01 Rev F 2/24/2024  
Page New 3 of 9

**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\*

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\*

**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:  %.



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

1 Independence Hill, Farmingville NY 11738

**Town Board  
Land Use Application**

Form TC-01 Rev F 2/24/2024  
Page 4 of 9

**II. APPLICANT INFORMATION**

**A. OWNER/CONTRACT VENDEE/LESSEE:**

Name: **RA Middle Island LLC** Firm Name: **RA Middle Island LLC**  
Street Address: **1201 Rout 112, Suite 900**  
City: **Port Jefferson Station** State: **NY** Zip: **11776** Tel#: **(631) 582-4800**  
Email: **w.caffrey@crestorg.com** Fax#: **(631) 582-4955**

**B. PLAN PREPARER:**

Name: **Zachary E. Chaplin, PE** Firm Name: **Stonefield**  
Street Address: **584 Broadway, Suite 310**  
City: **New York** State: **NY** Zip: **11776** Tel#: **(718) 606-4800**  
Email: **zchaplin@stonefieldeng.com** Fax#: **(212) 340-4472**

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

Name: **William P. Caffrey, Jr., Esq.** Firm Name: **The Crest Group**  
Street Address: **1201 Route 112, Suite 900**  
City: **Port Jefferson Station** State: **NY** Zip: **11776** Tel#: **(631) 582-4800**  
Email: **w.caffrey@crestorg.com** Fax#: **(631) 582-4955**



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

1 Independence Hill, Farmingville NY 11738

**Town Board  
Land Use Application**

Form TC-01 Rev F 2/24/2024

Page 5 of 9

**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 **21<sup>st</sup>** day of **November**, **2024**

(Do not leave above Date Fields blank)

Signature  
\_\_\_\_\_  
Sign by Owner/Officer

STATE OF NEW YORK)

SS.:

COUNTY OF SUFFOLK)

On the 21<sup>st</sup> 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.

Signature  
\_\_\_\_\_  
Notary Public

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



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

1 Independence Hill, Farmingville NY 11738

**Town Board  
Land Use Application**

Form TC-01 Rev F 2/24/2024

Page 6 of 9

**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:

**Applicant affiliate in contract to purchase 0200-401.00-02.00-038.005**

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

1 Independence Hill, Farmingville NY 11738

**Town Board  
Land Use Application**

Form TC-01 Rev F 2/24/2024

Page 7 of 9

**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  0 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



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

1 Independence Hill, Farmingville NY 11738

**Town Board  
Land Use Application**

Form TC-01 Rev F 2/24/2024

Page 8 of 9

**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: **RA Middle Island LLC** Address: **1201 Route 112, Suite 900**  
City: **Port Jefferson Station** State: **NY** Zip: **11776**  
Tel#: **(631) 582-4800** Fax#: **(631) 582-4955** Email: **w.caufrey@crestorg.com**

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

**Limited Liability Company**

**Nature of Application:**

Property Assessment Grievance for non-residential parcel  Variance  
 Amendment  Change of Zone + Special Permit  
 Approval of Plat  Exemption from Plat or Official Map  
 License or Permit affecting real property  Bidding on contract(s)

Affected parcel (address): **599 Middle Country Road, Middle Island New York 11953**

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:



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

1 Independence Hill, Farmingville NY 11738

**Town Board  
Land Use Application**

Form TC-01 Rev F 2/24/2024  
Page 9 of 9

**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:  Enrico Scarda

Date:  11/21/24

Signature:

Title:  Manager

Effective 5/15/2018

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

**RECEIVED**

By Brookhaven Town Clerk at 12:15 pm, Nov 22, 2024

**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 2 (General 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.caufrey@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

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Planning Board or Commission		
c. City, Town or <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Village Zoning Board of Appeals		
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	
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  Yes  No only approval(s) which must be granted to enable the proposed action to proceed?

- If Yes, complete sections C, F and G.
- If No, proceed to question C.2 and complete all remaining sections and questions in Part I

### 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?  Yes  No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?  Yes  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?)  Yes  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,  Yes  No or an adopted municipal farmland protection plan?

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. If Yes, what is the zoning classification(s) including any applicable overlay district? J Business 4 - Professional and Business Offices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the use permitted or allowed by a special or conditional use permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Is a zoning change requested as part of the proposed action? If Yes, i. What is the proposed new zoning for the site? J Business 5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>C.4. Existing community services.</b>	
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?	N/A 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? 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: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Is the proposed action a subdivision, or does it include a subdivision? If Yes, i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is a cluster/conservation layout proposed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Yes  No

One Family   Two Family   Three Family   Multiple Family (four or more)

Initial Phase  
At completion  
of all phases

g. Does the proposed action include new non-residential construction (including expansions)?  
If Yes,

Yes  No

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?

Yes  No

If Yes,

i. Purpose of the impoundment: \_\_\_\_\_

ii. If a water impoundment, the principal source of the water: \_\_\_\_\_

Ground water  Surface water streams  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?  Yes  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?

If yes, describe. \_\_\_\_\_

Yes  No

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?

Yes  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?

Yes  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

- Do existing sewer lines serve the project site?  Yes  No
- Will a 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): \_\_\_\_\_

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

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?

\_\_\_\_\_ Square feet or \_\_\_\_\_ acres (impervious surface)

\_\_\_\_\_ Square feet or \_\_\_\_\_ 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)? \_\_\_\_\_

- If to surface waters, identify receiving water bodies or wetlands: \_\_\_\_\_

- Will stormwater runoff flow to adjacent properties? \_\_\_\_\_

iv. Does the 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, or Federal Clean Air Act Title IV or Title V Permit?  Yes  No

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 checked="" 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 truck trips/day and type (e.g., semi trailers and dump trucks): _____		
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:		
<ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul>		
ii. During Operations:		
<ul style="list-style-type: none"> <li>• Monday - Friday: _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</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 the proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe:	
n. Will the proposed action have outdoor lighting? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes:	
i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:	
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:	
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 the 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes:	
i. Describe proposed treatment(s):	
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 type="checkbox"/> Yes <input checked="" 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: _____	
• Operation: _____	
iii. Proposed disposal methods/facilities for solid waste generated on-site:	
• Construction: _____	
• Operation: _____	

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

- Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_
- Anticipated rate of disposal/processing:
  - \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
  - \_\_\_\_\_ Tons/hour, if combustion or thermal treatment
- 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:

- Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_
- Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_
- Specify amount to be handled or generated \_\_\_\_\_ tons/month
- Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_
- 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 Covertype	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

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,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i. Identify Facilities: Yes, <u>the City On A Hill Community Church is located approximately 400 ft from the project site and includes a day care facility.</u>	
e. Does the project site contain an existing dam?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Dimensions of the dam and impoundment:	
<ul style="list-style-type: none"> <li>• Dam height: _____ feet</li> <li>• Dam length: _____ feet</li> <li>• Surface area: _____ acres</li> <li>• Volume impounded: _____ gallons OR acre-feet</li> </ul>	
ii. Dam's existing hazard classification: _____	
iii. Provide date and summarize results of last inspection: _____ _____	
f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Has the facility been formally closed? • If yes, cite sources/documentation: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____ _____	
iii. Describe any development constraints due to the prior solid waste activities: _____ _____	
g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____ _____	
h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply:	
<input type="checkbox"/> Yes – Spills Incidents database      Provide DEC ID number(s): _____ <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: _____ _____	
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? If yes, provide DEC ID number(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____ _____	

v. Is the project site subject to an institutional control limiting property uses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, DEC site ID number: _____	
• Describe the type of institutional control (e.g., deed restriction or easement): _____	
• Describe any use limitations: _____	
• Describe any engineering controls: _____	
• Will the project affect the institutional or engineering controls in place?	<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? 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:	PIB - Plymouth Loamy Coarse Sand Riverhead Sandy Loam _____ _____	1.0 % 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:	<input checked="" type="checkbox"/> Well Drained: 100 % 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%: 95 % of site <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? 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes to either i or ii, continue. If No, skip to E.2.i.		
iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
iv. For each identified regulated wetland and waterbody on the project site, provide the following information:		
• Streams: Name _____	Classification _____	
• Lakes or Ponds: Name _____	Classification _____	
• Wetlands: Name _____	Approximate Size _____	
• Wetland No. (if regulated by DEC) _____		
v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies?	<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? If Yes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
i. Name of aquifer: Sole Source Aquifer Names:Nassau-Suffolk SSA	_____	

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

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

If Yes:

Yes  No

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?

If Yes:

i. Species and listing (endangered or threatened):

Northern Long-eared Bat

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

If Yes:

i. Species and listing:

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:

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.

### 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: SGPA, Central Suffolk Pine Barrens

ii. Basis for designation: Protect groundwater, Benefit to human health & protect drinking water

iii. Designating agency and date: Agency:Long Island Regional Planning, Agency:Suffolk County, Date:3-19-93, Date:2-10-88

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? If Yes:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ol style="list-style-type: none"> <li>Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input checked="" type="checkbox"/> Historic Building or District</li> <li>Name: Long Island North Shore Heritage Area</li> <li>Brief description of attributes on which listing is based: This area includes the northern half of Long Island, which contains a variety of cultural and historic resources.</li> </ol>		
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? If Yes:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ol style="list-style-type: none"> <li>Describe possible resource(s):</li> <li>Basis for identification:</li> </ol>		
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? If Yes:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ol style="list-style-type: none"> <li>Identify resource: Cathedral Pines County Park, Prosser Pines Nature Preserve, East Bartlett, Longwood, &amp; Rocky Point State Forests</li> <li>Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): Local Park, Nature Preserve, &amp; State Forests</li> <li>Distance between project and resource: 0.1-5 miles.</li> </ol>		
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? If Yes:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ol style="list-style-type: none"> <li>Identify the name of the river and its designation:</li> <li>Is the activity consistent with development restrictions contained in 6NYCRR Part 666?</li> </ol>		

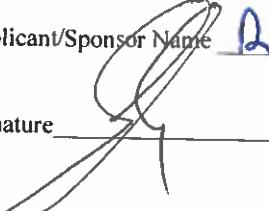
#### F. Additional Information

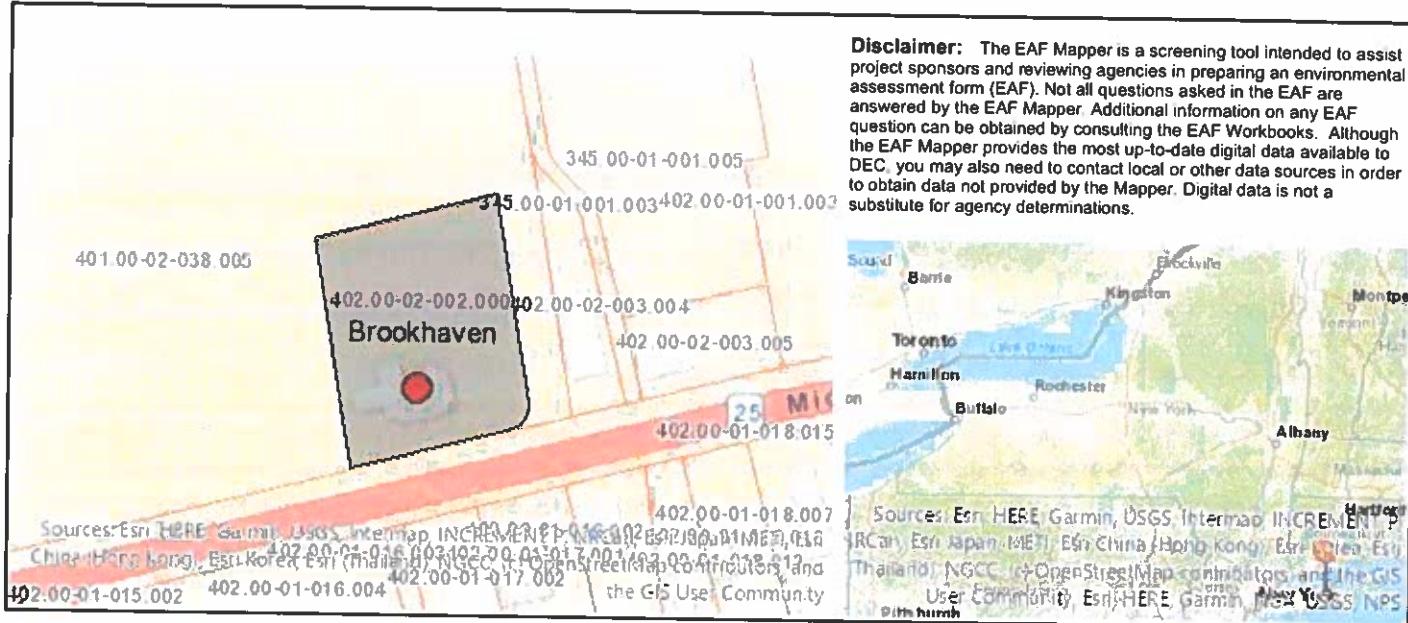
Attach any additional information which may be needed to clarify your project.

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 QA Middle\$hore LLC Date 11/22/24  
 Signature  Title Manager



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