

- Anticipated increase in number of residents, shoppers, employees, etc. (as applicable):

2 - HOUSES

7. Is a new street/road required? NO If so, # of feet _____ (Consult Town of Enfield Highway Superintendent for required specifications)

8. Number of entrances on existing streets/roads 3

Provide name, address and telephone number of authority granting approval for "curb cut" if State or County Road:

State: Name _____
Address _____
Telephone _____

County: Name _____
Address _____
Telephone _____

9. Plans must be submitted in accordance with the Town of Enfield Site Plan Checklist (Copy attached).
10. Certification: The undersigned (owner---agent---developer) hereby certifies that the information contained herein is true and accurate to the personal information or belief of the undersigned.

Date: 8-30-2023


Owner---Agent---Developer

€ Code Enforcement Officer will check box if a Site Plan Review is needed and sign below:

Date: 8-31-2023


Code Enforcement Officer, Town of Enfield

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: | | | |
| Project Location (describe, and attach a location map): 3-3-4.22 | | | |
| Brief Description of Proposed Action: | | | |
| Name of Applicant or Sponsor: MARK L. SMITH | | Telephone: 607-280-2604 | |
| | | E-Mail: WYNLWIZARD@Gmail.com | |
| Address: 237 TRADELL RD. | | | |
| City/PO: ITHACA | | State: NY | Zip Code: 14850 |
| 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: | | | YES <input checked="" type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? | | | YES <input type="checkbox"/> |
| | | | <input checked="" type="checkbox"/> |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: | | | |
| <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input 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 | | | |

| 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 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? If Yes, identify: _____ | NO | YES | |
| | <input checked="" type="checkbox"/> | <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 | YES | |
| | <input checked="" type="checkbox"/> | <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: _____ _____ | NO | YES | |
| | <input type="checkbox"/> | <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 | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____ | NO | YES | |
| | <input checked="" type="checkbox"/> | <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 | YES | |
| | <input checked="" type="checkbox"/> | <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 | YES | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | <input checked="" 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 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 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)? If Yes, briefly describe: | <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 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>MARK L SMITH</u> Date: <u>8-30-23</u> | | |
| Signature: <u>[Signature]</u> Title: <u>OWNER</u> | | |



Tompkins County
Assessment Department

Notice of Tax Map Revision

SWIS 502600 Municipal Name TOWN OF ENFIELD
 Printkey(s) 3.-3-4.22, 3.-3-4.23
 Split/Merge # 2326008

Change Authority

Instrument # 2022-08435 Deed Date 7/26/2022
 Survey Location 2022-08436 Survey Filed 7/26/2022
 Grantor Mark Smith Grantee Terrance Fisk

Notes Town of Enfield survey correction for 2023
was 3.-3-4.22 = 29.50 Ac and 3.-3-4.23 = 1.61 Ac
now 3.-3-4.22 = 29.16 Ac and 3.-3-4.23 = 1.96 Ac

Tax Map Record

Batch # 2321 Tax Year 2023

- Split
- Consolidation
- Transfer with No Split/Merge
- Survey Correction
- Digital Map Correction
- Subdivision
- Highway Appropriation

Input 8/9/2022 By SHELLER

Assessor's Record

Input _____ By _____

