

**PLANNING BOARD APPLICATION  
INSTRUCTIONS AND PROCEDURES**

- Regular meetings of the Planning Board are held on the 2<sup>nd</sup> Monday of each month at 6:30 P.M. at the Town of Barre Town Hall, or such other time or place as the Chairman of the Board may determine from time to time.
- All pertinent questions on the application must be answered, and all information required shall be concisely stated. Additional statements may be added if needed on the back of the application or on a separate sheet of paper.
- The final date for filing applications shall be ten (10) days before the date of the regular meeting.
- Applications for a Special Use Permit and/or Site Plan Review shall be accompanied by 5 copies of a proposed site plan\* showing the information required for site plan approval as described in Article X of the Town of Barre Zoning Regulations (attached herein) and the appropriate fee. Checks should be made payable to *Town of Barre*.

The Code Enforcement Officer shall provide the Applicant a copy of the relevant Section of the Town of Barre Zoning Regulations, describing the standards and provisions required for the Special Use Permit requested.

\*A pre-application conference may be held between the Planning Board and applicant to review the basic site design concept and to determine the information to be submitted with the site plan.

## **SPECIAL USE PERMIT AND SITE PLAN REVIEW INFORMATION**

### **SPECIAL USE PERMIT**

The Town of Barre Zoning Regulations uses Special Use Permits to control the impact of certain uses upon areas where they will be incompatible unless conditioned in a manner suitable to a particular location. Special Use Permits bring needed flexibility and individuality to the otherwise rigid controls of zoning regulations

A “Special Use” is a use which is specifically permitted in a given District only when conditioning criteria enumerated in the Town of Barre Zoning Regulations are met. All such uses are declared to possess characteristics of such unique and special forms that each specific use shall be considered as an individual case.

- In approving an application, the Planning Board may impose any modifications or conditions it deems necessary to conform to the goals and objectives of the Town of Barre’s Comprehensive Plan and its principles of land use and development, and to protect the health, safety or general welfare of the public.
- A Special Use Permit shall authorize only one particular special use. The Permit shall expire if the use shall cease for more than one (1) year for any reason.
- The Code Enforcement Officer shall inspect the premises of a use authorized and approved with a Special Use Permit on an annual basis. The purpose of the Inspection is to determine that the use is being operated consistent with the terms and conditions established by the Town Planning Board in approving the Permit.
- In addition, fees for a Special Use Permit are due annually.

### **SITE PLAN REVIEW**

Applications for a Special Use Permit for any structure, building or use shall be referred to the Planning Board for Site Plan review with the following exceptions:

- One or two-family dwellings
- Permitted accessory uses for one or two-family dwellings
- Any addition to a single-family dwelling
- Ann addition to a general farming use

The intent of a Site Plan Review is to set forth additional general standards applying to certain uses and activities, the nature of which require special consideration of their impacts upon surrounding properties, the environmental, community character and the ability of the Town of Barre to accommodate development consistent with the objectives of our Zoning Regulations.

### **OPTIONAL PUBLIC HEARING**

The Town Planning Board may conduct a Public Hearing of the Site Plan Review and Special Use Permit if considered desirable by a majority of the members.

### **Expiration Of a Site Plan Approval**

Site Plan approval shall automatically terminate one (1) year after the same is granted unless significant work has been done on the project.

**TOWN OF BARRE  
PLANNING BOARD  
APPLICANT ACKNOWLEDGEMENT**

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

Applicant: Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Subject Property: Address: \_\_\_\_\_

Tax Lot No. \_\_\_\_\_

Referred to Planning Board for:

Special Use Permit

Site Plan Review

Applicant shall reimburse the Town of Barre for all engineering, legal, or other extraordinary or unanticipated expenses incurred by the Town in review of the proposed action. The applicant shall reimburse the Town as expenses are incurred.

Where such expenses are estimated to be greater than \$1,000.00, the Planning Board will require an escrow account be established in an amount determined by such Board. The escrow account will be replenished as expenses are paid by the Town.

All monies due the Town of Barre shall be paid in full before issuance of any required permit OR within thirty (30) days of final action taken by the Planning Board.

I, \_\_\_\_\_ have read the above statement and agree to the terms and conditions thereof.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Fee's paid

August, 2021

**TOWN OF BARRE  
PLANNING BOARD**

**APPLICATION**

(See Instructions and Procedures Attached)

Date Received: \_\_\_\_\_

1. I (we) hereby apply to the Town Board:

for Site Plan Review

for a Special Use Permit

Pursuant to Section for the Town of Barre Zoning Regulations: \_\_\_\_\_

\_\_\_\_\_

2. LOCATION: Address \_\_\_\_\_ Tax Lot No. \_\_\_\_\_

Current Zoning: \_\_\_\_\_

3. OWNER: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

AGENT: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

If the applicant is not the owner or if there is an applicant/agent, please explain:

\_\_\_\_\_

4. DESCRIBE BRIEFLY THE DETAILS OF THIS REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE(s): \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

# AGRICULTURAL DATA STATEMENT

Per § 305-a of the New York State Agriculture and Markets Law, any application for a special use permit, site plan approval, use variance, or subdivision approval requiring municipal review and approval that would occur on property within a New York State Certified Agricultural District containing a farm operation or property with boundaries within 500 feet of a farm operation located in an Agricultural District shall include an Agricultural Data Statement.

A. Name of applicant: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_

B. Description of the proposed project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Project site address: \_\_\_\_\_ Town: \_\_\_\_\_

D. Project site tax map number: \_\_\_\_\_

E. The project is located on property:  
 within an Agricultural District containing a farm operation, or  
 with boundaries within 500 feet of a farm operation located in an Agricultural District.

F. Number of acres affected by project: \_\_\_\_\_

G. Is any portion of the project site currently being farmed?  
 Yes. If yes, how many acres \_\_\_\_\_ or square feet \_\_\_\_\_?  
 No.

H. Name and tax parcel identification number or address of any owner of land containing farm operations within the Agricultural District and is located within 500 feet of the boundary of the property upon which the project is proposed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Attach a copy of the current tax map showing the site of the proposed project relative to the location of farm operations identified in Item H above. Web-mapping available at [tinyurl.com/MapOrleans](http://tinyurl.com/MapOrleans).

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**FARM NOTE**  
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Prospective residents should be aware that farm operations may generate dust, odor, smoke, noise, vibration and other conditions that may be objectionable to nearby properties. Local governments shall not unreasonably restrict or regulate farm operations within State Certified Agricultural Districts unless it can be shown that the public health or safety is threatened.  
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\_\_\_\_\_  
Name and Title of Person Completing Form Date

# *Short Environmental Assessment Form*

## *Part 1 - Project Information*

### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. 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.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

| <b>Part 1 - Project and Sponsor Information</b>                                                                                                                                                                                                                                                                                                      |  |            |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--------------------------|--------------------------|
| Name of Action or Project:                                                                                                                                                                                                                                                                                                                           |  |            |                          |                          |
| Project Location (describe, and attach a location map):                                                                                                                                                                                                                                                                                              |  |            |                          |                          |
| Brief Description of Proposed Action:                                                                                                                                                                                                                                                                                                                |  |            |                          |                          |
| Name of Applicant or Sponsor:                                                                                                                                                                                                                                                                                                                        |  | Telephone: |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                      |  | E-Mail:    |                          |                          |
| Address:                                                                                                                                                                                                                                                                                                                                             |  |            |                          |                          |
| City/PO:                                                                                                                                                                                                                                                                                                                                             |  | State:     | Zip Code:                |                          |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?<br>If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2. |  |            | <b>NO</b>                | <b>YES</b>               |
|                                                                                                                                                                                                                                                                                                                                                      |  |            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other governmental Agency?<br>If Yes, list agency(s) name and permit or approval:                                                                                                                                                                                         |  |            | <b>NO</b>                | <b>YES</b>               |
|                                                                                                                                                                                                                                                                                                                                                      |  |            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.a. Total acreage of the site of the proposed action? _____ acres                                                                                                                                                                                                                                                                                   |  |            |                          |                          |
| b. Total acreage to be physically disturbed? _____ acres                                                                                                                                                                                                                                                                                             |  |            |                          |                          |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres                                                                                                                                                                                                                   |  |            |                          |                          |
| 4. Check all land uses that occur on, adjoining and near the proposed action.                                                                                                                                                                                                                                                                        |  |            |                          |                          |
| <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)                                                                                                                                              |  |            |                          |                          |
| <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____                                                                                                                                                                                                |  |            |                          |                          |
| <input type="checkbox"/> Parkland                                                                                                                                                                                                                                                                                                                    |  |            |                          |                          |



|                                                                                                                                                                                                                                                                            |                                                  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?<br/>         If Yes, explain purpose and size: _____<br/>         _____<br/>         _____</p> | <p><b>NO</b></p> <p><input type="checkbox"/></p> | <p><b>YES</b></p> <p><input type="checkbox"/></p> |
| <p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?<br/>         If Yes, describe: _____<br/>         _____<br/>         _____</p>                                               | <p><b>NO</b></p> <p><input type="checkbox"/></p> | <p><b>YES</b></p> <p><input type="checkbox"/></p> |
| <p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?<br/>         If Yes, describe: _____<br/>         _____<br/>         _____</p>                                             | <p><b>NO</b></p> <p><input type="checkbox"/></p> | <p><b>YES</b></p> <p><input type="checkbox"/></p> |
| <p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>                                                                                       |                                                  |                                                   |