

Town of South Bristol

Planning Board Application Requirements

1. Review South Bristol Town Code <https://ecode360.com/so1384>
 - Site Plan Review Chapter 170
 - Stamped, signed, and dated site plan showing all dimensions including distances from property lines and roadways, lot coverage, means of ingress and egress, all curb cuts, water source, septic, elevations, etc.
 - Stamped, signed, and dated land/water rights survey showing elevation drawings, landscape plans, parking, lighting, etc.
 - Photographs of the pertinent area
 - Other pertinent documents
 - Special Events Venue Chapter 170
 - Special Use Permit Requirements Chapter 170
 - Subdivision of Land Chapter 149

2. Refer to the NYS Department of Environmental Conservation Workbook to complete Part 1 of the Short Environmental Assessment Form. The EAF mapper <https://gisservices.dec.ny.gov/eafmapper/> will automatically answer questions 7, 12, 13, 15, 20 and 21.
 - Print and attach the findings to the application.
 - If you receive a yes for 12 and/or 15, follow the process to receive a determination letter.

3. Submit a fully completed Planning Board application, site plan and supporting documents electronically to ceo@townofsbny.org and admin@southbristolny.org, and deliver three (3) paper board applications sets and application fee of \$75.00 residential or \$150.00 commercial by the board application submittal deadline dates indicated below.

** Application may require referral to the Ontario County Planning Board.

Meeting Month	Board Application Submittal Deadline	**Ontario County Planning Board Meeting	Planning Board Meeting	Zoning Board of Appeals Meeting
January	12.22.25	01.14.26	01.21.26	01.28.26
February	01.26.26	02.11.26	02.18.26	02.25.26
March	02.23.26	03.11.26	03.18.26	03.25.26
April	03.23.26	04.08.26	04.15.26	04.22.26
May	04.27.26	05.13.26	05.20.26	05.27.26
June	05.25.26	06.10.26	06.17.26	06.24.26
July	06.22.26	07.08.26	07.15.26	07.22.26
August	07.27.26	08.12.26	08.19.26	08.26.26
September	08.24.26	09.09.26	09.16.26	09.23.26
October	09.28.26	10.14.26	10.21.26	10.28.26
November	10.26.26 ZBA Nov/Dec Meeting	11.12.26	11.18.26	Nov/Dec 12.09.26
December	11.23.26	12.09.26	12.16.26	
January	12.28.26	01.13.27	01.20.27	01.27.27

Town of South Bristol

Memo to Applicants for a Special Use Permit

You have applied for a special use permit from the Town of South Bristol Planning Board.

Special use is allowed in a particular district, but only if the conditions and requirements set forth in the ordinance are met and complied with.

The intent of the law in requiring the permits is to *“assure that the proposed use is in harmony with such zoning ordinance or local law and will not adversely affect the neighborhood if such requirements are met.”* (NYS Town Law 274-b.1.)

“The Board shall have the authority to impose such reasonable conditions and restrictions as are directly related to and incidental to the proposed special use permit.” (NYS Town Law 274-b.4.)

You must tell the Board how you intend to satisfy the following seven general conditions:

1. The proposed use is consistent with the Comprehensive Plan of our Town.
2. The proposed use is consistent with the purposes of the zoning law of our town per Chapter 170-2. The proposed use must also be consistent with the regulations or the zoning district in which the proposed special use is to be located.
3. The proposed use will not adversely affect the character of the neighborhood.
4. The proposed use will not be detrimental to nearby properties.
5. The proposed use will not have an adverse impact on the physical or environmental conditions of the neighborhood or district.
6. The proposed use meets all conditions for land conservation districts or any other restrictive overlay districts, if appropriate.
7. The proposed use meets all the conditions required under the State Environmental Quality Review Act.
 - For an introduction to SEQR go to <https://dec.ny.gov/regulatory/permits-licenses/seqr>

Each special use has additional specific requirements in the town code that must be addressed. Review Chapters 170-22 and 170-94 <https://ecode360.com/SO1384>.

If you have any questions, the Code Enforcement Office is ready to help you.

Town of South Bristol Planning Board

Archeological Site Determination Process

Please go to www.parks.ny.gov

Click Discover History

Click Historic Preservation Office

Click Online Tools - CRIS

Click Cultural Resource Information System

Click New York State Cultural Resource Information

Click I Agree

Click Sign Up Now

Submit your project documentation for their review and include Scott Martin ceo@townofsbny.org and Diane Graham admin@southbristolny.org to receive the determination letter.

Bald Eagle Determination Process

Please send an email to the Regional Permit Administrator, NYS DEC Division of Environmental Permits Office at dep.r8@dec.ny.gov with site plans, location map, photographs, and narrative about the project requesting a bald eagle determination and copy in Scott Martin ceo@townofsbny.org and Diane Graham admin@southbristolny.org to receive the determination letter.

If you have questions or concerns, you may contact the Division of Environmental Permits Avon Office 585.226.5400.



Town of South Bristol
Code Enforcement Office
 6500 West Gannett Hill Road
 Naples, NY 14512-9216
 www.southbristolny.org
 585.374.6341

Application # _____

Planning Board Application

Applicant _____

Mailing Address _____
 _____ Zip _____

Telephone _____ Email _____

Property Owner's Written Permission Attached

Property Owner _____

Mailing Address _____
 _____ Zip _____

Telephone _____ Email _____

Property Address _____

Tax Map # _____ Zone _____

_____ Site Plan Approval _____ Special Use Permit

_____ Site Plan Approval Amendment _____ Subdivision of Land Approval

Nature of Application _____

By signing this application the applicant/property owner have granted permission for the Board Members/Town Code Enforcement Officer to make site visits.

 Applicant's Signature

 Date

Code Enforcement Officer

Meets Town Code Zoning Use Requirements? Yes No

Meets Town Code Zoning Area/Dimensional Requirements? Yes No

Accepted for Planning Board Preliminary Review Meeting on _____

Code Enforcement Officer

Date

Planning Board Assistant

Application # _____

Planning Board Preliminary Review Meeting on _____

Zoning Board of Appeals Actions _____

Planning Board Final Review Meeting on _____

Delivered County Planning Board Referral _____

Received County Planning Board Recommendations _____

Legal Notice Published _____

Planning Board Actions _____

Planning Board Assistant

Date

Received application fee \$ _____ CK/CC# _____ Cash _____ Date _____

Resolution 71-2014
Enforcement of Zoning Administration and Enforcement
of Fees, Charges, and Related Expenses

Whereas, compliant to Town of South Bristol Zoning Code Chapter 170, Article VIII, Section 170-95 (a) it is the direction of this governing board pursuant to Town Zoning Code Rules and Regulations that any and all fees, charges and other related expenses that are incurred for application of zoning permits, special use permits, variances, appeals, site plan approval, certificate of compliance, certificate of non-conformity and amendments to expenses incurred by the Town of South Bristol in the process and review of such applications by the Town Board, Town Planning Board, Zoning Board of Appeals, Code Enforcement Officer, and any other governmental agencies working on behalf of the Town of South Bristol.

Whereas, compliant to Town of South Bristol Zoning Code Chapter 170, Article VIII, Section 170-96 Consulting Fees it is the direction of this governing Board pursuant to Town Zoning Code Rules and Regulations that by the Town Board, Town Planning Board, Zoning Board of Appeals, Code Enforcement Officer, and any other governmental agencies working on behalf of the Town of South Bristol shall have the right to determine whether to consult with professional outside consultants.

Whereas, exercising compliancy with the Town of South Bristol Zoning Code as reflected in the Town Zoning Code, the Town will bill all applicants for said fees, charges and other related expenses. The applicant shall pay as required all bills as rendered within 10 days.

Resolved, that all applicants are to sign an acknowledgement of receipt of this Resolution, acknowledging their acceptance of these terms.

Therefore, be it resolved, that the Code Enforcement Office is hereby directed to provide a copy of this Resolution to all applicable parties.

Applicant's Signature

Date

Ontario County Agricultural Data Statement

Town Village City of _____ Date _____

Ag District Number _____

Introduction This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant	Owner if Different from Applicant
Name: _____ Address: _____ _____	Name: _____ Address: _____ _____

1. Type of Application: Special Use Permit; Site Plan Approval ; Use Variance;
 Subdivision Approval

2. Description of proposed project:

3. Location of project: Tax Parcel ID# _____

4. Is this parcel actively farmed? NO YES

5. List all farm operations within a NYS Department of Ag & Markets Certified Agricultural District that are within 500 feet of your parcel. Attach additional sheets if necessary.*

Name: _____ Address: _____ _____	Name: _____ Address: _____ _____
Tax Parcel ID # _____	Tax Parcel ID # _____
Name: _____ Address: _____ _____	Name: _____ Address: _____ _____
Tax Parcel ID # _____	Tax Parcel ID # _____

* Attach a tax map showing the site of the proposed project relative to the location of farm operations identified above. Parcel information including aerial photos and Agricultural District information is available electronically

Ag District maps can be obtained from your municipal assessor, municipal clerk or the County Planning Department.

Signature of Applicant

Signature of Owner (if other than applicant)

NOTE TO MUNICIPALITY: All applications requiring an Agricultural Data Statement **must** be referred to the Ontario County Planning Department in accordance with amended Sections 239-m and 239-n of New York State General Municipal Law.

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 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:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
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:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input 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 type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input 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 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 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input 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: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <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? 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 type="checkbox"/> <input type="checkbox"/>	YES <input 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"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	

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 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 type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year or 500-year flood plain?	NO	YES
	<input 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 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 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 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 type="checkbox"/>	<input type="checkbox"/>
21. Is the project located within, or within 1/2-mile of, a disadvantaged community? If No, could impacts from the project affect a disadvantaged community? If Yes to either question in 21, answer the following question: a. Identify the potential pollution impacts of the project, either direct or indirect, that may occur within the disadvantaged community (e.g., wastewater discharges, air emissions, noise, odors, solid or hazardous waste generation or management):	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input 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: _____ Date: _____ Signature: _____ Title: _____		