

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.

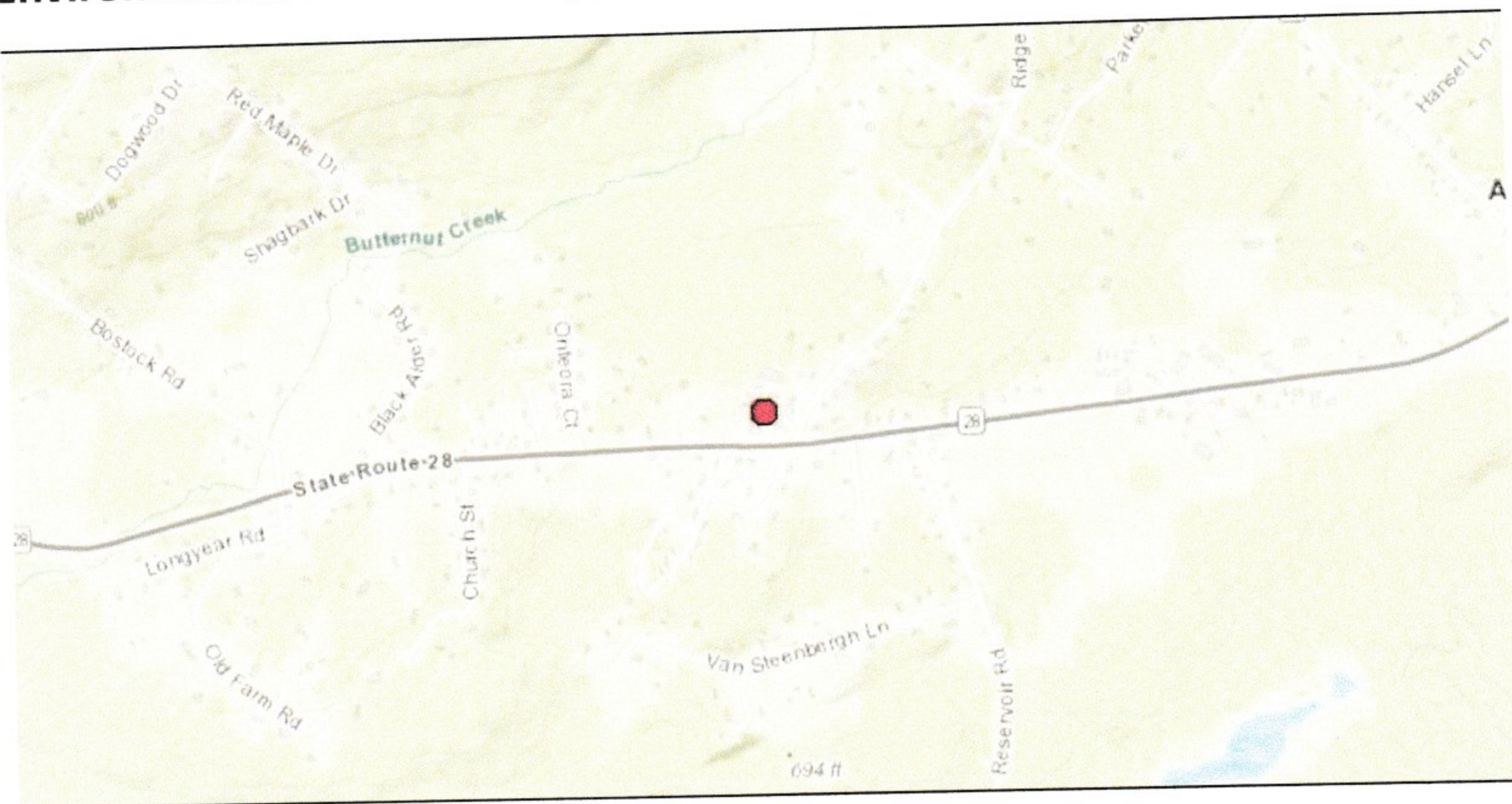
Part 1 – Project and Sponsor Information			
ROBERT AND RUSSELL OAKES JR.			
Name of Action or Project: ASHOKAN STORE IT			
Project Location (describe, and attach a location map): 7 RIDGE ROAD, SHOKAN, NY			
Brief Description of Proposed Action: SITE IS LOCATED NORTH OF ROUTE 28 AND WEST OF RIDGE ROAD. IT IS CURRENTLY OPERATING AS A SELF STORAGE FACILITY WITH 12 EXISTING STRUCTURES. ONE ADDITIONAL STRUCTURE IS TO BE ADDED TO THE WEST END OF THE PROPERTY FACING ROUTE 28. THREE STRUCTURES ARE TO BE ADDED TO THE EAST OF THE EXISTING STRUCTURES NORTH OF ROUTE 28, AND ONE STRUCTURE IS TO BE LOCATED SOUTH OF THE NORTH PROPERTY LINE TO THE WEST OF RIDGE ROAD.			
Name of Applicant or Sponsor: ROBERT AND RUSSELL OAKES		Telephone: 845-389-0504 E-Mail: ROAKES67@YAHOO.COM	
Address: 3216 ROUTE 28			
City/PO: SHOKAN		State: NY	Zip Code: 12481
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?		4.8 acres	
b. Total acreage to be physically disturbed?		0.95 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		4.8 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 checked="" 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			

	NO	YES	N/A
5. Is the proposed action,			
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?	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes, identify: _____			
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____			
10. Will the proposed action connect to an existing public/private water supply?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If No, describe method for providing potable water: _____ _____			
11. Will the proposed action connect to existing wastewater utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If No, describe method for providing wastewater treatment: _____ _____			
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?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

KAS

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 checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input 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,	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, briefly describe: _____		
RUNOFF WILL BE DIRECTED TO THE EXISTING ROADSIDE SWALE NORTH OF ROUTE 28		
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>ROBERT + RUSSELL DAKES</u> Date: <u>11/20/23</u> Signature: <u>KQ Snyder</u> Title: <u>ASSOC. NORTH EAB</u>		

Environmental Resource Mapper



The coordinates of the point you clicked on are:

UTM 18

Easting: 565007.5281388575

Northing: 4647153.30643266

Longitude/Latitude

Longitude: -74.2153792735525

Latitude: 41.973703414181706

The approximate address of the point you clicked on is:

3216 Route 28, Shokan, New York, 12481

County: Ulster

Town: Olive

JSGS Quad: ASHOKAN

If your project or action is within or near an area with a rare animal, a permit may be required if the species is listed as endangered or threatened and the department determines the action may be harmful to the species or its habitat.

If your project or action is within or near an area with rare plants and/or significant natural communities, the environmental impacts may need to be addressed.

The presence of a unique geological feature or landform near a project, unto itself, does not trigger a requirement for a NYS DEC permit. Readers are advised, however, that there is the chance that a unique feature may also show in another data layer (ie. a wetland) and thus be subject to permit jurisdiction.

Please refer to the "Need a Permit?" tab for permit information or other authorizations regarding these natural resources.

AUTHORIZATION FORM FOR APPLICANT'S REPRESENTATIVES/AGENTS

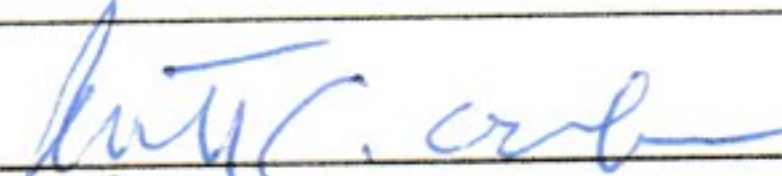
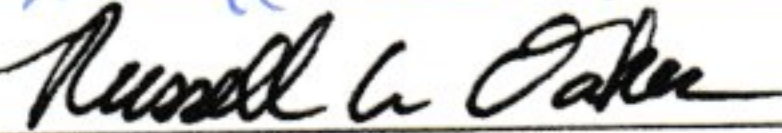
To the Town of Olive Planning Board:

This will authorize: Michael North and/or North Engineers & Design Associates

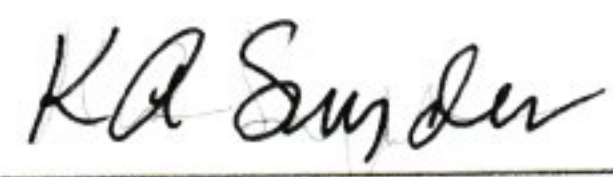
to represent me/us and make statements on my/our behalf before the Planning Board in the matter of:

Site Plan for Expansion of Storage Facility

Print owners name(s): ROBERT C. OAKES - Russell L Oakes Jr

Signatures* and Dates:  7-26-23
 7-26-23

***PLEASE NOTE:** If owner is Trust, LLC, PC, etc., please submit evidence that person signing has authority to do so as an agent of such entity, and include that person's title (printed) with signature (e.g. Trustee, Director, President, CEO, etc.). **All owners of record must sign this authorization**, including spouses, partners, family members, etc.

Representative's signature: 

Date signed: _____

Representative's address: North Engineers & Design Associates

1404 Rt 28 PO Box 278

West Hurley, NY 12491

Phone Number & Email: 845-331-0028

MN@NorthEngineers.com

TOWN OF OLIVE

- TOWN CLERK
- ASSESSORS
- CONTRACTOR
- OWNER

DEPARTMENT OF BUILDINGS

**BUILDING PERMIT
RECEIPT**

WEST SHOKAN, N.Y. 12494

1. IDENTIFICATION OF APPLICANT

Owner: ASHOKAN STORE IT LLC
Address: 3216 RT 28
SHOKAN NY 12481
Phone: _____
Signature: [Signature]
Date: 7-26-23
Fire #: _____

Applicant, if other than owner:

Address: _____
Phone: _____
Signature: _____
Date: _____
Interest of applicant, if other than owner: _____

Person Preparing Plan: MIKE NORTH
Address: 1404 RT 28 PO 218 WEST HURLEY NY Phone: 845 3310028

2. IDENTIFICATION OF SUBJECT PROPERTY

Location: 3216 RT 28 SHOKAN
Tax Map Designation (if any): Section 46.5 Block 3 Lot(s) 6.110
If subdivision, give name: _____ Date approved: _____
Lot size (acres): _____ Zoning District(s): HIGHWAY BUSINESS / COMMERCIAL

3. State existing use and occupancy of premises and intended use and occupancy of proposed construction:

a. Existing use and occupancy SELF STORAGE
b. Intended use and occupancy SELF STORAGE

4. Nature of work (check when applicable): New Building Addition _____ Alteration _____
Repair _____ Removal _____ Demolition _____ Mobil Home _____ Modular _____

5. Estimated Construction Cost _____ Fee* _____
(To be paid on filing this application)

6. If dwelling, number of dwelling units _____
Number of dwelling units on each floor _____
If garage, number of cars _____

7. If business, commercial or mixed occupancy, specify nature and extent of each type of use:

8. If accessory building, describe use of building: _____

9. a. Dimensions of existing structure, (if any): Front _____ Rear _____ Depth _____ Height _____
b. Dimensions of proposed structure: Front _____ Rear _____ Depth _____ Height _____

10. Is proposed construction in conflict with any zoning law, ordinance or regulation?
NO

11. Name of Compensation Insurance and Disability Insurance:
Carrier: _____
Name of Policy: _____
Date of Expiration: _____

12. Contractor or Homeowners Policy #: _____

13. Name of Architect (if any): _____
Address: _____
Phone: _____
Name of Contractor: _____
Address: _____
Phone: _____

14. Has the construction site or a portion thereof been designated as a flood hazard area:
Yes _____ No

15. Woodburning appliance installation: _____