

Short Environmental Assessment Form

Part 1 - Project Information

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Instructions for Completing

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

Part 1 - Project and Sponsor Information			
Name of Action or Project: <i>FURRUQIA / OREGON ATRATION / ADDITION</i>			
Project Location (describe, and attach a location map): <i>14 DEVON STREET</i>			
Brief Description of Proposed Action: <i>ALTERATION / ADDITION TO SINGLE FAMILY HOME INCLUDING SITE IMPROVEMENTS.</i>			
Name of Applicant or Sponsor: <i>NIAL CAIN</i>		Telephone: <i>914 / 476 3448</i>	E-Mail: <i>NCAIN@NCCSTUDIO.COM</i>
Address: <i>5 ATICDA AVENUE 1</i>			
City/PO: <i>DOBBS FERRY</i>		State: <i>NY</i>	Zip Code: <i>10522</i>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO <input checked="" type="checkbox"/>
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.			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO <input checked="" type="checkbox"/>
If Yes, list agency(s) name and permit or approval:			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<i>5.153 acres SF</i>	
b. Total acreage to be physically disturbed?		<i>3.500 acres SF</i>	
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, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" 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			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
12. a. 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? b. 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?	NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO <input checked="" type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>NIALl Carr</u> Date: <u>10/5/2020</u>		
Signature: <u>[Signature]</u> Title: <u>Architect</u>		

5008

617.21
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For LISTED ACTIONS ONLY

PROJECT ID NUMBER

PART 1: PROJECT INFORMATION (To be completed by Applicant or Project Manager)

1. PROJECT LOCATION: 1917 Ave of Astronauts & Astronaut

2. PROJECT NAME: 1917 Ave of Astronauts & Astronaut

3. PROJECT LOCATION: 1917 Ave of Astronauts & Astronaut

4. PROJECT LOCATION (Street address and road intersection, prominent landmarks, etc. or provide map): 1917 Ave of Astronauts & Astronaut

5. IS PROPOSED ACTION: ☒ New ☒ Expansion ☒ Modification/Alteration

6. DESCRIBE PROJECT BRIEFLY: ALTRON & ADDITION TO SINGLE FAMILY HOME.

7. AROUND OF LAND AFFECTED: 5.153 SF

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? ☒ Yes ☐ No. If No, describe briefly. ZONING VARIANCE OBTAINED

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? ☒ Residential ☐ Industrial ☐ Commercial ☐ Agriculture ☐ Park/Open Space ☐ Other

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR RULING, HOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? ☒ Yes ☐ No. If Yes, list agency(ies) and permit/approval

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? ☒ Yes ☐ No. If Yes, list agency name and permit/approval

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING RESIDENT/ANNOYAL REQUIRE MODIFICATION? ☒ Yes ☐ No

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Applicant/Owner Name: Altri

Signature: [Signature]

Date: 10/18/2020

If this action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

SEQR

PART II—ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
☐ Yes ☐ No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.5? If No, a negative declaration may be superseded by another involved agency.
☐ Yes ☐ No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic or other natural or cultural resources; or community or neighborhood character? Explain briefly.

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly.

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly.

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly.

C7. Other impacts (including changes in use of other quantity or type of energy)? Explain briefly.

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?
☐ Yes ☐ No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
☐ Yes ☐ No If Yes, explain briefly.

PART III—DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D or Part II was checked yes, the determination and significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- ☐ Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- ☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination.

 Name of Lead Agency

 Print or Type Name of Responsible Officer in Lead Agency

 Title of Responsible Officer

 Signature of Responsible Officer in Lead Agency

 Signature of Preparer (if different from responsible officer)

 Date

VILLAGE OF DOBBS FERRY - LWRP CONSISTENCY REVIEW

COASTAL ASSESSMENT FORM (CAF)

Name of applicant: NIAL CAIN AIA

Mailing address: 5 ATTICA AVENUE
DOBBS FERRY NY

Telephone number: 914 478 3448

Tax Lot # 12 BLK 52 SECTION 3.90

Application number, if any: A2020-1047

A. INSTRUCTIONS (Please print or type all answers)

1. All applicants, including the Village of Dobbs Ferry and other agencies, shall complete this CAF for proposed actions subject to Local Law # 10-05 - LWRP Consistency Law. This assessment is intended to supplement other information used by the Dobbs Ferry Planning Board in making a determination of consistency with the Coastal Management Policies set forth in the Dobbs Ferry Local Waterfront Revitalization Program (LWRP).

2. All applicants shall complete Sections B and C of this Coastal Assessment Form. If the proposed action meets any of the criteria listed in Section C, Section D must be completed.

3. In Section D, a proposed action should be evaluated as to its potential beneficial and/or adverse effects upon the coastal area and how it may affect the achievement of the specific policy standards contained in the LWRP and the LWRP Consistency Law.

4. Once evaluated, a proposed action may need to be analyzed in more detail and, if necessary, modified prior to making a determination that it is consistent with the LWRP policy standards. If an action cannot be certified as consistent with the LWRP policy standards, it shall not be undertaken.

B. DESCRIPTION OF SITE AND PROPOSED ACTION

1. Type of action (check appropriate response):

(a) Directly undertaken (e.g. capital construction, planning activity, agency regulation, land transaction) _____

(b) Financial assistance (e.g. grant, loan, subsidy) _____

(c) Permit, approval, license, certification ☒ _____

(d) Party or Agency undertaking action: _____

2. Describe nature and extent of action: ADDITION & ALTERATION
TO EXISTING SINGLE FAMILY HOME

3. Location of action (Street or Site Description): 14 DEVOE ST

C. COASTAL ASSESSMENT CRITERIA

Please check any of the following criteria that describe the proposed action.

- NO 1. The proposed action has direct contact with coastal waters, i.e. the Hudson River and/or its tributaries - Wickers Creek and the Saw Mill River.
- NO 2. The proposed action utilizes coastal waters, either directly or indirectly.
- NO 3. The proposed action involves natural features such as tree cover, hillsides, steep slopes, ridgelines and wetlands that either effect or are affected by coastal waters.
- NO 4. The proposed action demonstrates a relationship to coastal waters. The relationship may be recreational, cultural, historic, or business.
- NO 5. The proposed action has a direct visual relationship with coastal waters and their waterfronts.

If the proposed action meets any of the above criteria, Section D must be completed.

D. COASTAL ASSESSMENT

The following thirteen questions are based directly on the Coastal Management Policies set forth in Section III of the Dobbs Ferry LWRP. The preparer of this form should review these policies which are available online at www.dobbsferry.com/content/waterfront and also on file in the Village of Dobbs Ferry Clerk's office. Please answer every question and provide a brief explanation. If necessary, you may attach further explanation or refer to other available documentation relating to the proposed action.

Planning Bd.

1. ☐

Applicant

1. Does the proposed action foster a pattern of development in the coastal area that enhances community character, open space preservation, use of existing infrastructure, use of a coastal location?

____ YES ____ NO ____ Not Applicable

2. ☐

2. Does the proposed action preserve historic and archaeological resources?

____ YES ____ NO ____ Not Applicable

3. ☐

3. Does the proposed action protect existing scenic resources or enhance visual quality in the community?

____ YES ____ NO ____ Not Applicable

4. ☐

4. Does the proposed action minimize loss of life, structures, and natural resources from flooding and erosion?

____ YES ____ NO ____ Not Applicable

5. ☐

5. Does the proposed action protect or improve water resources?

____ YES ____ NO ____ Not Applicable

6. ☐

6. Does the proposed action protect or restore ecological resources, including significant fish and wildlife habitats, wetlands, and rare ecological communities?

____ YES ____ NO ____ Not Applicable

7. ☐

7. Does the proposed action protect and/or improve air quality?

____ YES ____ NO ____ Not Applicable

8. ☐

8. Does the proposed action minimize environmental degradation from solid waste and hazardous substances and wastes?

____ YES ____ NO ____ Not Applicable

9. ☐

9. Does the proposed action improve public access to and recreational use of public lands and waters?

____ YES ____ NO ____ Not Applicable

10. ☐

10. Does the proposed action protect water-dependent uses, promote siting of new water-dependent uses in suitable locations, and/or support efficient harbor operation?

____ YES ____ NO ____ Not Applicable

11. ☐

11. Does the proposed action promote the sustainable use of fish and wildlife resources?

☐ YES ☐ NO ☐ Not Applicable

12. ☐

12. Does the proposed action protect agricultural lands?

☐ YES ☐ NO ☐ Not Applicable

13. ☐

13. Does the proposed action promote appropriate use and development of energy and mineral resources?

☐ YES ☐ NO ☐ Not Applicable

Consistency
Determination

☐ Yes

☐ No

E. FURTHER REMARKS OR ADDITIONAL INFORMATION:

If assistance or further information is needed to complete this form, please contact Village of Dobbs Ferry Clerk at 914-693-2203 ext. 204..

Preparer's

Name:

NIAU CARD

Telephone:

914 470 3449

Title:

Architect

Agency:

NELSON

Date:

10/8/2020