

**TOWN OF HUNTINGTON  
DEPARTMENT OF PLANNING AND ENVIRONMENT**

**SUBDIVISION PRE-APPLICATION REQUIREMENTS**

**Please call the Department of Planning and Environment prior to submitting a new application  
(631) 351-3196**

**Stapled Maps will NOT be accepted.**

- Letter of Intent- briefly describing the proposed subdivision property location, zoning district, acreage, and any other pertinent property information.
- A completed Contact Designation Form identifying the primary contact for the project.
- Application Fee (\$250) in the form of a check payable to the Town of Huntington.
- Current deeds for all properties involved.
- Deeds prior to 1970 for all properties involved.
- Prior ZBA grants including written ZBA SEQRA determination (if applicable).
- Copy of Assessors card for all involved tax lots.
- Certificate of Occupancy for every structure on subject property.
- Letter in Lieu (if applicable).
  
- Five (5) Copies of a Steep Slope Analysis to determine compliance with §198-60 – §198-65.
  
- Six (6) Maps (24" x 36") of proposed subdivision to include:
  - Site Data
  - Property Topography extending 200 feet beyond lot lines
  - Key map, scale, and north arrow
  - All owner and applicant's names
  - The proper licensed professional stamp/seal
  - Resubdivision map information, *if applicable*
  - Zoning Board of Appeals Table, *if applicable*
  - Modification Table, *if applicable*

**Notes**

- Prior to the Director of Planning & Environment signing the Final Map, an Article 6 Waiver from the Suffolk County Department of Health Services is required if any proposed lot is under 20, 000 sq ft and not in a Sewer District. Should you have any questions, contact the Suffolk County Department of Health Services at (631) 853-3000.
- The Department of Environmental Waste Management has adopted significant changes to their fee schedule for parcels that lie within the Huntington and Centerport sewer districts, as well as parcels that are intending to apply to enter either district. Please see fee schedule enclosed. Should you have any questions, contact the Department of Environmental Waste Management at (631) 351-3187.
- In order to determine compliance with the Town of Huntington General Code, Chapter 170, Stormwater Management, a Stormwater Pollution Prevention Plan may be required for review.

**Following Review**

- If requested, you will be contacted by the Planning Department to arrange a Pre-Application Conference. At this time, you will receive information to help guide you through the subdivision process, and receive the expert advice of the Planning Department staff.

**Variable Expenses (if proceeding to Preliminary Application)**

- Surveyor/Engineer
- Attorney
- Public Hearing mailing notification to surrounding property owners
- Park and Playground fee in lieu of park dedication
- Performance Bond
- Inspection Fee (9% of Performance Bond)
- Extension fees – to guarantee installation of improvements
- Maintenance Bond
- Environmental Assessment, Part III fee
- Filing fees for Suffolk County Clerk

**TOWN OF HUNTINGTON**  
**DEPARTMENT OF PLANNING AND ENVIRONMENT**  
**CONTACT DESIGNATION FORM**

I, \_\_\_\_\_, hereby authorize the following person to be the contact for  
Owners Name

the application listed below, and as such, he/she is hereby designated to receive all correspondence for the  
application known as:

\_\_\_\_\_ **Project Name**

\_\_\_\_\_ Contact's Name

\_\_\_\_\_ Company Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City State Zip Code

**The contact listed above can be reached as follows:**

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Owners Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please be advised, that by signing this Contact Designation Form, the contact listed above will continue to receive all correspondence from this office until a new form is submitted to the Department of Planning and Environment.

PROJECT I.D. NUMBER

617.20

Appendix C

State Environmental Quality Review

**SHORT ENVIRONMENTAL ASSESSMENT FORM  
For UNLISTED ACTIONS Only**

**Part 1 - PROJECT INFORMATION (To be completed by Applicant or Project sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
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3. PROJECT LOCATION:  
Municipality **Town of Huntington** County **Suffolk**

4. PRECISE LOCATION: Street address and road intersections, prominent landmarks, etc., or provide map  
  
Suffolk County Tax Map Number - District 0400, Section \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_

5. PROPOSED ACTION IS:  
 New     Expansion     Modification/alteration

6. DESCRIBE PROJECT BRIEFLY:

7. AMOUNT OF LAND AFFECTED:  
Initially \_\_\_\_\_ acres    Ultimately \_\_\_\_\_ acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?  
 Yes     No    If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?  
 Residential     Industrial     Commercial     Agriculture     Park/Forest/Open space     Other  
Describe:

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?  
 Yes     No    If yes, list agency(s) name and permit/approvals

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?  
 Yes     No    If yes, list agency name and permit/approval

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?  
 Yes     No    If yes, list agency name and permit/approval

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

# Town of Huntington Department of Maritime Services

## Local Waterfront Revitalization Program (LWRP)

### Consistency Assessment Form

(This form is to be completed only for those actions that lie within the Town's LWRP area.)

An applicant, seeking a permit, license, waiver, certification or similar type of approval from any Agency or Department of the Town of Huntington for a non-excluded action which is subject to a Town of Huntington Local Waterfront Revitalization Program (LWRP) must complete this form and submit it to the Agency along with the application for the action. This form is intended to assist the Town in determining if the proposed action is consistent with the policies and purposes of the Town's LWRP as required under Chapter 134 (Consistency Review Law) of the Town Code. Note: The Agency from which you are seeking approval will assist you in determining if your proposed action is located in an area subject to an LWRP consistency review. For further assistance please call the Town Department of Maritime Services at (631) 351-3192.

#### A. Applicant

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

#### B. Proposed Action

1. Brief Description of Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Purpose of Action: \_\_\_\_\_  
\_\_\_\_\_
3. Location of Action (street address or Tax Map #): \_\_\_\_\_  
\_\_\_\_\_

#### C. Local Waterfront Assessment: Check either "YES" or "NO" to each of the following questions.

Note: The numbers(s) in parentheses after each question refers to the number of the LWRP policy(s) that the question pertains to. A copy of the thirteen LWRP policies and sub-policies should be provided to the applicant along with this form.

- | <u>1. Will the proposed action <i>result</i> in any of the following:</u>  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Large physical change to a site which will require the preparation of an environmental impact statement? (3,4,5,7,9).....             | ___        | ___       |
| b. Physical alteration of more than two acres of land along the shoreline, land under water, or a combination of both? (4,5,6,9,10)..... | ___        | ___       |
| c. Revitalization/redevelopment of a deteriorated or underutilized waterfront site? (1).....   | ___        | ___       |
| d. Reduction of existing or potential public access to or along coastal waters? (9).....   | ___        | ___       |
| e. Adverse effect upon the commercial or recreational use of coastal fish resources? (11).....   | ___        | ___       |
| f. Siting of a facility essential to the generation or transmission of energy? (13).....   | ___        | ___       |
| g. Mining, excavation, filling or dredging in coastal waters? (5,13).....  | ___        | ___       |
| h. Discharge of toxic/hazardous substances or other pollutants into coastal waters? (4,5,6).....   | ___        | ___       |
| i. Draining of stormwater runoff or wastewater into coastal waters? (5) .....  | ___        | ___       |
| j. Transport, storage, treatment, or disposal of solid wastes or hazardous materials? (5,8).....   | ___        | ___       |
| k. Adverse effect upon land or water uses within the Town's harbors? (10).....   | ___        | ___       |
| <br><u>2. Will the proposed action <i>affect or be located, in, on or adjacent</i> to any of the following:</u>                          |            |           |
| a. State or locally designated freshwater or tidal wetland? (6).....   | ___        | ___       |
| b. Federally designated flood and/or state designated erosion hazard area? (4).....  | ___        | ___       |
| c. State designated significant coastal fish and/or wildlife habitat? (6).....   | ___        | ___       |
| d. State designated or locally identified significant scenic resource/area (3) .....   | ___        | ___       |
| e. State designated important agricultural lands? (12).....  | ___        | ___       |
| f. Beach, dune or barrier island? (4).....   | ___        | ___       |
| g. State County or local park? (9).....  | ___        | ___       |
| h. Historic resource listed on the National or State Register of Historic Places? (2).....   | ___        | ___       |
| <br><u>3. Will the proposed action <i>require</i> any of the following:</u>  |            |           |
| a. Waterfront site? (9,10).....  | ___        | ___       |

- b. Provision of new public services or infrastructure in undeveloped sections of the LWRP area? (1)..... — —
- c. Construction or reconstruction of a flood or erosion control structure? (4)..... — —
- d. State water quality permit or certification? (5)..... — —
- e. State air quality permit or certification? (7)..... — —

D. Additional Steps

1. If all of the questions in Section C are answered “NO” , your action or project most likely *is consistent* with the LWRP policies and sub-policies, although it will still be reviewed by the Town for LWRP consistency.
2. If any of the questions in Section C are answered “YES”, your action or project most likely *is not consistent* with the policies and purposes of the LWRP, and you are advised to consult the Town’ LWRP document and its policies/sub-policies to determine if your action is, or is not consistent (see “Note” below). In the space provided below, or on a separate sheet(s) you must provide the following assessment for each question in Section C that was answered with “YES”:
  - (a.) Identify, by policy or sub-policy number, which LWRP policies or sub-policies are affected by your project/action (policies and sub-policies numbers next to questions answered with “YES”).
  - (b.) Briefly describe and assess the effects of your project/action upon each policy or sub-policy identified in (a.) above.
  - (c.) State how the activity is consistent with (meets the requirements of) each policy or sub-policy identified in (a.) above.

Note: You may go back and modify your project/action and your application so that it is consistent with all of the LWRP policies/sub-policies. No approvals or permits will be granted/issued by the Town for projects or actions that are not consistent with the policies and purposes of the Town’s LWRP.

E. Alternate Assessment:

The Director of Maritime Services may deem a project/action to be consistent with LWRP policies and purposes and allow the issuance of a permit/approval, even if the action is not consistent with all of the individual LWRP policies and sub-policies, provided that:

- (1.) No reasonable alternative exists which would permit the action to be undertaken in a manner which will not substantially hinder the achievement of such LWRP policies and purposes.
- (2.) The action would be undertaken in a manner which would minimize all adverse effects on such LWRP policies and purposes to the maximum extent practicable.
- (3.) The action advances one or more LWRP policies and purposes
- (4.) The action will result in overriding Town, Regional or Statewide public benefit.

Note: It is the responsibility of the applicant to provide a written request to the Director of Maritime Services for a consistency determination based on the above requirements, along with an explanation/verification of how the requirements have been met.

F. Submission Requirements

A copy of this Consistency Assessment Form (CAF) must be completed and submitted to the Town Department or Agency from which you are seeking an approval or permit. Your approval or permit will not be granted/issued until your project/action is determined to be consistent with the policies and purposes of the Town’s LWRP.

G. Verification:

I certify that the information provided above is true and factual to the best of my knowledge:

Applicant/Sponsor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Town of Huntington  
Department of Environmental Waste Management  
Impact Fee Informational Hand-Out**

For Further Information, Contact: (631) 351-3187

The Huntington Sewer District (HSD) and Centerport Sewer District (CSD) have the authority per Huntington Town Code, Chapter 164 (*Sewer Use Management*) to impose impact fees on parcel development where such development may cause increased hydraulic and/or treatment demands on the Districts as a result of zone changes, intensification of use, or other activity resulting in an increase in the nature or quantity of sewage effluent released to the district for treatment.

For in-district parcels, a one-time impact fee shall be imposed based on current design and capacity of District facilities, in the amount of \$20.00 per gallon of sewage effluent that exceeds the allowable 'gallons per day' parcel flow allowance per Suffolk County Department of Health Services Standards or the effluent chemical characteristic standards as per Huntington Town Code, Chapter 164 (*Sewer Use Management*) with respect to the proposed usage of that parcel.

For out-of-district parcels, a one-time impact fee shall be imposed based on current design and capacity of District facilities, in the amount of \$30.00 per gallon of sewage effluent. There shall be no parcel flow allowances for out-of-district parcels as per Huntington Town Code, Chapter 164 (*Sewer Use Management*).

**Example**

An in-district 0.52 acre parcel has applied for a zone change from industrial to commercial. The design wastewater flow rate\* based on the original zoning was 770 GPD (1,360 GPD / 0.52 = 770 GPD). A restaurant has been proposed for the parcel. A review of the design drawings for the proposed structure indicates a design wastewater flow rate of 2,520 GPD (proposed 84 seats at 30 GPD/seat = 2,520 GPD). The proposal would utilize 1,750 GPD of capacity above the original allocated capacity allowance (2,520 GPD - 770 GPD = 1,750 GPD). The imposed one-time impact fee for the proposed restaurant would be in the amount of \$35,000 (1,750 GPD x \$20 = \$35,000).

Tables 1 and 2 presented below provide design specifications for the determination of impact fees.

**Table 1: Wastewater Parcel Flow Allowances**

Zoning Category	Design Sewage Flow Rates
Commercial	2,800 GPD/acre
Industrial	1,360 GPD/acre
Residential	1,754 GPD/acre

**Table 2: Sampling of Minimum Design Sewage Flow Rates**

Structure Use	Design Sewage Flow Rate
Single Family Equivalent	300 GPD
Two Family Residence	600 GPD
Access. Apartment to a Single Family Unit	150 GPD
Apartments, Condominiums Co-Ops -	
* < 600 SF	150 GPD/unit
* > 600 SF and < 1,200 SF	225 GPD/unit
* > 1,200 SF	300 GPD/unit
Medical Office Space	0.10 GPD/SF (GFA)
Hospital	300 GPD/bed
Nursing Home	150 GPD/bed
Proprietary Home	110 GPD/bed
General Industrial Space	0.04 GPD/SF (GFA)
Non-Medical Office Space	0.06 GPD/SF (GFA)
Wet Store - Food Processing	0.15 GPD/SF (GFA)
Wet Store - Non Food	0.10 GPD/SF (GFA)
Dry Store	0.03 GPD/SF (GFA)
Market	0.05 GPD/SF (GFA)
Food Service Establishment (16 seat min.)	30 GPD/seat
Bar/Tavern/Disco	15 GPD/capita
Catering Hall	7.5 GPD/capita
Church	1.5 GPD/capita

**Abbreviations**

GPD - Gallons Per Day  
 SF - Square Feet  
 GFA - Ground Floor Area