

Plattsburgh, New York

Building & Zoning Dept.
41 City Hall Place
Plattsburgh, New York 12901
Ph: 518-563-7707
Fax: 518-563-6426

Plattsburgh

 USE
CLASS A VARIANCE

 ✓ AREA
CLASS B VARIANCE

 SUP
SPECIAL USE PERMIT

Date: 11/27/2021

Appeal No: 2260

An application is hereby made to the Zoning Board of Appeals pursuant to the City of Plattsburgh Zoning Ordinance for a variance to allow the property use as herein described.

Applicant: Kim + Betty O'Leary

Applicant's Address: 22 Leonard Ave.
Plattsburgh, NY 12901

Telephone No.: (518) 501-4401

Parcel Identification: 221.6-1-4

Location of Request: 22 Leonard Ave, Plattsburgh NY 12901

Property Owner: Mary E. O'Leary

Request Description: Add a breezeway + Garage to existing house.

Zoning District: R1

Section Appealed: 360-11

Previous Appeal: No.: Date:

Identify Applicant's Right to Apply for Variance:

Ownership: ✓ Long Term Lease: Contract To Purchase:

Other (Please Explain):

Applications for Zoning Variances must be accompanied by:
13 copies of existing and proposed site plan plus original application.
13 copies of existing and proposed floor plan.

The Zoning Board of Appeals may impose reasonable conditions and restrictions on the grant of area and use variances provided they are directly related to and incidental to the proposed use of the property. Such conditions shall be consistent with the spirit and intent of the zoning law, and shall be imposed for the purpose of minimizing any adverse impact such variance may have on the neighborhood or community.

Mary Elizabeth O'Leary
Signature (Owner/Applicant)
Mary Elizabeth O'Leary
Print First and Last Name

Lisa M. Beebie
Notary Public

LISA M. BEEBIE
Notary Public, State of New York
No. 01BE6395749
Qualified in Clinton County
Commission expires August 5, 2022

Kim O'Leary
*Signatures other than Property Owner require a Letter of Authorization to apply.

**POWER OF ATTORNEY
NEW YORK STATUTORY SHORT FORM**

(a) CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) **DESIGNATION OF AGENT(S):**

**I, M. (MARY) ELIZABETH
O'LEARY**

(name of principal)

22 Leonard Avenue, Plattsburgh, NY 12901

(address of principal)

hereby appoint:

KIMBERLY A. O'LEARY

(name of agent)

22 Leonard Avenue, Plattsburgh, NY 12901

(address of agent)

N/A

(name of second agent)

N/A

(address of second agent)

as my agent(s).

If you designate more than one agent above, they must act together unless you initial the statement below.

(____) My agents may act SEPARATELY.

(c) **DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)**

If any agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

KENNA G. O'LEARY
(name of successor agent)

89 Prospect Road, Centerport, NY 11721
(address of successor agent)

N/A

(name of second successor agent),

N/A

(address of second successor agent)

Successor agents designated above must act together unless you initial the statement below.

(____) My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

(d) **This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under "Modifications".**

(e) **This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under "Modifications".**

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under "Modifications" that the agents with the same authority are to act together.

(f) **GRANT OF AUTHORITY:**

To grant your agent some or all of the authority below, either

- (1) Initial the bracket at each authority you grant, or
- (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- (MSA)* (A) real estate transactions;
- (MSA)* (B) chattel and goods transactions;
- (MSA)* (C) bond, share, and commodity transactions;
- (MSA)* (D) banking transactions;
- (MSA)* (E) business operating transactions;
- (MSA)* (F) insurance transactions;
- (MSA)* (G) estate transactions;
- (MSA)* (H) claims and litigation;
- (MSA)* (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;
- (MSA)* (J) benefits from governmental programs or civil or military service;
- (MSA)* (K) health care billing and payment matters; records, reports, and statements;
- (MSA)* (L) retirement benefit transactions;
- (MSA)* (M) tax matters;
- (MSA)* (N) all other matters;
- (MSA)* (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (MSA)* (P) EACH of the matters identified by the following letters: A, B, C, D, E, F, G, H, I, J, K, L, M, N AND O

You need not initial the other lines if you initial line (P).

(g) **MODIFICATIONS: (OPTIONAL)**

In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent. However, you cannot use this Modifications section to grant your agent authority to make gifts or changes to interests in your property. If you wish to grant your agent such authority, you MUST complete the Statutory Gifts Rider.

I REVOKE ANY PREVIOUSLY EXECUTED POWERS OF ATTORNEY THAT I MAY HAVE EXECUTED.

(h) CERTAIN GIFT TRANSACTIONS: STATUTORY GIFTS RIDER (OPTIONAL)

In order to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), you must initial the statement below and execute a Statutory Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make gifts. The preparation of the Statutory Gifts Rider should be supervised by a lawyer.

(____) (SGR) I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

(i) DESIGNATION OF MONITOR(S): (OPTIONAL)

1 If you wish to appoint monitor(s), initial and fill in the section below:

(MM/2) I wish to designate BRIAN M. O'LEARY whose address is 401 59th Street, Downers Grove, Illinois 60516, as monitor. Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor(s) upon request.

(j) COMPENSATION OF AGENT(S): (OPTIONAL)

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, initial the statement below. If you wish to define "reasonable compensation", you may do so above, under "Modifications".

(MM/2) My agent(s) shall be entitled to reasonable compensation for services rendered.

(k) ACCEPTANCE BY THIRD PARTIES:

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

(l) **TERMINATION:**

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

(m) **SIGNATURE AND ACKNOWLEDGMENT:**

In Witness Whereof I have hereunto signed my name on the 27th day of July, 2016

PRINCIPAL signs here: ==> Mary Elizabeth O'Leary
M. (MARY) ELIZABETH O'LEARY

STATE OF NEW YORK)
) ss:
COUNTY OF CLINTON)

On the 27th day of July, 2016, before me, the undersigned, personally appeared M. (MARY) ELIZABETH O'LEARY personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Lori A. Cantwell
Notary Public

LORI A. CANTWELL
Notary Public, State of New York
No. 02CA4981369
Qualified in Clinton County
Commission Expires May 13, 2019

(n) **IMPORTANT INFORMATION FOR THE AGENT:**

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all receipts, payments, and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners:

(Principal's Name) by (Your Signature) as Agent,

or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in this document, which is either a Statutory Gifts Rider attached to a Statutory Short Form Power of Attorney or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest.

You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.


(o) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I, **KIMBERLY A. O'LEARY** have read the foregoing Power of Attorney. I am the person identified therein as agent for the principal named therein.

I acknowledge my legal responsibilities.

Agent(s) sign(s) here: ==>


KIMBERLY A. O'LEARY

STATE OF NEW YORK)
)ss:
COUNTY OF CLINTON)

On the 27th day of July 2016, before me, the undersigned, personally appeared **KIMBERLY A. O'LEARY** personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Notary Public

LORI A. CANTWELL
Notary Public, State of New York
No. 02CA4981369
Qualified in Clinton County
Commission Expires May 13, 2019

(p) SUCCESSOR AGENT’S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the principal and the Successor agent(s), if any, sign at the same time, nor that multiple Successor agents sign at the same time. Furthermore, successor agents can not use this power of attorney unless the agent(s) designated above is/are unable or unwilling to serve.

I, **KENNA G. O’LEARY**, have read the foregoing Power of Attorney. I am the person identified therein as Successor agent for the principal named therein.

Successor Agent(s) sign(s) here: ==> _____
KENNA G. O’LEARY

STATE OF NEW YORK)
)ss:
COUNTY OF _____)

On the _____ day of _____ 2016, before me, the undersigned, personally appeared, **KENNA G. O’LEARY**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Area or Dimensional Variances

Area variances may be granted where setback, frontage, lot size or yard requirements of this Code cannot be reasonably met. In making its determination the ZBA shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. In making such determinations the board shall also consider the following criteria:

Please give a written response to each section.

(1) Will an undesirable change be produced to the character of the neighborhood or a detriment to nearby properties be created by the granting of the area variance?

For all questions, the answers are on the attached sheets.

(2) Can the benefit sought by the applicant be achieved by some method, feasible to the applicant to pursue, other than an area variance?

(3) Is the requested area variance substantial?

(4) Will the proposed variance have an adverse effect or impact on the physical or environmental conditions in the neighborhood?

(5) Has the alleged difficulty been self-created?

This information shall be relevant to the decision of the board but shall not necessarily preclude granting of the variance.

Variance Application for Mary E. O'Leary

Question 1

No, if the variance is granted, there will not be an undesirable change to the character of our neighborhood or nearby properties.

The garage will be behind our house. The garage and breezeway will extend 5 feet beyond the north side of our residence. Our southern neighbor has a 120' x 150' lot. Their residence has a 35'-40' foot setback from our southern boundary.

The property owner on our northern border has a hedge that runs the length of our respective backyards. (Other neighbors would have a 5' view of the northern part of our garage.)

Along the northern border, there would be a 20-25' foot distance between the two homes.

Cont. Variance Application for Mary E O'Leary

Question 2

2) We have looked at a number of designs we might use to avoid asking for a variance. We reduced the size of the garage from a two-car garage to a one-car garage. This has allowed us to minimize, to the best of our ability, the number of feet requested in a variance from 10 feet to 5 feet. We also considered an unattached garage and placing it 5 feet from our northern border. However, this would not allow access to the rest of our backyard by a utility car. It also would not be as attractive as a 10 foot green area next to the garage. The attached drawing is our best attempt to maximize every foot of space without overcrowding our lot.

cont. Variance Application for Mary E. O'Leary

Question 3

We don't believe the requested area is substantial. It allows us to build a safe access to our home for a family member who is 86 years old and has had two back surgeries and both knees replaced. When the garage and breezeway are finished there will be 20 feet of open space in our backyard along our northern border between the 2 homes. In front of our home and along the northern side of the house there will be 25' of open space ^{between} our house and our northern neighbor's house.

Cont. Variance Application for Mary E. O'Leary

Question 4

No, the proposed variance will not have an adverse effect or impact on the physical or environmental condition in our neighborhood. The neighbors will see very little of the garage and will notice little change before the garage is added to the house compared to after the garage is added to the house. The majority of the work will be behind our house and will be limited to a 2 rectangular shapes overlapping by approximately 3 feet for a doorway. Rectangle 1 will be an 8' x 17' breezeway and Rectangle will be a 14' x 24' garage. The length of the breezeway is to allow a wheelchair to get to the garage should one become necessary.

Cont. Varrana Application for Mary E. O'Leary

Question 5

The difficulty has not been self-created. We believe that by compromising on the location and size of the garage, we have reduced or eliminated any negative effects a new garage at our home will have on our community and neighbors. We worked diligently to accomplish our 2 goals:

- 1) Physical safety of the home's residents when there is ice on the driveway side
- 2) Attractive addition to our neighborhood.

Thank you for your time and consideration. We appreciate your efforts on behalf of our community.

617.20
Appendix B
Short Environmental Assessment Form

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: <i>Kim and Mary E. O'Leary</i>			
Project Location (describe, and attach a location map): <i>Request for easement for new garage + breezeway</i>			
<i>22 Leonard Ave., Plattsburgh, NY 12901</i>			
Brief Description of Proposed Action: <i>We would like to add a new breezeway and garage to our existing home.</i>			
Name of Applicant or Sponsor: <i>Kim + Mary E. O'Leary</i>		Telephone: <i>518 581-1141</i>	
		E-Mail: <i>Bkimo@aol.com</i>	
Address: <i>22 Leonard Ave.</i>			
City/PO: <i>Plattsburgh</i>		State <i>NY</i>	Zip Code: <i>12901</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 <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: <i>A building permit from the City of Plattsburgh.</i>			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<i>60 x 150 acres feet</i>	
b. Total acreage to be physically disturbed?		<i>24 x 24 acres feet (approx)</i>	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>100% acres 60 x 150 city lot.</i>	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input 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			

	NO	YES	N/A
5. Is the proposed action, 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 checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input type="checkbox"/>	<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: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action <u>meet</u> or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	<input type="checkbox"/>	<input type="checkbox"/>	<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: _____	<input type="checkbox"/>	<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 _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	<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: _____	<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 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?	<input type="checkbox"/>	<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, a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	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 AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Mary Elizabeth O'Leary</u> Date: <u>1-22-21</u>		
Signature: <u>Mary Elizabeth O'Leary</u>		

Zoning Board to Fill out. Applicant does not fill out Part 2.

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. 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?"

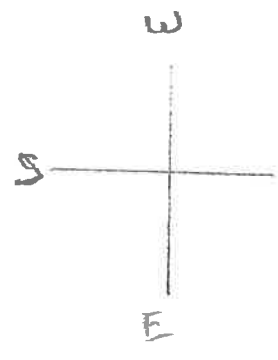
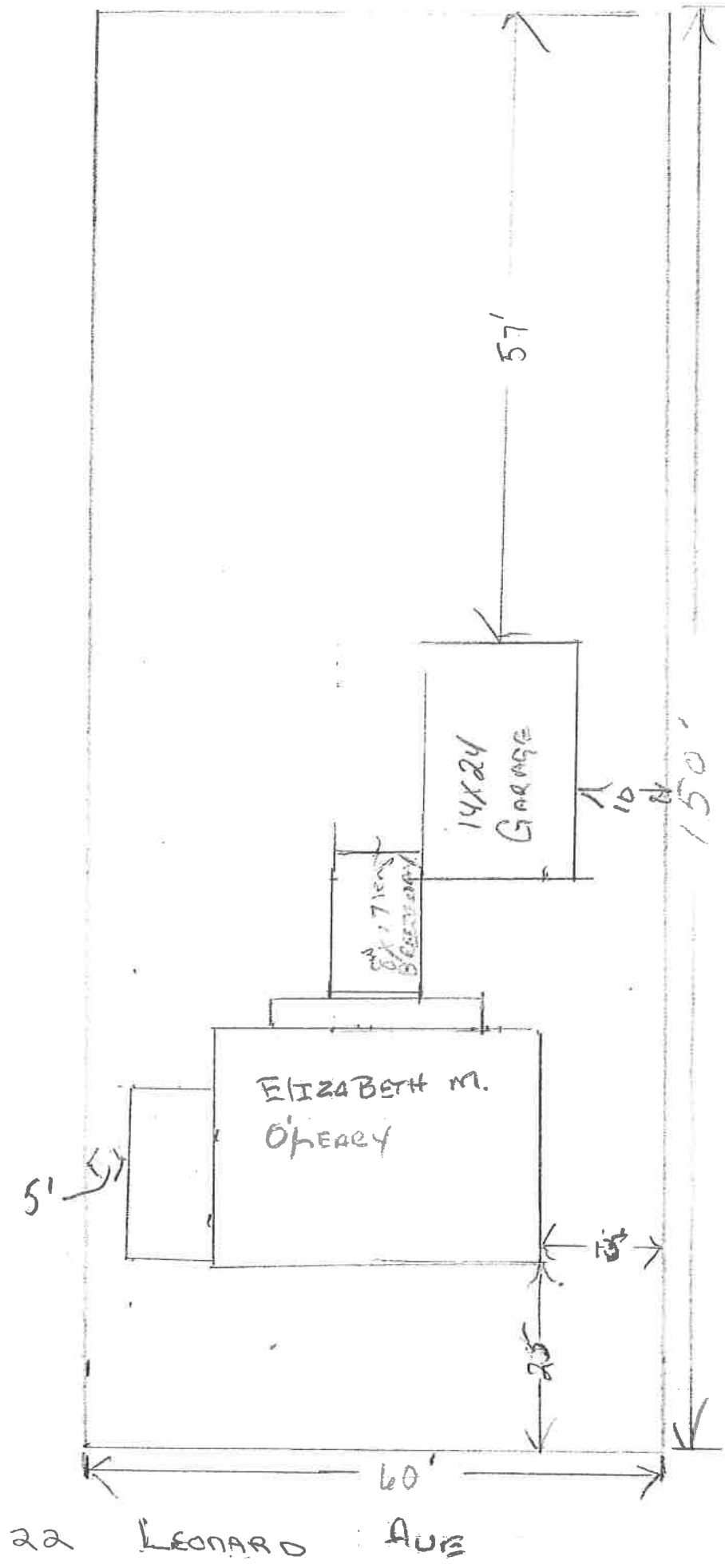
	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use 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:		
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"/>

	No, or small impact may occur	Moderate to large impact may occur
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"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. 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



22 LEONARD AVE

Date=01-20-20.

LEONARD AVENUE

22 Leonard

16 Lexington





Image capture: Jul 2012 © 2021 Google

Plattsburgh, New York



Street View

