

TOWN OF OLIVE PLANNING BOARD  
APPLICATION FOR SUBDIVISION

No. 21-Sub-6

P.O. BOX 180  
WEST SHOKAN, NY 12481

Date 9-14-21

APPLICANT:

Name of Owner JAMES SENECA

Name of Representative JAMES SENECA

Address P.O. BOX 173

Address P.O. BOX 173

SHOKAN, NEW YORK 12481

SHOKAN, N.Y. 12481

Phone 845-750-3670

Phone \_\_\_\_\_

Name of Surveyor Ken Keefe

Address: ZENA Rd WOODSTOCK N.Y. 12498

Phone: 845-679-7192

PROPERTY:

Subdivision Name WAY BACK ACRES

Property lies in RC10. RR3. RE1. BV1/2. BH1/2

Location (Road) MOUNTAIN Rd SHOKAN

Any part in flood hazard area? No  Yes \_\_\_\_\_

Olive Tax Map # 37.018 Block 02 Lot 04

Total Area of Property in Acres (3.603)(1.857) = 5.46

Total Lots 2

A list of names and addresses of abutting land owners is required with the maps.

Sketch Plan 3 Maps Required
Preliminary Plan 4 Maps Required
Final Plan 7 Maps Required & Linen

OWNER(S) [Signature]  
Signature(s)

PLANNING BOARD USE ONLY

DATE APPROVED

DATE

Approved by

DATE

Sketch Plan \_\_\_\_\_

Public Hearing Notice in Paper \_\_\_\_\_

County Health \_\_\_\_\_

Preliminary Plan \_\_\_\_\_

Public Hearing \_\_\_\_\_

NYC EPA \_\_\_\_\_

Final Plan \_\_\_\_\_

Other Approved \_\_\_\_\_

Town Highway Dept. \_\_\_\_\_

No. of Lots

Amount per Lot

\_\_\_\_\_ X Application Fee \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ X Recreation Trust Fund \_\_\_\_\_ = \_\_\_\_\_

Date Fees Sent to Town Supervisor: \_\_\_\_\_

Application Fee

Trust Fund

# 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: <span style="font-size: 1.2em; margin-left: 100px;">WAY BACK ACRES</span>				
Project Location (describe, and attach a location map): <span style="font-size: 1.2em; margin-left: 100px;">877 MOUNTAIN RD SHOKAN</span>				
Brief Description of Proposed Action:  <span style="font-size: 1.2em; margin-left: 100px;">DIVISION OF 5.46 ACRE LOT TO</span>  <span style="font-size: 1.2em; margin-left: 100px;">1 lot 3.603 = 5.46</span> <span style="font-size: 1.2em; margin-left: 100px;">1 lot 1.857</span>				
Name of Applicant or Sponsor: <span style="font-size: 1.2em; margin-left: 20px;">JAMES SENECA</span>		Telephone: <span style="font-size: 1.2em; margin-left: 20px;">845-750-3670</span> E-Mail: <span style="font-size: 1.2em; margin-left: 20px;">JSENECAL60@gmail.com</span>		
Address: <span style="font-size: 1.2em; margin-left: 20px;">P.O. BOX 173</span>				
City/PO: <span style="font-size: 1.2em; margin-left: 20px;">SHOKAN, NEW YORK 12481</span>		State: <span style="font-size: 1.2em; margin-left: 20px;">N.Y.</span>	Zip Code: <span style="font-size: 1.2em; margin-left: 20px;">12481</span>	
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 checked="" 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:			NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<span style="font-size: 1.2em;">3.603</span> acres		
b. Total acreage to be physically disturbed?		<span style="font-size: 1.2em;">0.214</span> acres		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<span style="font-size: 1.2em;">5.46</span> 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 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				

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

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

- Shoreline  Forest  Agricultural/grasslands  Early mid-successional  
 Wetland  Urban  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

16. Is the project site located in the 100-year flood plan?

NO YES

17. Will the proposed action create storm water discharge, either from point or non-point sources?

NO YES

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:

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

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)?

NO YES

If Yes, explain the purpose and size of the impoundment:

\_\_\_\_\_

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?

NO YES

If Yes, describe:

\_\_\_\_\_

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?

NO YES

If Yes, describe:

\_\_\_\_\_

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

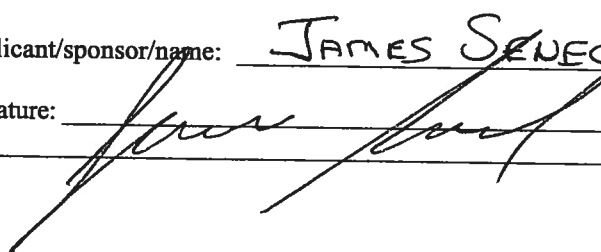
Applicant/sponsor/name:

JAMES SENECA

Date:

9-14-21

Signature:



Title:

OWNER

①

Kerstin Malie  
Francis Fallon  
81 Mountain Road  
SHOKAN, NEW YORK 12481

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②

OLIVE FIRE DEPT NO 1 INC  
Route 28  
SHOKAN, NEW YORK 12481

---

③

KARL EDMUNDSON  
3084-3086 ROUTE 28  
SHOKAN, NEW YORK 12481

---

④

Ralph MATERA  
35 HUDSON HOLLOW ROAD  
SHOKAN, NEW YORK 12481

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⑤

Kevin Vines  
93 MOUNTAIN ROAD  
SHOKAN, NEW YORK 12481

---

⑥

JAMES SENECA  
P.O. BOX 173  
SHOKAN, NEW YORK  
12481

**Mail body: Fwd: Pictures of stream and banks ribbons are sides of bridge and abutments of bridge**

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----- Forwarded message -----

From: Drumm, Brian R (DEC) <brian.drumm@dec.ny.gov>

Date: Fri, Jul 30, 2021, 1:54 PM

Subject: RE: Pictures of stream and banks ribbons are sides of bridge and abutments of bridge

To: James Senecal <jsenecal60@gmail.com>

Cc: olivebuildingzoning@gmail.com <olivebuildingzoning@gmail.com>, olivehighway@hvc.rr.com <olivehighway@hvc.rr.com>

To: James Senecal

Town of Olive Building Department

Town of Olive Highway Department

I apologize for the delay on following up.

I met with you on your property at the site of the proposed bridge on July 16, 2021. The proposed location and size of the bridge is shown in the attached photo you provided with the string and flagging. The proposed bridge length of 30' completely spans the stream so the abutments can be constructed beyond the top of bank. The Since you have access through your neighbor's property to build the abutments on the other side it will not be necessary to cross the stream with equipment during construction. Considering these factors the bridge can be constructed without disturbing the bed or banks of the stream. An Article 15 Stream Disturbance Permit is not required for the construction of the bridge as proposed and shown in the photo you provided.

Additionally, there are some downed trees and accumulated debris blocking a channel of the stream forcing water out into the floodplain just upstream from where you propose to construct the bridge. A permit is not required to remove these trees and debris either by hand or by using equipment staged above the top of bank while reaching into the stream. See the link below.

<https://www.dec.ny.gov/lands/92418.html>

If anyone has any questions feel free to contact me via email or phone.

Brian Drumm

Biologist II

Bureau of Ecosystem Health

NYSDEC Region 3

21 South Putt Corners Road

New Paltz, NY 12561

845-256-3091

[brian.drumm@dec.ny.gov](mailto:brian.drumm@dec.ny.gov)

37.18-2-3.100 514000 OLIVE Active R/S: 1 School: ONTEORA CEN  
 Edmundson, as Trustee, Karl Roll Year: 2021 Curr Yr Multiple res Land AV: 146,400  
 3084-3086 Rt 28 Land Size: 27.00 acres Total AV: 519,000



- Parcel 37.18-2-3.100
  - History
  - Assessment
    - Exempt(s)
    - Spec Dist(s)
  - Description
  - Owner(s)
  - Images
  - Gis
  - Site (1) Res
    - Land(s)
    - Bldg
    - Imprvmt(s)
    - Valuation
  - Site (2) Res
    - Land(s)
    - Bldg
    - Valuation
  - Sale02/24/21
    - Site (1) Res
      - Land(s)

Owner	Tax Bill Mailing Address	3rd Party Address	Bank
<b>Total 2 Owners: To open, click the appropriate row. (Right Click to Add)</b>			
Karl Edmundson, as Trustee			
Trust of The Karl Edmundson			
Owner Type: Primary			Desig Status:
Owner Type: Additional			Desig Status:

Last Name / Company:  First Name:  MI:  Jr., Sr., etc:

Attention To / In Care Of:  Additional Address:

Street No:  Prefix Dir:  Street / Rural Route:  St Suffix:  Post Dir:  UnitName:  Unit No:

Po Box No:  City/Town:  State:  Zip Code:

Country: enter if not "USA"  Bar Cd:  Ownership: e.g. Life Use  Owner Type:

Owner's Primary Residence:

37.18-2-28.200 514000 OLIVE Active R/S: 8 School: ONTEORA CEN  
 Olive Fire Dept No 1 Inc Roll Year: 2021 Curr Yr Vacant comm Land AV: 67,500  
 Rt 28 Shokan Land Size: 5.00 acres Total AV: 67,500



- Parcel 37.18-2-28.200
  - History
  - Assessment
    - Exempt(s)
    - Spec Dist(s)
  - Description
  - Owner(s)
  - Images
  - Gis
  - Site (1) Com
    - Land(s)
    - Imprvmt(s)
    - Valuation

Owner	Tax Bill Mailing Address	3rd Party Address	Bank
<b>Total 1 Owners: To open, click the appropriate row. (Right Click to Add)</b>			
Olive Fire Dept No 1 Inc			
Owner Type: Primary			Desig Status:

Last Name / Company:  First Name:  MI:  Jr., Sr., etc:

Attention To / In Care Of:  Additional Address:

Street No:  Prefix Dir:  Street / Rural Route:  St Suffix:  Post Dir:  UnitName:  Unit No:

Po Box No:  City/Town:  State:  Zip Code:

Country: enter if not "USA"  Bar Cd:  Ownership: e.g. Life Use  Owner Type:

Owner's Primary Residence:

