



TOWN OF AMSTERDAM

283 Manny's Corner Road
Amsterdam, NY 12010

Phone: 518-842-7961 • Fax: 518-843-6136
www.townofamsterdam.org

APPLICATION FOR ZONING/USE PERMIT

APPLICATION DATE: 6 / 23 / 2022 **CF 187489** ZONE: B1
APPLICATION #: 2022-058 FEE PD: \$25.00 TAX MAP NO: 39.12-2-12.1, 39.12-2-11, 39.12-2-10.12, 39.12-2-23

1.) PROPERTY/BUILDING LOCATION: 5052 State Route 30
2.) PROPERTY OWNER'S NAME: Alcourt Realty, LLC TELEPHONE: 518-843-3770
ADDRESS: 5052 State Route 30
Amsterdam, NY 12010

- 3.) APPLICATION IS HEREBY MADE FOR: (Check ALL that are applicable),
- | | | |
|---|---|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> MOBILE HOME INSTALLATION | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> MODULAR HOME INSTALLATION | <input type="checkbox"/> KENNEL/STABLES |
| <input type="checkbox"/> 1 FAMILY | <input type="checkbox"/> GARAGE <input type="checkbox"/> ATTACHED GARAGE | <input type="checkbox"/> HOME OCCUPATION |
| <input type="checkbox"/> 2 FAMILY | <input type="checkbox"/> ACCESSORY BUILDING/STORAGE SHED | <input type="checkbox"/> OUTDOOR FURNACES |
| <input type="checkbox"/> MULTIPLE | <input type="checkbox"/> CHIMNEY CONSTRUCTION | <input type="checkbox"/> SOLAR COLLECTORS + INSTALLATIONS |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> SOLID FUEL BURNING DEVICE | <input type="checkbox"/> WIND ENERGY FACILITIES |
| <input type="checkbox"/> RENOVATION, ALTERATION, CONVERSION | <input type="checkbox"/> STOVE INSERT | |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND | |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> WELL | |
| | <input checked="" type="checkbox"/> OTHER: <u>Commercial Facility Site Plan with Landscaping and Entrance Modifications</u> | |
- COMMERCIAL OCCUPANCY (WITH NO RENOVATIONS) INSPECTION ONLY.
 DEMOLITION
 COMMERCIAL OR RESIDENTIAL (CHECK ONE)
 METHOD OF DEMOLITION: _____
 PLACE OF DEBRIS DISPOSAL: _____
 DISCONNECTION DATE OF UTILITIES: _____

4.) THE FOLLOWING DESCRIPTION OF THE USE FOR THIS PROPERTY, FOR WHICH APPLICATION IS MADE HEREWITH, IS SUBMITTED: Senior Assisted Living Facility

- 5.) SITE INFORMATION (THE FOLLOWING INFORMATION MUST BE PROVIDED ALONG WITH DETAILED PLOT PLAN)
- A.) DIMENSIONS OF LOT: FRONTAGE 1528 REAR 393 RIGHT SIDE _____ LEFT SIDE _____
 ACREAGE 3.3+/-
- B.) IS THIS A CORNER LOT? YES OR NO
- C.) WILL THE GRADE OF THIS LOT BE CHANGED AS A RESULT OF THIS CONSTRUCTION? YES OR NO
 IF "YES", DESCRIBE AND SHOW ON PLOT PLAN _____
- D.) PUBLIC WATER OR PRIVATE WELL
- E.) SEWER OR PRIVATE SEPTIC
 *** SEPERATE PERMITS ARE REQUIRED FOR PUBLIC WATER AND SANITARY SEWER
- F.) DISTANCE FROM LOT LINES: FRONT _____ REAR _____ RIGHT SIDE _____ LEFT SIDE _____

6.) TYPE OF CONSTRUCTION: (CHECK ALL THAT APPLY)

STYLE: RANCH RAISED RANCH SPLIT LEVEL CAPE COD COLONIAL DUPLEX
 OTHER: Site Modification of Landscaping and Entrance

BASEMENT (CHECK ONE): FULL CRAWL SLAB

GARAGE: 1 STALL 2 STALL 3 STALL PRIVATE PUBLIC

THE ACCESSORY BUILDING WILL BE AS FOLLOWS: DESCRIPTION: _____

DIMENSIONS: FRONT WIDTH: _____ SIDE LENGTH: _____ HEIGHT: _____

7.) CONTRACTOR'S NAME: TBD DAY PHONE: (____) _____

MAILING ADDRESS: _____

(ALL CONTRACTORS MUST PROVIDE PROOF OF WORKERS COMPENSATION AND LIABILITY INSURANCE)

8.) ESTIMATED VALUE OF ALL WORK (LABOR & MATERIALS): \$ TBD

9.) SIGNATURE OF PROPERTY OWNER:  (Client's Rep.)

I CERTIFY THAT THE CONSTRUCTION PLANS AND ALL OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION ARE ACCURATE.

10.) FOR OFFICE USE ONLY:

DATE APPROVED:  DATE DENIED: _____

SIGNATURE: _____
(ZONING OFFICER)

PERMIT EXPIRES: _____
 DENIED AND REFERRED TO PLANNING BOARD
 DENIED AND REFERRED TO ZONING BOARD OF APPEALS

NOTES OR COMMENTS: _____

2/10/2011

Application #: 2022-058

Date: 06-23-2022

**Town of Amsterdam
Planning Board
Application to the Planning Board**

A completed Application must be filed at least fourteen (14) days prior to the meeting at which it is to be considered by the Planning Board, including all applicable attached information.

Applicant: Alcourt Reality LLC
(must be property owner)

Applicant's Representative: CT Mele Associates
(if applicable)

Address: 5052 NYS Rt 30
Amsterdam NY 12010

Address: 50 Century Hill Drive
Latham NY

Phone: () 518-843-3770

Phone: () 518-947-9722

Professional Advisor: CTM Associates
(i.e. Engineer Architect, Surveyor, etc.)

Other : _____
(if appropriate, please specify)

Address: 50 Century Hill Drive
Latham NY

Address: _____

Phone: () 518-947-9722

Phone: () _____

Property Location

Address: 5052 NYS Route 30

General Location: _____

Zoning District: B-1

Tax Parcel ID # (SBL) 39.12-2-12.1

Type of Application (please check appropriate box(s)):

Subdivision

Site Plan

Special Use Permit

Planned Unit Development Review (formal action required by Town Board)

Attached please find Appendix A-SEQR compliance, and Appendix B-Ag. Data Statement compliance. Compliance with these items is required under the applicable NYS Laws, a brief explanation is included in the appendices to assist the applicant. For specifics on submission/application requirements, procedures, time frames, etc., the applicant should refer to the applicable Town regulations (Zoning, Subdivision, etc.) and/or NYS law (SEQR, Ag. & Markets, General Municipal, etc.).

Applicant

Date

Applicant's Representative

Date

6/23/22

For Office Use Only

Application Fee: \$ 25/350

Engineering Fees: \$ _____ Description: _____

Other Fees: \$ _____ Description: _____

Total Amount Received: \$ _____

Check # (s)/Date: _____

Received By: _____

Total Amount Returned (engineering fees): \$ _____ Description: _____

For Planning Board Use Only

The Planning Board held a Public Hearing on _____ (day) of _____ (date),
_____ (year) in consideration of this application.

The application is hereby:

- approved
- approved with modifications
- disapproved

Modifications and comments: _____

Chairman, Town of Amsterdam Planning Board

Date

Short Environmental Assessment Form

Part 1 - Project Information

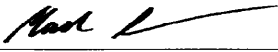
Instructions for Completing

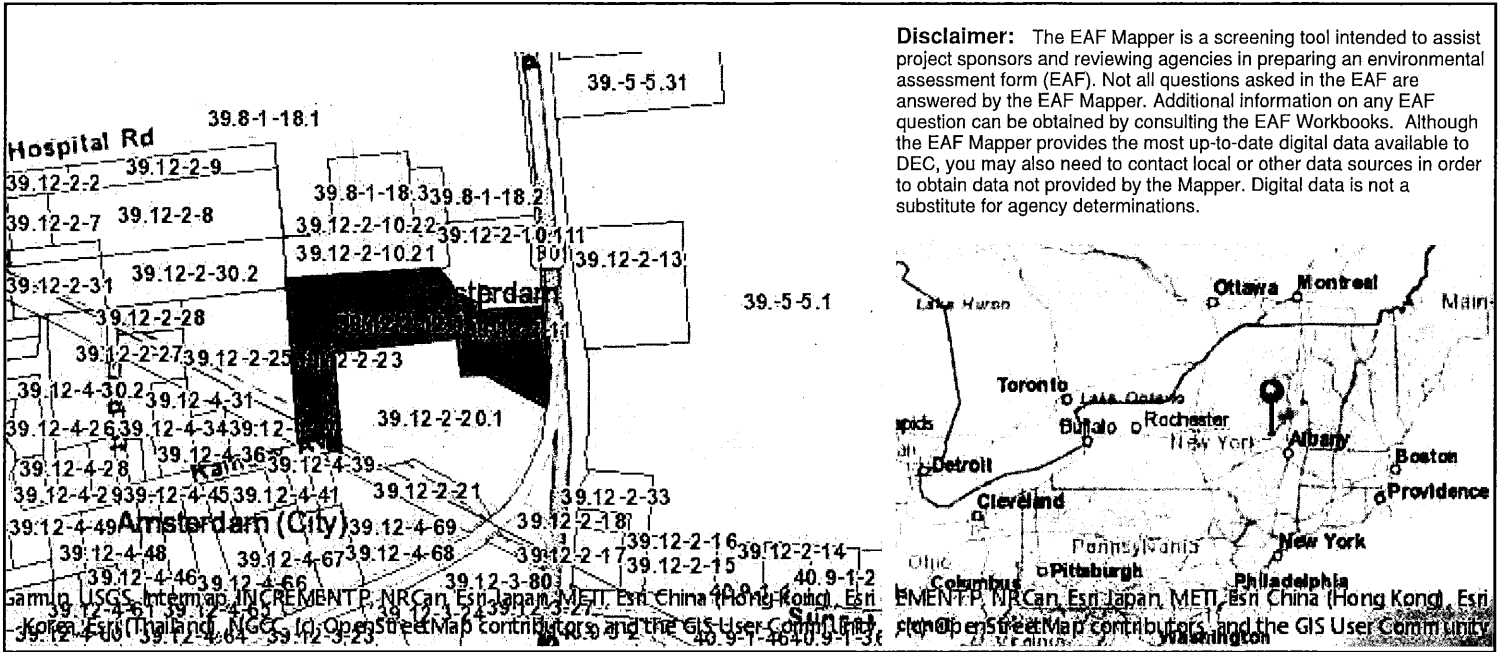
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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.

Part 1 – Project and Sponsor Information				
Name of Action or Project: Hillcrest Spring Assisted Living Facility				
Project Location (describe, and attach a location map): 5052 New York State Route 30				
Brief Description of Proposed Action: Hillcrest Spring Residential is an 80-Bed Senior Living Campus located at 5052 State Road 30, Amsterdam, New York. The proposed action is to relocate the existing facility entrance and replace the current entrance with a landscaped green space for the residents use.				
Name of Applicant or Sponsor: Alcourt Realty, LLC		Telephone: 518-843-3770 E-Mail: paulfwolfe@gmail.com		
Address: 5052 State Route 30				
City/PO: Town of Amsterdam		State: New York	Zip Code: 12010	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? 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.			NO <input type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: New York State Department of Transportation PERM-33 Com			NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		3.3+/- acres		
b. Total acreage to be physically disturbed?		0.5+/- acres		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		3.3+/- acres		
4. Check all land uses that occur on, are adjoining or near the proposed action:				
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" 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,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ The proposed action does not require modifications to the existing system or municipal connection. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ The proposed action does not require modifications to the existing system or municipal connection. _____	<input checked="" type="checkbox"/>	<input 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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 checked="" type="checkbox"/> Urban <input 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, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<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>Martin Schmidt, c/o CT Male Associates, Sponsor for Applicant</u> Date: <u>6/23/22</u> Signature: <u></u> Title: <u>Civil Designer</u>		



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No