



PLANNING BOARD SITE PLAN REVIEW APPLICATION

236 Third Street, Greenport, New York, 11944

(631) 477-0248

www.villageofgreenport.org

Date of Application 2/13/23

All information below is to be completed by the applicant. This completed application is to be accompanied by the proposed Site Plan, Copies of Covenants and/or Restrictions, where applicable, Environmental Assessment Form, building plans showing elevations, setbacks, floor plans, room dimensions, current survey and quality of material, where applicable.

THE OWNER OF THE PROPERTY IS: (PLEASE PRINT CLEARLY)

Michael Osinski
First Name Last Name Business Name, if applicable

301 Flit St Greenport NY 11944
Mailing Address City/ Town/ Village State Zip

[REDACTED] [REDACTED]@com
Phone # E-Mail Address

CONTACT PERSON (if different from owner)

The person to receive all correspondence:

SAR
First Name Last Name Business Name, if applicable

Mailing Address City/ Town/ Village State Zip

Phone # E-Mail Address

IF ANYONE OTHER THAN THE OWNER COMPLETES THIS APPLICATION, WRITTEN CONSENT FROM THE OWNER MUST BE SUBMITTED WITH THIS APPLICATION.

Location:

Suffolk County Tax Map Number: 1001 Section: 6 Block: 8 Lot 1,2,13,14

Street Address: 301, 309, 411 Flit St. Greenport, New York, 11944

Zoning District: WC R1 R2 PD CR CG

Is property located within the Historic District? Yes No



PLANNING BOARD
SITE PLAN REVIEW APPLICATION

236 Third Street, Greenport, New York, 11944

(631) 477-0248

www.villageofgreenport.org

Project Information:

Residential Commercial

Proposed Starting Date: 2/12/22

Project Description:

Please describe project in detail. (Use an additional sheet if necessary)

Certify the subdivision of the 3 lots we own on the south side of Flint St. The lots were divided in 1937 & the village has no record of planning board approval.

Please check the following boxes for permits this project will require:

- Building Permit
- Wetlands Permit
- Suffolk County Planning Board
- New York State D.E.C.
- United States Army Corps of Engineers
- Suffolk County Health Department
- New York State Department of State Coastal Flood Management

Does this application require a Zoning Board of Appeals Variance? Yes No

AFFIDAVIT

Village of Greenport)
Town of Southold)
County of Suffolk) ss
State of New York)

I swear that to the best of my knowledge and belief that the statements contained in this application, together with the plans and specifications submitted, are true and complete statements of proposed work to be done on the described premises and that all provisions of the Building Code, Zoning Code, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work and inspections are authorized by the owner. The Village of Greenport is hereby granted permission to enter the property listed as the "Location" for the purposes of inspecting my property for a site visit. I understand that if approved, Site Plan approval will be granted and accepted on condition that the provisions of Federal, State and Local rules and regulations, and any additional requirements of the Site Plan are complied with. I understand that any approval granted will be deemed null and void if any information pertaining to restrictions and/or covenants prior to the date of this application are discovered after Site Plan approval is granted. Any violation of all applicable codes, or deviations from the approved Site Plan will result in the immediate revocation of this Site plan approval & legal action will be taken against me. No responsibility rests upon the Village of Greenport, Code Enforcement Official or the Fire Department by reason of this application and permit.

Sworn to be before this 13 day
of February 20 23

Signature 
Owner or Applicant


Notary Public, Suffolk County, New York

JEANMARIE O'DDON
Notary Public, State of New York
No. 010D6251238
Qualified in Suffolk County
Commission Expires November 14, 20 23

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: <p style="text-align: center; margin: 0;">sc lots 1001-6-8-1,2, 1,3, 1,4</p>			
Project Location (describe, and attach a location map): <p style="margin: 0;">307, 9, 11 Flint St. Greenport NY 11944</p>			
Brief Description of Proposed Action: <p style="margin: 0;">Certify an existing subdivision, circa 1987, with Greenport Planning Board. No village records exist of previous subdivision</p>			
Name of Applicant or Sponsor: <p style="margin: 0; font-size: 1.2em;">Michael & Isabel Oranski</p>		Telephone: [REDACTED] E-Mail: [REDACTED] (201)	
Address: <p style="margin: 0; font-size: 1.2em;">307 Flint St.</p>			
City/PO: <p style="margin: 0; font-size: 1.2em;">Greenport</p>		State: <p style="margin: 0; font-size: 1.2em;">NY</p>	Zip Code: <p style="margin: 0; font-size: 1.2em;">11944</p>
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 checked="" 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: <p style="margin: 0; font-size: 1.2em;">Greenport Planning Board</p>			NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<p style="margin: 0;">2.6 acres</p>	
b. Total acreage to be physically disturbed?		<p style="margin: 0;">0 acres</p>	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<p style="margin: 0;">2.6 acres</p>	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input checked="" 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			

5. Is the proposed action,	NO	YES	N/A
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?	NO	YES	
	<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?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" 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?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: <u>Greenport Village</u> _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<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?	NO	YES	
	<input checked="" type="checkbox"/>	<input 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 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?	NO	YES	
	<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: _____ <u>Widow's Hole. No alterations</u> _____			

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:	<input type="checkbox"/>	<input type="checkbox"/>
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.

<input type="checkbox"/>	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.
<input type="checkbox"/>	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