

TOWN OF GHENT - PLANNING BOARD
2306 ROUTE 66 ~ P. O. BOX 98
GHENT, NY 12075

APPLICATION FOR SPECIAL USE PERMIT

TAX PARCEL 74-1-24.122

(PLEASE SEE MOST RECENT PROPERTY TAX BILL OR REQUEST NUMBER FROM TOWN CLERK)

PROPERTY ADDRESS OMI INTERNATIONAL
1405 CR 22, Ghent

THE FOLLOWING INFORMATION AND DOCUMENTATION IS STANDARD AND NECESSARY. FURTHER INFORMATION MAY BE REQUESTED AT ANY TIME DURING THE APPLICATION AND REVIEW PROCESS. THE TOWN OF GHENT PLANNING BOARD RESERVES THE RIGHT TO HIRE OUTSIDE EXPERTS, AT THE APPLICANT'S EXPENSE, WHEN DEEMED NECESSARY. THE TOWN OF GHENT PLANNING BOARD'S REGULAR MEETING IS HELD ON THE FIRST WEDNESDAY OF EVERY MONTH. AN ORIGINAL APPLICATION, ALONG WITH EIGHT (8) COPIES MUST BE FILED WITH THE TOWN CLERK BY THE LAST TUESDAY OF THE MONTH IN ORDER TO BE CONSIDERED FOR THE NEXT MONTH'S REGULAR MEETING. INCOMPLETE APPLICATIONS MAY BE HELD OVER OR RETURNED. THE TOWN OF GHENT PLANNING BOARD RESERVES THE RIGHT TO REQUIRE THE POSTING OF A PERFORMANCE BOND TO ENSURE THAT APPLICANT MEETS THE TERMS AND CONDITIONS OF ANY SPECIAL USE PERMIT APPROVAL. APPLICANT WILL REIMBURSE THE TOWN OF GHENT FOR ALL NOTIFICATION AND PUBLICATION COSTS.

COMPLIANCE WITH NEW YORK STATE CODE OF ETHICS

ARTICLE 18 SECTION 809 OF THE GENERAL MUNICIPAL LAW PROVIDES THAT WHENEVER AN APPLICANT APPEARS BEFORE A PLANNING OR ZONING BOARD IN A MATTER REQUIRING THE BOARD'S APPROVAL, THE APPLICANT MUST DISCLOSE THE NAME, ADDRESS, AND EXTENT OF ANY INTEREST IN THE APPLICATION POSSESSED BY ANY OFFICER OR EMPLOYEE OF THE MUNICIPALITY. HERE, A MUNICIPAL OFFICER IS DEEMED TO HAVE AN INTEREST IN THE APPLICATION WHENEVER "HE, HIS SPOUSE, OR THEIR BROTHERS, SISTERS, PARENTS, CHILDREN, GRANDCHILDREN, OR THE SPOUSE OF ANY OF THEM" IS (A) THE APPLICANT, OR (B) IS AN OFFICER, DIRECTOR, PARTNER, OR EMPLOYEE OF THE APPLICANT, OR (C) OWNS OR CONTROLS CORPORATE STOCK OF THE APPLICANT OR IS A MEMBER OF A PARTNERSHIP OR ASSOCIATION WITH THE APPLICANT, OR (D) HAS MADE AN EXPRESS OR IMPLIED AGREEMENT TO RECEIVE ANY BENEFIT THAT IS DEPENDENT ON THE APPLICATION BEING APPROVED. THIS PROVISION INCLUDES ANY INTEREST OF THE ABOVE KIND POSSESSED BY A PLANNING BOARD MEMBER.

I HAVE READ SECTION 809 OF THE GENERAL MUNICIPAL LAW AND HAVE PRESENTED SUITABLE ASSURANCE AND DOCUMENTATION OF COMPLIANCE TO NYS CODE OF ETHICS AS RELEVANT TO THIS APPLICATION.

I DECLARE NO MUNICIPAL OFFICER TO HAVE AN INTEREST IN THE APPLICATION.

APPLICANT OMI INTERNATIONAL

APPLICANT ADDRESS 1405 CR 22

(IF DIFFERENT FROM PROPERTY ADDRESS) Ghent NY 12075

APPLICANT'S REPRESENTATIVE Pat Bremerblast DE
(IF APPLICABLE)

LETTER OF DESIGNATION SUBMITTED WITH APPLICATION

REPRESENTATIVE'S Project Engineer
RELATIONSHIP TO APPLICANT

CONTACT PHONE NUMBER 758-7500

CONTACT FAX NUMBER

None

CONTACT E-MAIL

pprender@NYCAP.RR.COM

ZONING USE PERMIT
[ATTACH COPY]

APPROVED

DISAPPROVED

IN WHAT ZONE IS THE PROPOSED PROJECT LOCATED?

CI - COMMERCIAL INDUSTRIAL

VB - VILLAGE BUSINESS

BIC - BUSINESS/INDUSTRIAL COMPLEX

BC - BUSINESS/COMMERCIAL

LCB - LIMITED COMMERCIAL/BUSINESS

PCID - PLANNED COMM INDUST DISTRICT

RRA-1 OR RA-2 RESIDENT/AGRI

SR - SUBURBAN

DOES APPLICATION MEETS THE STANDARDS SET FORTH IN TOWN OF GHENT ZONING
CODE §190-18 AND § 190-19?

YES

NO

PROPOSED SPECIAL USE PERMIT

Addition to Visitor Center

CURRENT USE OF SITE

Visitor Center

BRIEF DESCRIPTION OF SITE LOCATION - INCLUDE ROADS BORDERING PROPERTY, AND PROXIMITY TO
MAJOR ROAD INTERSECTIONS [ATTACH ADDITIONAL PAPERWORK IF NECESSARY]

Facility is on CR-22, west
of Letter S Road

CHARACTER AND USES OF SURROUNDING LANDS - WOODED, ROLLING, FARM, RESIDENTIAL, ETC.

Residential, Pastures

ANTICIPATED INCREASE IN TRAFFIC DUE TO THE PROJECT

6-7 cars/day

LIST ALL OWNERS OF LANDS LOCATED WITHIN 500 FEET OF PROPERTY PERIMETERS

[ATTACH ADDITIONAL PAPERWORK IF NECESSARY]

NAME

ADDRESS

See Attached

IS THE SITE LOCATED ON A STATE OR COUNTY ROAD?

YES NO

IF 'YES,' COPY OF APPLICATION SENT TO COUNTY OF COLUMBIA PLANNING BOARD

[DATE]

[FOR OFFICE USE ONLY]

IS THE SITE WITHIN 500 FEET OF THE BOUNDARIES OF A WORKING FARM OPERATION LOCATED IN AN AGRICULTURAL DISTRICT?

YES NO

IF 'YES,' APPLICANT MUST COMPLETE AND ATTACH AN AGRICULTURAL DATA STATEMENT [GPB100]

[Signature]

[APPLICANT'S SIGNATURE]

3/26/19

[DATE]

APPLICATION RECEIVED BY _____

DATE _____

APPLICATION INCLUDES COMPLETED AND SIGNED CHECKLIST

[OFFICE USE ONLY]

Patrick J. Prendergast, P.E.

Consulting Engineer

127 Fordham Road
Valatie, New York 12184
(518)758-7500
Fax: (518)758-7501
Email: pprender@nycap.rr.com

Omi Adjoiners
1405 County Route 22
Town of Ghent
Parcel 74.-1-24.122

Clockwise around – from South west corner:

<u>Name</u>	<u>Address</u>	<u>Tax ID</u>
Robert C. Bishop Nicole T. Hayes	1375 Route 22 Ghent, New York 12075	74.-1-46
Josephine Tomlin	1353 Route 22 Ghent, New York 12075	74.-1-45.2
Jonathan Dunbar Stephanie Shirley	4 Talerico Road Ghent, New York 12075	74.-1-45.1
Jennifer Stoner Lewis Streeter	1313 Route 22 Ghent, New York 12075	74.-1-70.111
Lana Williams	PO Box 177 Kinderhook, New York 12106	74.-1-79.12
James Harris Tamela George	20 Sunrise Lane Ghent, New York 12075	74.-1-79.2
Peter Coan	134 Leggett Road Ghent, New York 12075	74.-1-26.112
Marlene Brody	349 Leggett Road Ghent, New York 12075	74.-1-25
Omi 104 Quinn Lane LLC	104 Quinn Lane Ghent, New York 12075	74.-1-11.1
Richard Barnett Elizabeth McKinner	160 Quinn Lane Ghent, New York 12075	74.-1-83
Stephen Himmel Donna Himmel	53 Letter S Road Ghent, New York 12075	74.-1-24.112

Omi Adjoiners

-2-

Douglas Godley	11 Letter S Road	
Elizabeth Scharffenberger	Ghent, New York 12075	74.-1-73
James Andrews	39 Talerico Road	
Lisa Andrews	Ghent, New York 12075	74.-1-21

**TOWN OF GHENT
APPLICATION FOR USE PERMIT**

APPLICATION DATE: March 27, 2019

TAX PARCEL NUMBER: 74.-1-24.122

ZONING DISTRICT: RRA-1 Residential

PROPERTY LOCATION: 1405 County Route 22

PROPERTY OWNER: Art Omi Inc.

APPLICANTS NAME: Omi International

APPLICANT MAILING ADDRESS: 1405 County Route 22
Ghent, NY 12075

APPLICANT PHONE NUMBER:

APPLICANT EMAIL:

DESCRIPTION OF THE PROPOSED USE OR PROJECT FOR THIS PROPERTY, FOR WHICH APPLICANT IS MADE HERewith, IS SUBMITTED: To build addition to existing visitor center

PLOT PLAN () IS ATTACHED () IS NOT ATTACHED

PERMIT FOR USE () APPROVED

() DISAPPROVED per Chapter 190 Zoning Attachment 1 Appendix A Use Regulations Section B Residential community facilities Item 2 Artist, cultural center or retreat a Special Use Permit is required in RRA-1 District

Date: 3-27-19


Walt Simonsmeier, Zoning Officer

Short Environmental Assessment Form

Part 1 - Project Information

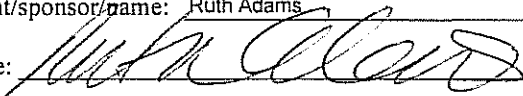
Instructions for Completing

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			
OMI International			
Name of Action or Project: Visitor Center addition			
Project Location (describe, and attach a location map): 1405 CR 22, Ghent NY 12075			
Brief Description of Proposed Action: The applicant is proposing to construct a 8932 SF addition to the visitor center			
Name of Applicant or Sponsor: OMI International		Telephone: 518-392- 4747	
Address: 1405 CR 22		E-Mail: director@artomi.org	
City/PO: Ghent		State: NY	Zip Code: 12075
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"/>
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: County Highway, Department of Health			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 127.4 acres			
b. Total acreage to be physically disturbed? _____ 1.5 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 160 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input checked="" 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? b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<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 <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: <u>The project building will be designed to meet the energy code</u>	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ onsite water system	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ onsite system is currently under utilized	NO <input type="checkbox"/>	YES <input checked="" 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? 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?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
	<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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<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:</p> <p><input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional</p> <p><input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban</p>		
<p>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?</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>16. Is the project site located in the 100-year flood plan?</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>17. Will the proposed action create storm water discharge, either from point or non-point sources?</p> <p>If Yes,</p> <p> a. Will storm water discharges flow to adjacent properties?</p> <p> b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?</p> <p>If Yes, briefly describe:</p> <p>_____</p> <p>Some will flow to the county drainage system along the road, some will sheet flow to the wetlands in back.</p> <p>_____</p>	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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)?</p> <p>If Yes, explain the purpose and size of the impoundment: _____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p>	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor/name: <u>Ruth Adams</u> Date: <u>3/22/19</u></p> <p>Signature:  Title: <u>Director</u></p>		

TOWN OF GHENT PLANNING BOARD

2306 STATE ROUTE 66 - P. O. BOX 98
GHENT, NY 12075

AGRICULTURAL DATA STATEMENT

TAX PARCEL # 74-1-24.122

APPLICANT NAME OMI INTERNATIONAL

PROPERTY ADDRESS 1405 CR 22
GHENT NY 12075

AUTHORIZED REP PAT PRENDERGAST PE

CONTACT PHONE 518-758-7500

CONTACT E-MAIL pprender@NYCAP.RR.COM

AG DISTRICT # NO 10

TYPE OF APPLICATION SUBMITTED

- | | |
|--|---|
| <input checked="" type="checkbox"/> SPECIAL USE PERMIT | <input checked="" type="checkbox"/> SITE PLAN REVIEW |
| <input type="checkbox"/> AREA VARIANCE | <input type="checkbox"/> LOT LINE ADJUSTMENT |
| <input type="checkbox"/> USE VARIANCE | <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR
SUBDIVISION APPROVAL |

DESCRIPTION OF PROPOSED PROJECT AND ACREAGE INVOLVED
SINGLE FAMILY DWELLING, MULTI-FAMILY DEVELOPMENT, COMMERCIAL OR INDUSTRIAL FACILITY, ETC.

Building Addition to Visitor Center

LOCATION OF PROPOSED PROJECT

TAX MAP OR OTHER MAP SHOWING PROJECT SITE AND LOCATION OF AGRICULTURAL OPERATION(S) SHOULD BE ATTACHED. *SEE ATTACHED SITE PLANS*

IDENTIFICATION OF FARM OPERATION(S) WITHIN AGRICULTURAL DISTRICT # 10
LOCATED WITHIN 500 FEET OF BOUNDARIES OF PROPERTY ON WHICH THE PROPOSED PROJECT WILL BE SITUATED.

OPERATION # 1: OWNER ADDRESS *Jonathon Dubar, Stephanie Shirley & Talenico Rd, Ghent NY*

TYPE OF OPERATION Nursery

OPERATION #2: OWNER ADDRESS

TYPE OF OPERATION _____

OPERATION #3: OWNER ADDRESS

TYPE OF OPERATION _____

OPERATION #4: OWNER ADDRESS

TYPE OF OPERATION _____

[Handwritten Signature]

[APPLICANT'S SIGNATURE]

May 25, 2019

[DATE]