



BUILDING DEPARTMENT  
 VILLAGE OF GREENPORT  
 236 Third Street, Greenport, NY 11944

IS PROPERTY IN THE HISTORIC DISTRICT?  
 IF YES, PLEASE SEE CHECKLIST ITEM 8  
 ON PAGE 4.

**SITE PLAN REVIEW APPLICATION**

**Applicant** NAME: FIBERICO SPAN INC  
 IF A CORPORATION,  
 NAME AND ADDRESS OF AUTHORIZED OFFICER: NICK DeCillis  
 ADDRESS: [REDACTED]  
 SIGNATURE: [Signature] DATE: \_\_\_\_\_  
 STATE IF APPLICANT IS OWNER, LESSEE, AGENT, ARCHITECT, ENGINEER, BUILDER,  
 GENERAL CONTRACTOR, ELECTRICIAN, and PLUMBER, OR OTHER:

**Owner** NAME: Nick DeCillis  
 ADDRESS: [REDACTED]  
 PHONE: [REDACTED]

**Location Of Site** TAX MAP DISTRICT: \_\_\_\_\_ SECTION: 4 BLOCK: 7 LOT: 11  
 STREET ADDRESS: 407 MAIN

**Project Description** Residential \_\_\_\_\_ Commercial   
 PROPOSED STARTING DATE: 12/8 PROPOSED COMMERCIAL DATE: 12/8  
 PROJECT DESCRIPTION (UTILITY HOOK UP, STRUCTURES, USES): \_\_\_\_\_  
 PROPERTY IS ZONED \_\_\_\_\_ R-1 \_\_\_\_\_ R-2  CR \_\_\_\_\_ WC \_\_\_\_\_ CG \_\_\_\_\_

PROJECT WILL REQUIRE THE FOLLOWING PERMITS:  
 VILLAGE OF GREENPORT:  
 \_\_\_\_\_ BUILDING PERMIT \_\_\_\_\_ WETLANDS PERMIT \_\_\_\_\_ ZBA VARIANCE  
 OTHER AGENCIES:  
 \_\_\_\_\_ SUFFOLK COUNTY PLANNING BOARD  
 \_\_\_\_\_ N.Y. STATE D.E.C.  
 \_\_\_\_\_ U.S. ARMY CORPS OF ENGINEERS  
 \_\_\_\_\_ SUFFOLK COUNTY HEALTH DEPARTMENT  
 \_\_\_\_\_ N.Y. STATE DEPT OF STATE COASTAL ZONE MANAGEMENT

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BY: \_\_\_\_\_

**Amanda Aurichio**

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**From:** Nino Giovanni [REDACTED]  
**Sent:** Tuesday, August 18, 2020 9:42 AM  
**To:** Amanda Aurichio  
**Subject:** Letter for planning board meeting

As you Requested

The empty space in the back of my store at 407 main st. Will remain empty and as of right now it will be considered for future business expansion. There will be no shelving or any type of storage units installed. You also mentioned seating at the counter, the drawings and plans show 8 stools at the counter and I also will not be putting any tables on the floor with any additional seating.

Thank You  
Nick DeCillis

**Amanda Aurichio**

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**From:** Nino Giovanni [REDACTED]  
**Sent:** Tuesday, August 18, 2020 9:48 AM  
**To:** Amanda Aurichio  
**Subject:** the 8 stools at the counter  
**Attachments:** 407 Main Street\_GreenPort \_ 02.28.20.pdf

you can see the numbered stools at the counter. the planning board has all the enlarged copies.

Nick







**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.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: <i>N/A</i>			
Name of Applicant or Sponsor: <i>NICK DEBILIS</i>		Telephone: <i>520 288 5376</i>	
		E-Mail: <i>ngiovanni275@gmail.com</i>	
Address: <i>407 MAIN ST</i>			
City/PO: <i>GREEN PORT</i>		State: <i>NY</i>	Zip Code: <i>11946</i>
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	YES
		<input checked="" type="checkbox"/>	<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	YES
		<input checked="" type="checkbox"/>	<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:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" 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			

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5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input checked="" 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
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? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
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"/>	NO YES
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 checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
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: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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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 checked="" 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?	NO	YES
If Yes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<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?	NO	YES
If Yes, describe:	<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?	NO	YES
If Yes, describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor/name: <u>NICK DECELLIS</u> Date: <u>2-20-20</u> Signature: <u><i>Nick DeCellis</i></u> Title: <u>OWNER</u>		

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