

# TOWN OF FAYETTE

Application for a Site Plan Review

Application Fee \$70.00

Application Date \_\_\_\_\_ Application Number \_\_\_\_\_

1. Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Tax Map Number \_\_\_\_\_

2. Purpose of this Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Justification of Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Previous Appeals (list of applications, dates and Purposes of requests)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The owner should submit supporting materials with this application, including plans, elevations, landscaping diagrams, traffic circulation diagrams, neighborhood land use maps and any other materials that will assist the Planning Board to understand the request.

Signed (Property Owner): \_\_\_\_\_

Chairman of the Planning Board: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

**Town of Fayette Planning Board**  
1439 Yellow Tavern Road  
Waterloo, NY 13165  
315-585-6282

**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.

1. Name of Applicant: \_\_\_\_\_

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

2. Project Name/Location: \_\_\_\_\_

3. Description of proposed project. \_\_\_\_\_

\_\_\_\_\_

4. Tax Parcel Number(s): \_\_\_\_\_

5. Number of total acres involved with project: \_\_\_\_\_

6. Number of total acres presently in Tax Parcel: \_\_\_\_\_

7. How much of the site is currently farmed? \_\_\_\_\_ Acres

8. Please identify who is farming the site. \_\_\_\_\_

9. Please indicate what your intentions are for use of the remainder of the property, over:

Five years: \_\_\_\_\_

Ten years: \_\_\_\_\_

Twenty years: \_\_\_\_\_

10. Who will maintain the remainder of the property not being used for this development? \_\_\_\_\_

\_\_\_\_\_

(PLEASE COMPLETE NEXT PAGE.)

11. Please indicate crop(s) or vegetational cover for the site. \_\_\_\_\_

12. Are there any drainage ways or underground tile systems located on the site? \_\_\_\_\_

Will this project alter existing drainage patterns? \_\_\_\_\_ If yes, please describe

13. Is the parcel included in a farm plan prepared by the Seneca County Soil and Water District of the USDA Soil Conservation Service? \_\_\_\_\_

Are federally funded cost sharing practices in place for the parcel? \_\_\_\_\_

Name of program(s). \_\_\_\_\_

14. Is the parcel currently granted an agricultural tax exemption? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR TOWN USE ONLY:**

**NOTE:** This form and a map of the parcel(s) should be mailed to County Planning as part of the GML m and n referral. It should also be mailed to property owners within 500 feet of the property boundary along with the

Notice of Public Hearing (Attach list of Property Owners within 500 feet).

Name of Town Staff Person -

Date Referred to County Planning -