Waterfront Assessment Form

An applicant seeking a permit, license, waiver, certification, or similar approval from the Town of Tonawanda which is subject to the New York State Coastal Management Program (CMP) and/or which affects lands within the Towns designated Local Waterfront Revitalization Program (LWRP) area, shall complete this assessment form for any proposed activity.

A. APPLICANT

1. Name: ____________________________

2. Address: ____________________________

3. Telephone: Area Code ( ) ____________________________

B. PROPOSED ACTIVITY

1. Brief description of activity: ____________________________

2. Purpose of activity: ____________________________

3. Location of activity: ____________________________

   Street Address ____________________________________________

   Tonawanda, NY ____________________________ Zip ____________________________

4. Type permit required: ____________________________

C. COASTAL ASSESSMENT: check either “Yes” or “No” for each of the following questions. The numbers following each question refer to the policies described in the CMP document (see footnote on page 2) which may be affected by the proposed activity.

1. Will the proposed activity result in any of the following: YES NO

   a. Large physical change to a site within the coastal area which will require the preparation of an environmental impact statement? (11, 22, 25, 32, 37, 38, 41, 43) …………………. ________________
   b. Physical alteration of more than two acres of land along the shoreline, land under water or coastal waters? (2, 11, 12, 20, 28, 35, 44) …………………………………………………………………………… ________________
   c. Revitalization/ redevelopment of a deteriorated or underutilized waterfront site? (1) ……………………………………………………………………………………… ________________
   d. Reduction of existing or potential public access to or along coastal waters? (19, 20) ……………………………………………………………………………………… ________________
   e. Adverse effect upon the commercial or recreational use of coastal fish resources? (9, 10) ……………………………………………………………………………………… ________________
   f. Siting of a facility essential to the exploration, development and production of energy resources in coastal waters or on the Outer Continental Shelf? (29) ……………………………………………………………………………………… ________________
   g. Siting of a facility essential to the generation or transmission of energy? (27) ……………………………………………………………………………………… ________________
   h. Mining, excavation, or dredging activities, or the placement of dredged or fill materials in coastal waters? (15, 35) ……………………………………………………………………………………… ________________
   i. Discharge of toxics, hazardous substances or other pollutants into coastal waters? (15, 35) ……………………………………………………………………………………… ________________
   j. Draining of stormwater runoff or sewer overflows into coastal waters? (33) ……………………………………………………………………………………… ________________
   k. Transport, storage, treatment, or disposal of solid waters or hazardous materials? ……………………………………………………………………………………… ________________
   l. Adverse effect upon land or water uses within the State’s small harbors? (4) ……………………………………………………………………………………… ________________

2. Will the proposed activity affect or be located in, on, or adjacent to any of the following: YES NO

   a. State designated freshwater or tidal wetland? (44) ……………………………………………………………………………………… ________________
   b. Federally designated flood and/or state designated erosion hazard area? (11, 12, 17) ……………………………………………………………………………………… ________________
   c. State designated significant fish and/or wildlife habitat? (7) ……………………………………………………………………………………… ________________
   d. State designated significant scenic resources or area? (24) ……………………………………………………………………………………… ________________
   e. State designated important agricultural lands? (26) ……………………………………………………………………………………… ________________
   f. Beach, dune or barrier island? (12) ……………………………………………………………………………………… ________________
   g. Major ports of Albany, Buffalo, Ogdensburg, Oswego or New York? ……………………………………………………………………………………… ________________
   h. State, county or local park? (19, 20) ……………………………………………………………………………………… ________________
   i. Historic resource listed on the National or State Register of Historic Places? ……………………………………………………………………………………… ________________

3. Will the proposed activity require any of the following: YES NO

   a. Waterfront site? (2, 21, 22) ……………………………………………………………………………………… ________________
   b. Provision of new public services or infrastructure in undeveloped or sparsely populated sections of the coastal area? (5) ……………………………………………………………………………………… ________________
   c. Construction or reconstruction of a flood or erosion control structure? ……………………………………………………………………………………… ________________
   d. State water quality permit or certification? (30, 38, 40) ……………………………………………………………………………………… ________________
   e. State air quality permit or certification? (41, 43) ……………………………………………………………………………………… ________________

4. Will the proposed activity occur within and/or affect an area covered by a State approved local waterfront revitalization program? (see policies in local program document*) ……………………………………………………………………………………… ________________

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D. ADDITIONAL STEPS

1. If all of the questions in Section C are answered “No”, then the applicant or agent shall complete Section E and submit the documentation required by Section F.

2. If any of the questions in Section C are answered “Yes”, then the applicant or agent is advised to consult the CMP or, where appropriate, the local waterfront revitalization program document*. The proposed activity must be analyzed in more detail with respect to the applicable state or local coastal policies. In the space provided below or on a separate page(s), the applicant or agent shall: (a) identify, by their policy numbers, which coastal policies are affected by the activity, (b) briefly assess the effects of the activity upon the policy; and, (c) state how the activity is consistent with each policy. Following the completion of this written assessment, the applicant or agent shall complete Section E and submit the documentation required by Section F.

E. CERTIFICATION

The application or agent certify that the proposed activity is consistent with the State’s CMP or the approved local waterfront revitalization program, as appropriate. If this certification cannot be made, the proposed activity shall not be undertaken. If this certification can be made, complete this Section.

“The proposed activity complies with New York State’s approved Coastal Management Program, or with the applicable approved local waterfront revitalization program, and will be conducted in a manner consistent with such program.”

Applicant/Agent’s Name: _________________________________________________________________________________________

Address: ______________________________________________________________________________________________________

Telephone: Area Code (            ) ___________________________________________________________________________________

Applicant/Agent’s Signature: ______________________________________________________________________________________

F. SUBMISSION REQUIREMENTS

The Applicant or agent shall submit five (5) copies of the following documents to the Supervising Building Inspector of the Town of Tonawanda, 525 Belmont Avenue, Buffalo, New York 14223:

1. Original (+ four (4) copies) of signed assessment form.
2. Site Plan and/or description of activity
3. Other information which may be requested by the Town Building Department or Town Board of the Town of Tonawanda

Applicant Rec’d _____________________________________________________ Date _______________________

By Building Dept.

Town Board Determination:

(   ) No reasonable alternatives exist which would permit the action to be undertaken in a manner which will not substantially hinder the goals of the LWRP Policy standards and conditions.

(   ) The proposed action would be undertaken in a manner which would minimize all adverse effects on LWRP policy standards and conditions.

(   ) The proposed action will advance one or more LWRP policy standards and conditions.

(   ) The proposed action will result in overriding Town, Regional, or Statewide Benefit

_____________________________________________________________   __________________________

Supervisor               Date