

1/8/98

Application #: ZBA-26-057
Date: 6.24.26

**Town of Amsterdam
Zoning Board of Appeals**

Application to Board of Appeals

CHECKLIST

- 1) Completed, signed and notarized Application to Board of Appeals (including this checklist and all information required hereon)
- 2) Tax Map indicating property in question and SBL or Tax parcel ID #
- 3) A complete sketch plan drawing with all appropriate dimensions and information
- 4) Copy of denied Application, including the Administrative Officer's Denial
- 5) Copy of any supporting documentation submitted with the Zoning Permit Application including, but not limited to photos, notarized statements, etc.
- 6) If appropriate, and at a minimum, a completed Part I of a Short Environmental Form (SEQR) (see attached), for type 1 actions please use Part I of a Full Environmental Form (SEQR) (also attached).
- 7) If the property is a farm operation within a New York State Agricultural District or with boundaries within 500 feet of a farm operation located in a New York State Agricultural District, the applicant must complete and submit (with this application) a completed Agricultural Data Statement (Ag. and Markets) (see attached)
- 8) Other a) explain: _____
b) explain: _____
c) explain: _____
d) explain: _____
e) explain: _____

2/10/2011

Application #: ZBA-26-057
Date: 5-29-20

**Town of Amsterdam
Zoning Board of Appeals**

Application to Board of Appeals

A completed Application must be filed at least ten (10) days prior to the meeting at which it is to be considered by the Zoning Board of Appeals.

Applicant: DiamondHawk Holdings, LLC Property Owner: Fiacco Holding 101 Town Square, LLC
(if different)

Address: P.O. Box 321 Address: 33-37 Warehouse Row
Schoharie, NY 12157 Albany, NY 12205

Phone: (518) 495-6587 Phone: (518) 438-9600

Professional Advisor: Verity Engineering, D.P.C. Other : _____
(if appropriate)

Address: P.O. Box 474 Address: _____
Troy, NY 12181

Phone: (518) 389-7200 Phone: () _____

1.) Property Location

Address: Tessiero Square (no postal address)

General Location: Sanford Farms Shopping Center, Tessieor Square and NYS Route 30

Zoning District: B-1 (Business)

Tax Parcel ID # (SBL) 39.-5-6 (portion of)

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

Interpretation of the Zoning Law and/or map

Area Variance

Use Variance

Temporary Permit

Other _____

3.) For variances and interpretations, indicate the articles(s), section(s), subsection(s) and paragraph(s) of the Zoning Law that apply (by number)

article - 5 VARIANCE #1: Lot #1 Rear Yard Setback, 30' required, 15' provided
section - 17 VARIANCE #2: Lot #1 Side Yard Setback, 20' required, 10' provided
subsection - Schedule A - Area & Height Regulations VARIANCE #3: Building Height: 3-story or 45' required, 4-story/60' provided
paragraph - Article 9, Section 37 VARIANCE #4: Off-Street Parking 180 sq. ft. required, 162 sq. ft provided

4.) If previous applications have been made with respect to this property, indicate the Application(s) or Appeal Number(s) and Date(s) below

N/A date _____
_____ date _____
_____ date _____
_____ date _____
_____ date _____

5.) Indicate the reason for the filing of this application. Complete only the relevant blanks below (attach extra sheets, if necessary)

A. Interpretation: N/A

B. Area Variance: To support required commercial development density

C. Use Variance: N/A


D. Temporary Permit: N/A

E. Extension of a Temporary Permit: N/A

F. Other N/A :

State of New York
County of ALBANY

Sworn to this 18 day of MAY, year of 2026.



Signature of Applicant

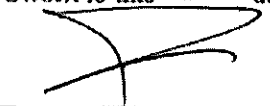


Notary Public

DIANE BRAMAN
Notary Public, State of New York
No. 01BR4934241
Qualified in Rensselaer County
Commission Expires June 13, 2026

State of New York
County of ALBANY

Sworn to this 18 day of MAY, year of 2026.



Signature of Property Owner
(if different)



Notary Public

DIANE BRAMAN
Notary Public, State of New York
No. 01BR4934241
Qualified in Rensselaer County
Commission Expires June 13, 2026

D. Temporary Permit: N/A

E. Extension of a Temporary Permit: N/A

F. Other N/A

State of New York
County of Schoharie

Sworn to this 19th day of May, year of 2020.

[Signature]
Signature of Applicant

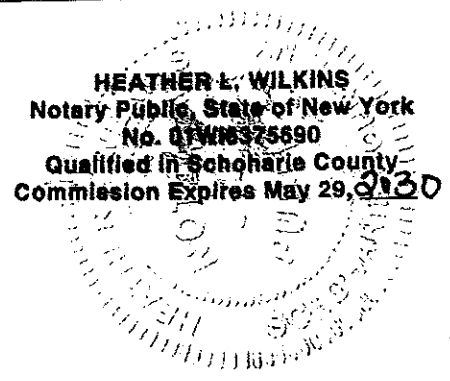
[Signature]
Notary Public

State of New York
County of _____

Sworn to this _____ day of _____, year of _____.

Signature of Property Owner
(if different)

Notary Public



For Office Use Only

Applicant#: 2026-057

Other fees: _____

Application Fee: \$ 300

Description: _____

(if applicable)

\$ _____

\$ _____

Total Amount Received: \$ \$300

Date Received: 5-29-26

Check # 1581

Received by: _____

For Zoning Board of Appeals Use Only:

The Zoning Board of Appeals 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: _____

Secretary, Town of Amsterdam
Zoning Board of Appeals

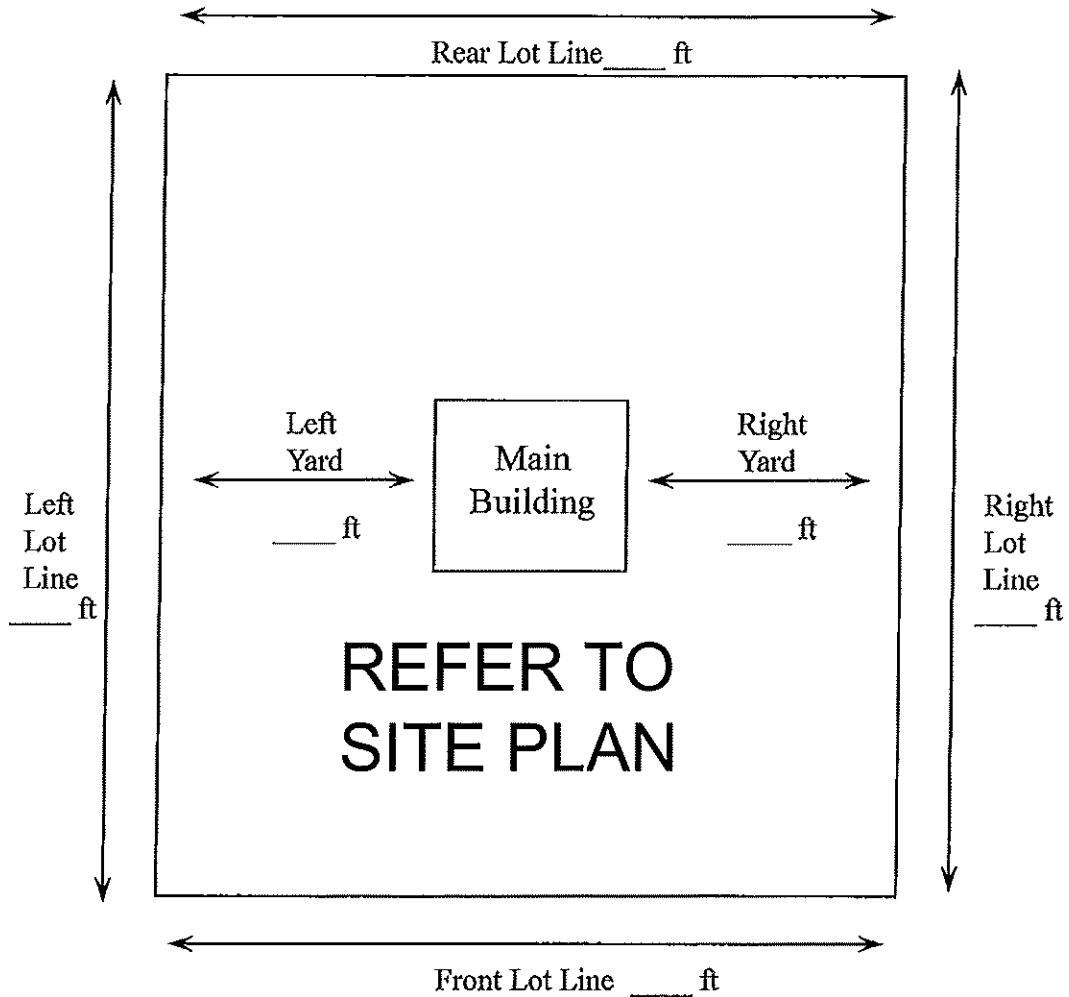
Chairperson, Town of Amsterdam
Zoning Board of Appeals

Date

Date

SKETCH PLAN

Application #: _____
Date: _____



•Please locate main building, accessory building, any additions, and any significant features, including but not limited to well and septic location giving all pertinent yard dimensions.

•Below, please identify the type and approximate distance of any structures within 50' of the structure or area in question, on neighboring properties.

TYPE	DISTANCE (FT)

Agency Use Only [If applicable]

Project:

Date:

**Short Environmental Assessment Form
Part 2 - Impact Assessment**

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Agency Use Only [If applicable]

Project:

Date:

Short Environmental Assessment Form Part 3 Determination of Significance

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- 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.

Name of Lead Agency

Date

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)

PRINT FORM