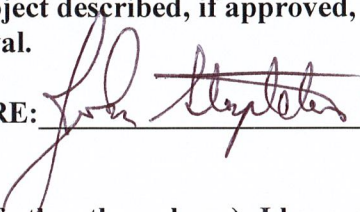


PROJECT INFORMATION

PLEASE TYPE OR PRINT

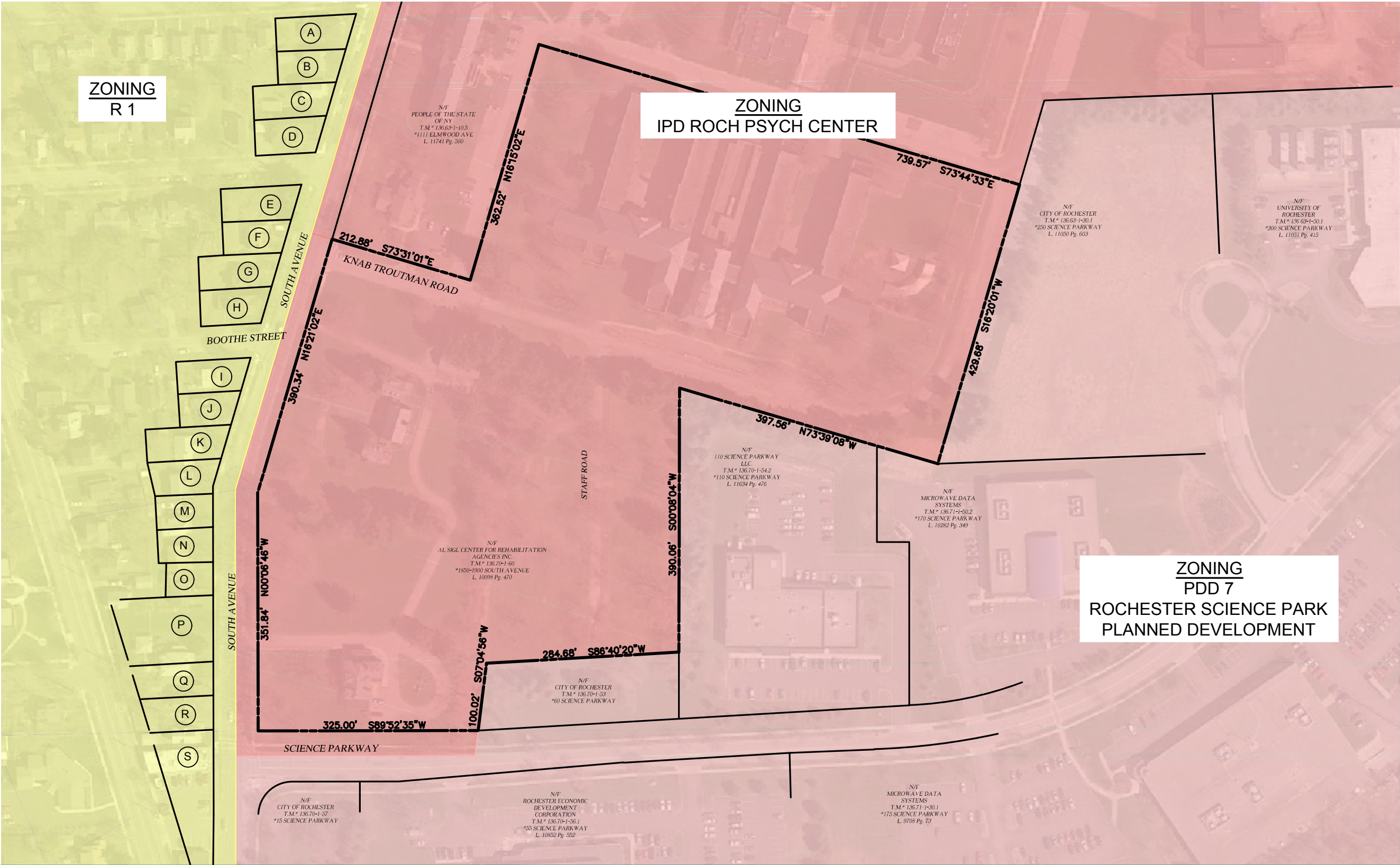
1. PROJECT ADDRESS(ES): 1850-1900 South Ave
2. APPLICANT: Tom O'Connor COMPANY NAME: Al Sigl Community of Agencies
ADDRESS: 1000 Elmwood Ave, STE 300 CITY: Rochester ZIP CODE: 14620
PHONE: 585-442-4102 x 8945 FAX: _____
E-MAIL ADDRESS: toconnor@alsigl.org
- INTEREST IN PROPERTY: Owner ☒ Lessee ☐ Other ☐
3. PLAN PREPARER: John Stapleton, Marathon Engineering
ADDRESS: 39 Cascade Drive CITY: Rochester ZIP CODE: 14614
PHONE: 585-458-7770 FAX: _____
E-MAIL ADDRESS: jstapleton@marathoneng.com
4. PROPERTY OWNER (Required):
(Must be an individual person): Tom O'Connor (Al Sigl)
5. DETAILED PROJECT DESCRIPTION (PLEASE ATTACH SEPERATELY) Refer to Letter of Intent
A detailed project description shall include, but not be limited to, the following information: Project acreage; existing and proposed uses and their hours of operation; total square footage; square footage of individual project components; existing and proposed dwelling units and the number of bedrooms in each unit; height of existing and proposed structure(s) in feet and stories; and the number of existing and proposed parking spaces; façade renovations; and identifying how the site is accessed.
6. LENGTH OF TIME TO COMPLETE PROJECT (Attach schedule if phased): 1 year

APPLICANT: I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the conditions and terms of that approval.

SIGNATURE:  (MARATHON ENG) AS AGENT DATE: 7-31-18

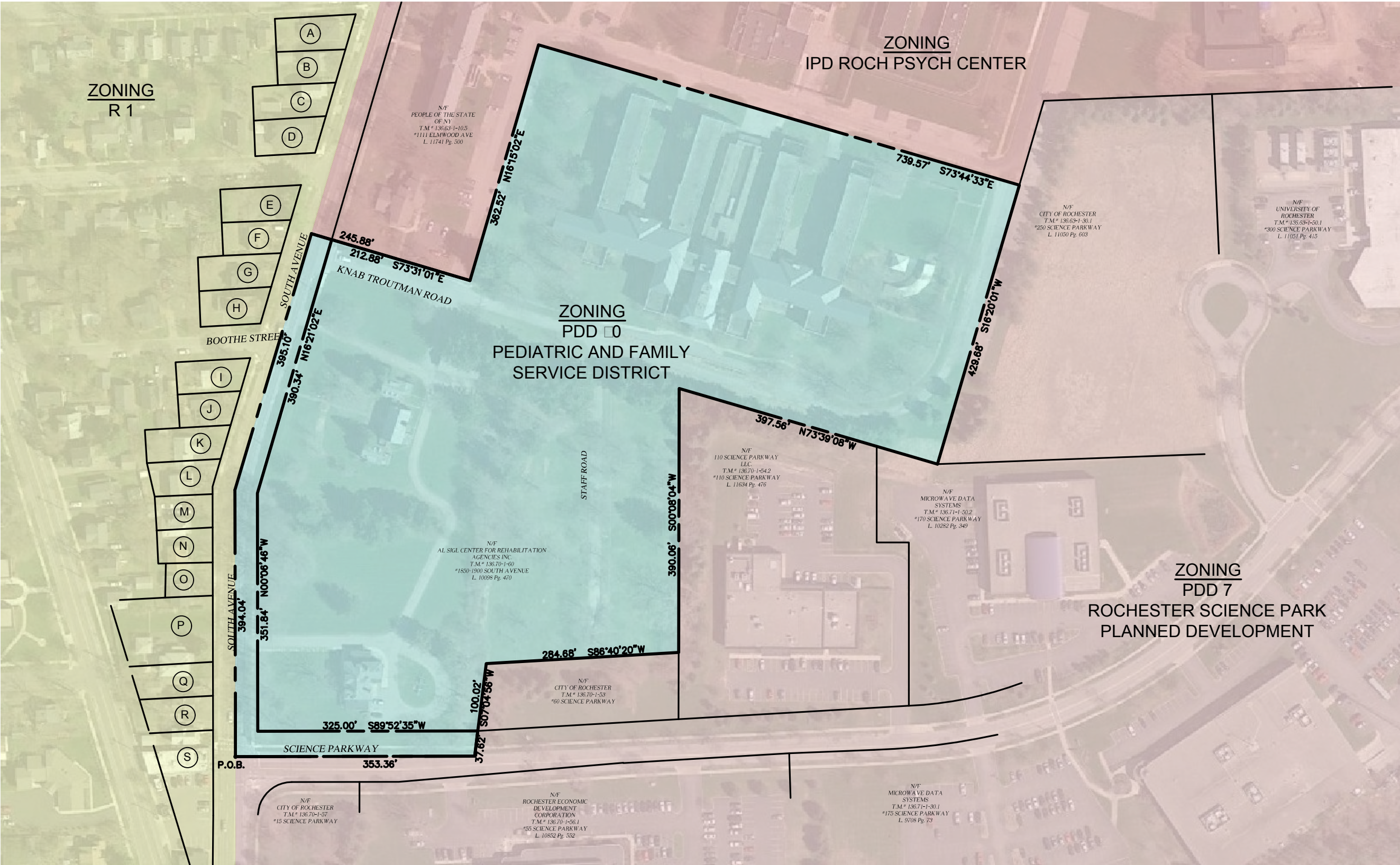
OWNER (if other than above): I have read and familiarized myself with the contents of this application and do hereby consent to its submission and processing.

SIGNATURE: _____ DATE: _____



NOTES: PROPERTY LABELS

(A)	N/F PAUL C. TAYLOR T.M.* 136.62-1-18 *1775 SOUTH AVENUE L. 10576 Pg. 310	(Q)	N/F MICHAEL F. FORD T.M.* 136.70-1-22 *1909 SOUTH AVENUE L. 10574 Pg. 456
(B)	N/F DAVID T. SCHEIB PAUL EMLEN T.M.* 136.62-1-19 *1783 SOUTH AVENUE L. 8206 Pg. 353	(R)	N/F WON W & KWANG H. PARK T.M.* 136.70-1-23 *1915 SOUTH AVENUE L. 11564 Pg. 98
(C)	N/F LORNA V. RILEY T.M.* 136.62-1-20 *1789 SOUTH AVENUE L. 10578 Pg. 318	(S)	N/F CHRISTIE PROPERTIES LLC T.M.* 136.70-1-24 *1925 SOUTH AVENUE L. 9948 Pg. 447
(D)	N/F MYR-BRITT PROPERTIES LLC T.M.* 136.62-1-21 *1795 SOUTH AVENUE L. 11282 Pg. 637		
(E)	N/F ROCHESTER GEN CONSULT LLC T.M.* 136.62-1-22 *1811 SOUTH AVENUE L. 10891 Pg. 216		
(F)	N/F FAYE J. HARRY T.M.* 136.62-1-23 *1817 SOUTH AVENUE L. 10388 Pg. 389		
(G)	N/F HARRY III NOEL T.M.* 136.62-1-24 *1825 SOUTH AVENUE L. 11339 Pg. 495		
(H)	N/F KEVIN M. NEARY T.M.* 136.62-1-25 *1831 SOUTH AVENUE L. 9062 Pg. 502		
(I)	N/F KHOA VAN NGUYEN T.M.* 136.70-1-14 *1847 SOUTH AVENUE L. 9401 Pg. 470		
(J)	N/F ROBERT G. HALL T.M.* 136.70-1-15 *1855 SOUTH AVENUE L. 8025 Pg. 115		
(K)	N/F LAURA MERRIAM T.M.* 136.70-1-16 *1861 SOUTH AVENUE L. 10572 Pg. 424		
(L)	N/F JENNIFER MATTIES T.M.* 136.70-1-17 *1867 SOUTH AVENUE L. 11510 Pg. 208		
(M)	N/F ADAM M & ERIC B. LENHARDT T.M.* 136.70-1-18 *1875 SOUTH AVENUE L. 10592 Pg. 75		
(N)	N/F JEANNE M. GARDNER T.M.* 136.70-1-19 *1883 SOUTH AVENUE L. 7576 Pg. 216		
(O)	N/F JOHN GRIFFIN T.M.* 136.70-1-20 *1889 SOUTH AVENUE L. 10929 Pg. 46		
(P)	N/F ROBERT A. JAMES JEFF DUNLAP T.M.* 136.70-1-21 *1899 SOUTH AVENUE L. 6068 Pg. 279		



NOTES: PROPERTY LABELS

(A)	N/F PAUL C. TAYLOR T.M.* 136.62-1-15 *1775 SOUTH AVENUE L. 10876 Pg. 310	(Q)	N/F MICHAEL F. FORD T.M.* 136.70-1-22 *1909 SOUTH AVENUE L. 10874 Pg. 456
(B)	N/F DAVID T. SCHEIB PAUL EMLEN T.M.* 136.62-1-19 *1783 SOUTH AVENUE L. 8206 Pg. 353	(R)	N/F WON W & KWANG H PARK T.M.* 136.70-1-23 *1915 SOUTH AVENUE L. 11564 Pg. 98
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(L)	N/F JENNIFER MATTIES T.M.* 136.70-1-17 *1867 SOUTH AVENUE L. 11510 Pg. 208		
(M)	N/F ADAM M & ERIC B LENHARDT T.M.* 136.70-1-18 *1873 SOUTH AVENUE L. 10592 Pg. 75		
(N)	N/F JEANNE M. GARDNER T.M.* 136.70-1-19 *1883 SOUTH AVENUE L. 7576 Pg. 216		
(O)	N/F JOHN GRIFFIN T.M.* 136.70-1-20 *1889 SOUTH AVENUE L. 10929 Pg. 46		
(P)	N/F ROBERT A. JAMES JEFF DUNLAP T.M.* 136.70-1-21 *1899 SOUTH AVENUE L. 6068 Pg. 279		

PLANNED DEVELOPMENT DISTRICTS

**Planned Development District No. 20
Pediatric and Family Service District**

A. Purpose and Intent

(1) Planned Development District No. 20, Pediatric and Family Service District, is a campus that provides specialized services. Golisano Autism Center is a one of kind collaboration of agencies that provide a comprehensive range of services based in a common location to individuals and families affected by autism spectrum disorder and related disorders. The services provided may include, but are not limited to speech and occupational therapy, support and social skills groups, pre-school and school age classrooms, vocational training, life skills development and other opportunities. In addition, a Pediatric Behavioral Health & Wellness building operated by the University of Rochester Medical Center (URMC) will be located on the campus. Collectively these agencies, and other health and human service organizations will provide educational, recreation and fitness, therapeutic, medical and other support services, activities and programs, and the like. These services will co-exist on a self-contained campus to emphasize the safety, security and privacy of those served.

(2) PDD No. 20 encompasses approximately 15 acres of land. The northern 7 acres of the site is generally bounded by Knab Troutman Road to the south and east, and by land owned by the State of New York to the north and west. This portion of the property includes a vacant, multi-story structure known as the Walters Building, for which there is no proposed use or redevelopment.

The southern 8 acres of the site is generally bounded by Science Parkway to the south, South Avenue to the west, and Knab Troutman Road to the north. This portion of the property includes a two-story structure that is currently occupied by a health and human services agency. The remainder of the land area is vacant and is the location of the Golisano Autism Center and a Pediatric Behavioral Health and Wellness building.

B. Permitted Uses. Permitted uses include the following, and the like, uses:

- (1) Medical Offices and Health Care Clinics, such as medical offices and practices, dental offices and practices, outpatient services, and the like
- (2) Schools, Educational Facilities, Training Facilities, and the like, serving individuals and their families
- (3) Day Care Centers
- (4) Residential Care Facilities
- (5) Respite Care
- (6) Community Centers

- (7) Sheltered Workshops
- (8) Support services associated with and subordinate to a permitted use, such as but not limited to offices, retail, restaurant facilities, bookstores and gift shops, pharmacies, and the like.

C. Bulk, space and yard requirements.

- (1) Maximum Lot Coverage: 80%
- (2) Maximum building height: 4 stories or 60 feet
- (3) Minimum yard requirements:
 - (a) South Avenue:
 - [2] Principal buildings: 90 feet
 - (b) Science Parkway:
 - [2] Principal buildings: 30 feet

D. Building Characteristics

The provisions of § 120-158 City-wide design standards and of § 120-159 Nonresidential and mixed-use building standards shall not apply to Planned Development District No. 20. Design standards are as set forth below:

- (1) General. The following design standards apply to nonresidential and mixed-use development. They apply to new construction, including additions to existing structures, and to substantial repair or rehabilitation of the exterior facade of an existing structure. In the case of repair or rehabilitation, only those standards that relate to the specific repair or rehabilitation activities conducted shall apply. It is intended that a basic design compatibility and architectural harmony will result among the buildings in the district.
- (2) Façades. The exterior shall be a mixture of materials. The materials and forms are intended to be warm and natural to provide a comfortable and inviting façade while projecting a professional appearance. Building facades that are 100 linear feet or more shall include an architectural pattern with two or more of the following elements: color change, texture change, material change, or a wall articulation change such as a reveal, recess, offset, or pilaster.
- (3) Building entrances. The main entrance shall have a direct pedestrian connection to the parking facility.
- (4) Building materials.
 - (a) Exterior walls. The following building materials are prohibited on any exterior wall:

- 1) Concrete finishes or precast concrete panels (tilt wall) that are not exposed aggregate, hammered, embossed, imprinted, sandblasted or covered with a cement-based acrylic coating.
 - 2) Metal panels with a depth of less than one inch or a thickness less than U.S. Standard 26 gauge.
 - 3) Mirrored glass with a reflectance greater than 40% shall be prohibited from covering more than 40% of the exterior walls of any building.
- (b) Facades. The following building materials are prohibited on any facade:
- 1) Plain concrete block
 - 2) Glass block
 - 3) Exposed aggregate (rough finish) concrete wall panels
 - 4) Exterior insulating finish systems (EIFS) installed lower than four feet above grade on any building facade
 - 5) T-111 plywood or oriented strand board (OSB) siding.
 - 6) Plastic.
 - 7) Vinyl, except cellular vinyl trim may be used as decorative or detail elements for up to 25% of the facade.
 - 8) Metal, except metal may be used as decorative or detail elements for up to 30% of the facade.
- (c) Windows and transparency.
- 1) All windows shall be clear or lightly tinted.
 - 2) All new construction on building facades that are within 50 feet of a dedicated street right-of-way shall provide areas of transparency not less than 30% of the wall area between the height of two feet and eight feet from the ground.
 - 3) The percentage of transparency required on buildings may be reduced to 20% of the wall area if landscaping improvements consisting of one tree of at least two-inch caliper for every 20 feet of lot frontage are installed between the building and the public street.
- (5) Fenestration may be composed of both fixed and operable units.
- (6) Roofs. It is preferred that the buildings have a flat roof, which may house necessary mechanical and/or electrical equipment, and the like. Roof screens, if used, shall be compatible with the building palette.

- a. Green roof, blue roof, and white roof designs are permitted
- b. Reflective surfaces that produce glare are prohibited, except for solar panels or white roofs intended to radiate absorbed or nonreflected solar energy and reduce heat transfer to the building.

E. Accessory Uses and Structures

- (1) Accessory structures and uses are permitted in the side and rear yard in conjunction with the uses permitted within the district, including without limitation storage structures, as well as decks, patios, and terraces, and the like.
- (2) Maximum building size: 2,500 square feet
- (3) Fences
 - (a) Chain-link fence is not permitted in the front yard
 - (b) Maximum height
 - [1] Front Yard: 6 feet
 - [2] Other Yards: 10 feet

F. Off-Street Parking

The provisions of § 120-173 Off-street parking shall not apply to Planned Development District No. 20. Off-street parking requirements are as set forth below:

- (1) Parking Location
 - (a) Parking for uses within the Pediatric and Family Service District may be located anywhere within the district, as well as outside the district provided that a shuttle service, or the like, to the district is provided.
 - (b) Setback
 - i. South Avenue: 20 feet
 - ii. Science Parkway: 20 feet
- (2) Surface
 - (a) Parking areas shall be constructed in such a manner so as to provide an all-weather, durable and dustless surface. Individual stalls shall be clearly identified by markings four to six inches in width.
 - (b) Parking surfaces shall be graded and drained to dispose of all surface water accumulation in the area without shedding additional water on an adjoining property or right-of-way.

(3) Site Lighting

- (a) Illumination shall not be used for the purpose of advertising or attracting attention to the principal use.
- (b) Lighting fixtures shall be designed, sized and located so as not to cast direct rays of excessive brightness upon adjoining premises or cause glare hazardous to pedestrians or person using adjacent public streets.
- (c) Parking lots used after sundown shall be lighted to give protection to persons using the lot and the light source shall cast down.
- (d) All parking lots shall be required to provide lighting from dusk to dawn that meets the Illumination Engineers Society of North America (IESNA) standards for that particular use.

G. Off-street Loading

The provisions of § 120-172 Off-street loading shall not apply to this district. Off-street loading requirements are as set forth below.

- (1) Location of required loading spaces. Loading spaces shall be located on the same lot, or on a directly adjoining lot, as the building or structure to which they are accessory. No loading space shall be located in any required front yard setback.
- (2) Required spaces. Loading spaces shall be provided in sufficient number and of sufficient size so that no loading and unloading operations infringe upon any dedicated street or sidewalk.
- (3) Loading and unloading operations shall take place wholly within the site.

H. Signage

- (1) A sign program shall be developed for the district which will include building, and/or tenant identification, wayfinding, and event promotion. The sign program shall be subject to Administrative Adjustment Approval by the Manager of Zoning, subject to Section 120-191A of the Rochester Zoning Code.

I. Personal wireless telecommunication facilities (PWTF)

The provisions of § 120-143 Personal wireless telecommunication facilities shall apply to this district, except as modified below.

- (1) Antennas on buildings. Antennas are permitted on all buildings which are four stories in height or greater, provided that the antennas and related support structures do not extend more than 20 feet above the roofline of such buildings.

- (2) Antennas on existing towers. Antennas on existing telecommunication towers or other structures shall be permitted unless otherwise restricted pursuant to the terms of a prior special permit.
- (3) Telecommunication towers. Telecommunication towers shall be permitted in Planned Development District No. 20, provided that the base of the tower is located at least 100 feet from the nearest residential building, open space or preservation district or landmark and the height of the tower does not exceed 100 feet.
- (4) Setback
 - i. Street yards: 10 feet.
 - ii. Other yards: zero feet.
 - iii. Street yard setback areas shall be landscaped

J. Additional Regulations

- (1) The provisions of § 120-146 Residential care facilities shall not apply to this district.
- (2) Development and redevelopment in PD No. 20 is subject to Requirements Applying to All Districts (Article XX), except as herein modified.
- (3) The general height and yard exceptions set forth in Article XXIII shall apply to this district.

Full Environmental Assessment Form
Part 1 - Project and Setting

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part I is accurate and complete.

A. Project and Sponsor Information.

Name of Action or Project: Al Sigl Community of Agencies; Pediatric and Family Service District		
Project Location (describe, and attach a general location map): 1850-1900 South Ave & 60 Science Parkway		
Brief Description of Proposed Action (include purpose or need): 1850 to 1900 South Avenue (Tax ID: 136.7-1-60) is 15 +/- acres proposed to be re-zoned from IPD Rochester Psychiatric Center to Planned Development District No. 20 the Pediatric and Family Service District, in order to facilitate the construction of two projects: a 30,500 +/- square-foot single story building to be known as the Golisano Autism Center and a 37,000 +/- square-foot two story building, identified as a Pediatric Behavioral Health & Wellness building operated by the University of Rochester Medical Center (URMC). In addition, this EAF includes 60 Science Parkway, 0.8 acres that may be acquired from the City of Rochester. Questions regarding quantities of utility consumption and disturbance have been answered for the 8 +/- acres being developed; the 7 acres containing the Walters Building were not included there is no proposed use or redevelopment in the foreseeable future..		
Name of Applicant/Sponsor: Tom O'Connor, Al Sigl Community of Agencies		Telephone: 585-442-4102 x 8945 E-Mail: tconnor@alsigl.com
Address: 1000 Elmwood Avenue STE 300		
City/PO: Rochester	State: New York	Zip Code: 14620
Project Contact (if not same as sponsor; give name and title/role): John Stapleton, Project Manager - Marathon Engineering		Telephone: 585-458-7770 E-Mail: jstapleton@marathoneng.com
Address: 39 Cascade Drive		
City/PO: Rochester	State: NY	Zip Code: 14614
Property Owner (if not same as sponsor):		Telephone: E-Mail:
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)		
Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Council, Town Board, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees	City Council: Rezoning	August 2018
b. City, Town or Village Planning Board or Commission <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Site Plan approval by City Manager of Zoning	August 2018
c. City Council, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Other local agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rochester Water Bureau & Rochester Pure Waters: Site Plan for utility connections	
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MC Dept of Health: Site Plan MCDOT: Traffic analysis & curb cuts	
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NYSDEC: SWPPP	
h. Federal agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i. Coastal Resources.		
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Planning and Zoning

C.1. Planning and zoning actions.	
Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<ul style="list-style-type: none"> If Yes, complete sections C, F and G. If No, proceed to question C.2 and complete all remaining sections and questions in Part 1 	
C.2. Adopted land use plans.	
a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, identify the plan(s): NYS Heritage Areas: West Erie Canal Corridor	
c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, identify the plan(s):	

C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☐ Yes ☒ No
If Yes, what is the zoning classification(s) including any applicable overlay district?
The City Zoning Map identifies this land as IPD (Institutional Planned Development). The City Zoning Code does not recognize this district, as it is an outdated zoning district.

b. Is the use permitted or allowed by a special or conditional use permit? ☐ Yes ☒ No

c. Is a zoning change requested as part of the proposed action? ☒ Yes ☐ No

If Yes,

i. What is the proposed new zoning for the site Planned Development District # 20 Pediatric and Family Service District

C.4. Existing community services.

a. In what school district is the project site located? Rochester City School District

b. What police or other public protection forces serve the project site?

City of Rochester Police, with assistance from neighboring municipalities, as well as County Sheriffs and State Police

c. Which fire protection and emergency medical services serve the project site?

City of Rochester; American Medical Response (AMR) of Rochester with assistance from neighboring municipalities.

d. What parks serve the project site?

City and County Parks, including Highland Park, Genesee Valley Park, and Bausch & Lomb Riverfront Park.

D. Project Details

D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Health and human service organizations

b. a. Total acreage of the site of the proposed action? 15.1 +/- acres

b. Total acreage to be physically disturbed? 7.3 +/- acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 15.1 +/- acres

c. Is the proposed action an expansion of an existing project or use? ☐ Yes ☒ No

i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % _____ Units: _____

d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☒ No

If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)

☐ Yes ☐ No

ii. Is a cluster/conservation layout proposed?

iii. Number of lots proposed? _____

iv. Minimum and maximum proposed lot sizes? Minimum _____ Maximum _____

e. Will proposed action be constructed in multiple phases? ☒ Yes ☐ No

i. If No, anticipated period of construction: _____ months

ii. If Yes:

- Total number of phases anticipated 2

- Anticipated commencement date of phase 1 (including demolition) Sept month 2018 year

- Anticipated completion date of final phase Dec month 2028 year

- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: _____

The first three buildings and possibly a connector building will be built in 2018-2019. Subsequent buildings will be built depending on availability of funding. Long term vision includes the renovation of the Walters building, but there are no plans, nor have funding sources been identified.

f. Does the project include new residential uses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, show numbers of units proposed.				
	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion	_____	_____	_____	_____
of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes,	
i. Total number of structures <u>3</u> ii. Dimensions (in feet) of largest proposed structure: <u>30</u> height; <u>165</u> width; and <u>210</u> length iii. Approximate extent of building space to be heated or cooled: <u>72,500</u> square feet	

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes,	
i. Purpose of the impoundment: <u>Stormwater management</u> ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input checked="" type="checkbox"/> Other specify: <u>Stormwater</u> iii. If other than water, identify the type of impounded/contained liquids and their source. _____ iv. Approximate size of the proposed impoundment. Volume: <u>0.30</u> million gallons; surface area: <u>1+/-</u> acres v. Dimensions of the proposed dam or impounding structure: <u>4</u> height; <u>50</u> length vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): <u>Earth fill with a precast concrete outlet structure and a stone emergency spillway</u>	

D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) If Yes:	
i. What is the purpose of the excavation or dredging? _____ ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site? • Volume (specify tons or cubic yards): _____ • Over what duration of time? _____ iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. _____ _____ iv. Will there be onsite dewatering or processing of excavated materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe. _____ _____ v. What is the total area to be dredged or excavated? _____ acres vi. What is the maximum area to be worked at any one time? _____ acres vii. What would be the maximum depth of excavation or dredging? _____ feet viii. Will the excavation require blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No ix. Summarize site reclamation goals and plan: _____ _____ _____	

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes:	
i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____ _____ _____	

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

iii. Will proposed action cause or result in disturbance to bottom sediments? ☐ Yes ☐ No
If Yes, describe: _____

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation? ☐ Yes ☐ No
If Yes:

- acres of aquatic vegetation proposed to be removed: _____
- expected acreage of aquatic vegetation remaining after project completion: _____
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): _____
- proposed method of plant removal: _____
- if chemical/herbicide treatment will be used, specify product(s): _____

v. Describe any proposed reclamation/mitigation following disturbance: _____

c. Will the proposed action use, or create a new demand for water? ☒ Yes ☐ No
If Yes:

i. Total anticipated water usage/demand per day: _____ 7,600 gallons/day

ii. Will the proposed action obtain water from an existing public water supply? ☒ Yes ☐ No
If Yes:

- Name of district or service area: City of Rochester
- Does the existing public water supply have capacity to serve the proposal? ☒ Yes ☐ No
- Is the project site in the existing district? ☒ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☒ No
- Do existing lines serve the project site? ☒ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project? ☒ Yes ☐ No
If Yes:

- Describe extensions or capacity expansions proposed to serve this project: _____
Extension of private waterlines (ductile iron), new hydrants and services - all with backflow protection
- Source(s) of supply for the district: Hemlock Lake

iv. Is a new water supply district or service area proposed to be formed to serve the project site? ☐ Yes ☒ No
If Yes:

- Applicant/sponsor for new district: _____
- Date application submitted or anticipated: _____
- Proposed source(s) of supply for new district: _____

v. If a public water supply will not be used, describe plans to provide water supply for the project: _____

vi. If water supply will be from wells (public or private), maximum pumping capacity: _____ gallons/minute.

d. Will the proposed action generate liquid wastes? ☒ Yes ☐ No
If Yes:

i. Total anticipated liquid waste generation per day: _____ 7600 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): _____
Sanitary wastewater (bathrooms, kitchen waste, etc). Any medical waste will be collected & disposed of by licensed hauler

iii. Will the proposed action use any existing public wastewater treatment facilities? ☒ Yes ☐ No
If Yes:

- Name of wastewater treatment plant to be used: Frank E. Van Lare
- Name of district: Rochester Sewer District
- Does the existing wastewater treatment plant have capacity to serve the project? ☒ Yes ☐ No
- Is the project site in the existing district? ☒ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☒ No

<ul style="list-style-type: none"> • Do existing sewer lines serve the project site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • Will line extension within an existing district be necessary to serve the project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ 	
PVC sanitary mains and laterals to the dedicated sewers _____	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____ 	
<p>v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans):</p> <p>_____</p> <p>_____</p>	
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____</p> <p>_____</p> <p>_____</p>	
<p>e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p style="padding-left: 40px;">139K Square feet or 3.2 acres (impervious surface)</p> <p style="padding-left: 40px;">349K Square feet or 8 acres (parcel size)</p> <p>ii. Describe types of new point sources. <u>Parking lots, buildings, sidewalks, etc</u></p>	
<p>iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?</p> <p><u>On-site stormwater management facility to existing stormwater piping systems</u></p> <p>_____</p> <ul style="list-style-type: none"> • If to surface waters, identify receiving water bodies or wetlands: _____ <li style="padding-left: 20px;"><u>Ultimately flows to Lake Ontario</u> • Will stormwater runoff flow to adjacent properties? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 	
<p>iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)</p> <p><u>Typical construction vehicles (dozers / shovels / rollers)</u></p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)</p> <p><u>Possibly temporary heat for winter construction.</u></p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)</p> <p><u>Heating systems for the proposed building - type not identified yet.</u></p>	
<p>g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ Tons/year (short tons) of Carbon Dioxide (CO₂) • _____ Tons/year (short tons) of Nitrous Oxide (N₂O) • _____ Tons/year (short tons) of Perfluorocarbons (PFCs) • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆) • _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs) • _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs) 	

<p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>			
<p>i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>			
<p>j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes: *Refer to attached Traffic Impact Study prepared by SRF Associates</p> <p>i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Randomly between hours of _____ to _____.</p> <p>ii. For commercial activities only, projected number of semi-trailer truck trips/day: _____</p> <p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____</p> <p>iv. Does the proposed action include any shared use parking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p>			
<p>vi. Are public/private transportation service(s) or facilities available within 1/2 mile of the proposed site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____</p> <p>iii. Will the proposed action require a new, or an upgrade to, an existing substation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> </tr> </table>		<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____
<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 		

<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration: <u>Construction equipment operations, delivery, etc., during construction period.</u></p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p>	
<p>n. Will the proposed action have outdoor lighting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures: <u>Parking lot light poles, building mounted light fixtures - only enough for safe convenient ingress & egress - no light spillage off property</u></p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe: _____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____</p>	
<p>p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally describe proposed storage facilities: _____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe proposed treatment(s): <u>Some level of pesticides or herbicides may be used during operation - contracted to a licensed applicator if pursued.</u></p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> • Construction: _____ 250 tons per _____ 1 month (unit of time) • Operation : _____ tons per _____ (unit of time) <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> • Construction: Materials that can be, will be recycled. _____ • Operation: _____ Materials that can be, will be recycled. _____ <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • Construction: <u>Local hauler</u> • Operation: <u>Local hauler - also may include medical waste (licensed hauler)</u> 	

s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☒ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): _____

ii. Anticipated rate of disposal/processing:

- _____ Tons/month, if transfer or other non-combustion/thermal treatment, or
- _____ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: _____ years

t. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☒ Yes ☐ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: _____
Medical waste

ii. Generally describe processes or activities involving hazardous wastes or constituents: _____
Swabs/needles

iii. Specify amount to be handled or generated 0.1 tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: _____

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☒ Yes ☐ No

If Yes: provide name and location of facility: _____
 Facility preference of licensed hauler _____

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: _____

E. Site and Setting of Proposed Action

E.1. Land uses on and surrounding the project site

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

☒ Urban ☒ Industrial ☒ Commercial ☒ Residential (suburban) ☐ Rural (non-farm)

☐ Forest ☐ Agriculture ☐ Aquatic ☒ Other (specify): Institutional / Human Services

ii. If mix of uses, generally describe: _____

b. Land uses and covertsypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	1.3	3.2	1.9+
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0.6	0.0	0.6-
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)	0.0	0.6	0.6+
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: <u>Lawn with trees</u>	6.1	4.2	1.9-

c. Is the project site presently used by members of the community for public recreation? i. If Yes: explain: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? If Yes, i. Identify Facilities: _____ <u>Al Sigi Community of Agencies, Mary Cariola Children's Center, Ellawanger Barry Nursery School, Monroe County Community Hospital, Rochester Psychiatric Center, University of Rochester Strong Memorial Hospital</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Does the project site contain an existing dam? If Yes: i. Dimensions of the dam and impoundment: <ul style="list-style-type: none"> • Dam height: _____ feet • Dam length: _____ feet • Surface area: _____ acres • Volume impounded: _____ gallons OR acre-feet ii. Dam's existing hazard classification: _____ iii. Provide date and summarize results of last inspection: _____ _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? If Yes: i. Has the facility been formally closed? _____ <ul style="list-style-type: none"> • If yes, cite sources/documentation: _____ ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____ _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____ _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? If Yes: i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes – Spills Incidents database <input type="checkbox"/> Yes – Environmental Site Remediation database <input type="checkbox"/> Neither database </div> <div> Provide DEC ID number(s): _____ Provide DEC ID number(s): _____ </div> </div> ii. If site has been subject of RCRA corrective activities, describe control measures: _____ _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? If yes, provide DEC ID number(s): _____ iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____ _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

v. Is the project site subject to an institutional control limiting property uses? <ul style="list-style-type: none"> • If yes, DEC site ID number: _____ • Describe the type of institutional control (e.g., deed restriction or easement): _____ • Describe any use limitations: _____ • Describe any engineering controls: _____ • Will the project affect the institutional or engineering controls in place? _____ • Explain: _____ 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
E.2. Natural Resources On or Near Project Site													
a. What is the average depth to bedrock on the project site? _____ > 6 feet													
b. Are there bedrock outcroppings on the project site? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %													
c. Predominant soil type(s) present on project site: <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;">Ontario Loam (OnB)</td> <td style="width: 10%; text-align: right;">100 %</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;">%</td> </tr> </table>		Ontario Loam (OnB)	100 %		%		%						
Ontario Loam (OnB)	100 %												
	%												
	%												
d. What is the average depth to the water table on the project site? Average: _____ < 6 feet													
e. Drainage status of project site soils: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Well Drained:</td> <td style="text-align: right;">100 % of site</td> </tr> <tr> <td><input type="checkbox"/> Moderately Well Drained:</td> <td style="text-align: right;">% of site</td> </tr> <tr> <td><input type="checkbox"/> Poorly Drained</td> <td style="text-align: right;">% of site</td> </tr> </table>		<input checked="" type="checkbox"/> Well Drained:	100 % of site	<input type="checkbox"/> Moderately Well Drained:	% of site	<input type="checkbox"/> Poorly Drained	% of site						
<input checked="" type="checkbox"/> Well Drained:	100 % of site												
<input type="checkbox"/> Moderately Well Drained:	% of site												
<input type="checkbox"/> Poorly Drained	% of site												
f. Approximate proportion of proposed action site with slopes: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> 0-10%:</td> <td style="text-align: right;">100 % of site</td> </tr> <tr> <td><input type="checkbox"/> 10-15%:</td> <td style="text-align: right;">% of site</td> </tr> <tr> <td><input type="checkbox"/> 15% or greater:</td> <td style="text-align: right;">% of site</td> </tr> </table>		<input checked="" type="checkbox"/> 0-10%:	100 % of site	<input type="checkbox"/> 10-15%:	% of site	<input type="checkbox"/> 15% or greater:	% of site						
<input checked="" type="checkbox"/> 0-10%:	100 % of site												
<input type="checkbox"/> 10-15%:	% of site												
<input type="checkbox"/> 15% or greater:	% of site												
g. Are there any unique geologic features on the project site? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe: _____													
h. Surface water features. <ul style="list-style-type: none"> i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ii. Do any wetlands or other waterbodies adjoin the project site? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes to either <i>i</i> or <i>ii</i> , continue. If No, skip to E.2.i. <ul style="list-style-type: none"> iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No iv. For each identified regulated wetland and waterbody on the project site, provide the following information: <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">• Streams:</td> <td style="width: 40%;">Name _____</td> <td style="width: 10%;">Classification _____</td> </tr> <tr> <td>• Lakes or Ponds:</td> <td>Name _____</td> <td>Classification _____</td> </tr> <tr> <td>• Wetlands:</td> <td>Name _____</td> <td>Approximate Size _____</td> </tr> <tr> <td>• Wetland No. (if regulated by DEC)</td> <td colspan="2">_____</td> </tr> </table> 		• Streams:	Name _____	Classification _____	• Lakes or Ponds:	Name _____	Classification _____	• Wetlands:	Name _____	Approximate Size _____	• Wetland No. (if regulated by DEC)	_____	
• Streams:	Name _____	Classification _____											
• Lakes or Ponds:	Name _____	Classification _____											
• Wetlands:	Name _____	Approximate Size _____											
• Wetland No. (if regulated by DEC)	_____												
v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of impaired water body/bodies and basis for listing as impaired: _____													
i. Is the project site in a designated Floodway? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
j. Is the project site in the 100 year Floodplain? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
k. Is the project site in the 500 year Floodplain? _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? _____ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <ul style="list-style-type: none"> i. Name of aquifer: Principal Aquifer, Primary Aquifer _____ 													

m. Identify the predominant wildlife species that occupy or use the project site:		
Squirrels _____	Chipmunks _____	Rabbits _____
Birds _____	_____	_____
n. Does the project site contain a designated significant natural community? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes:		
i. Describe the habitat/community (composition, function, and basis for designation): _____		
ii. Source(s) of description or evaluation: _____		
iii. Extent of community/habitat:		
<ul style="list-style-type: none"> • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres 		
o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give a brief description of how the proposed action may affect that use: _____		
E.3. Designated Public Resources On or Near Project Site		
a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide county plus district name/number: _____		
b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i. If Yes: acreage(s) on project site? _____		
ii. Source(s) of soil rating(s): _____		
c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes:		
i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature		
ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____		
d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes:		
i. CEA name: _____		
ii. Basis for designation: _____		
iii. Designating agency and date: _____		

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District	
ii. Name: _____	
iii. Brief description of attributes on which listing is based: _____	
f. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Have additional archaeological or historic site(s) or resources been identified on the project site?	
If Yes:	
i. Describe possible resource(s): _____	
ii. Basis for identification: _____	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Identify resource: _____	
ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____	
iii. Distance between project and resource: _____ miles.	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes:	
i. Identify the name of the river and its designation: _____	
ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

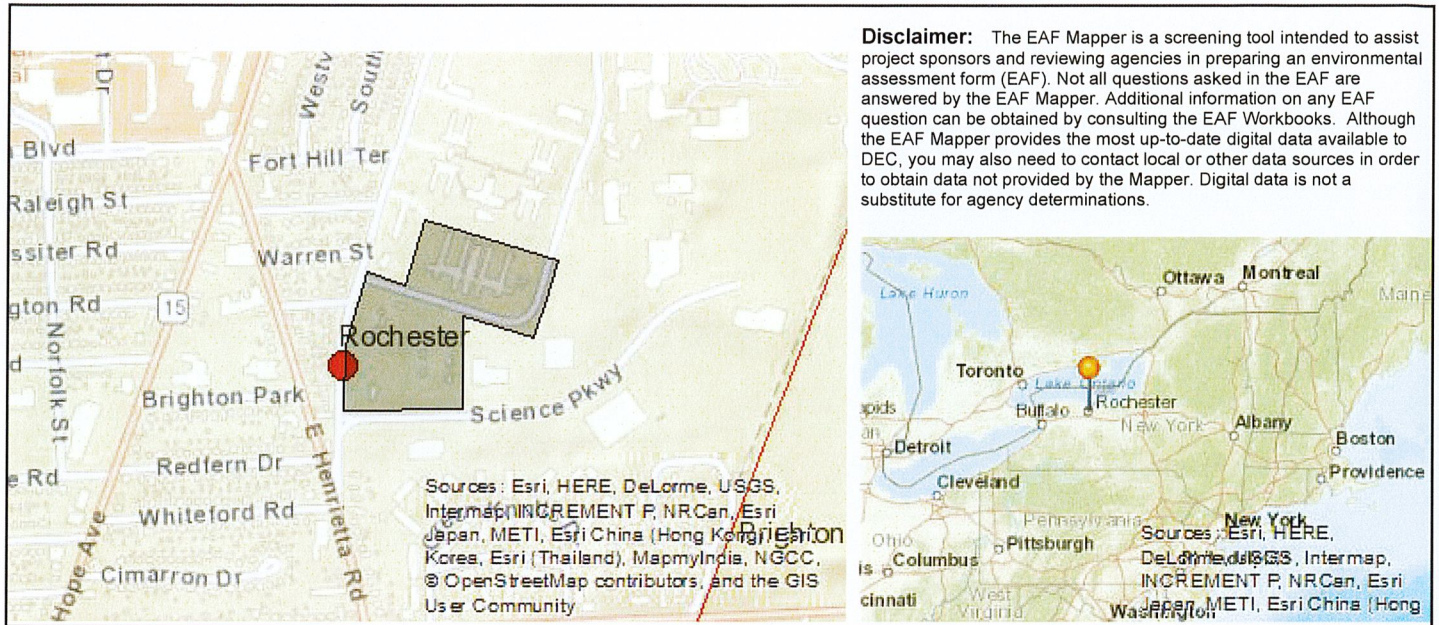
G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name John Stapleton, Marathon Engineering, as agent Date 07/31/2018

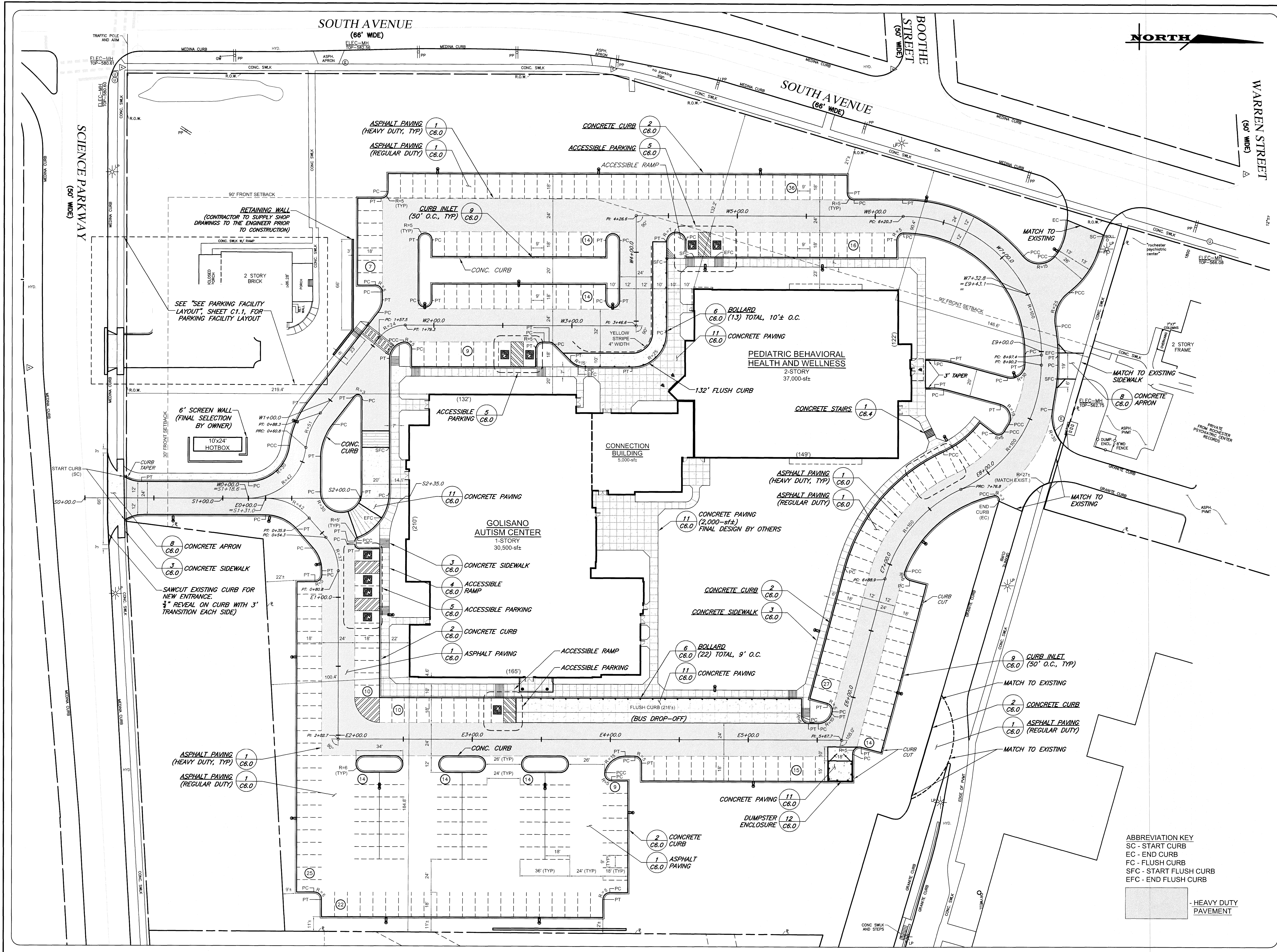
Signature  Title Project Manager, Marathon Engineering

PRINT FORM



B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	Yes
C.2.b. [Special Planning District]	Yes - Digital mapping data are not available for all Special Planning Districts. Refer to EAF Workbook.
C.2.b. [Special Planning District - Name]	NYS Heritage Areas: West Erie Canal Corridor
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	No
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	Yes
E.2.l. [Aquifer Names]	Principal Aquifer, Primary Aquifer
E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	No

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FINAL SITE PLAN
for
AL SIGL
GOLISANO AUTISM CENTER
PEDIATRIC BEHAVIORAL HEALTH AND WELLNESS
COUNTY OF MONROE
CITY OF ROCHESTER
STATE OF NEW YORK

JOB NO: 0804-17
SCALE: 1" = 30'
DRAWN: PBG
DESIGNED: RPB
DATE: 08/01/2018

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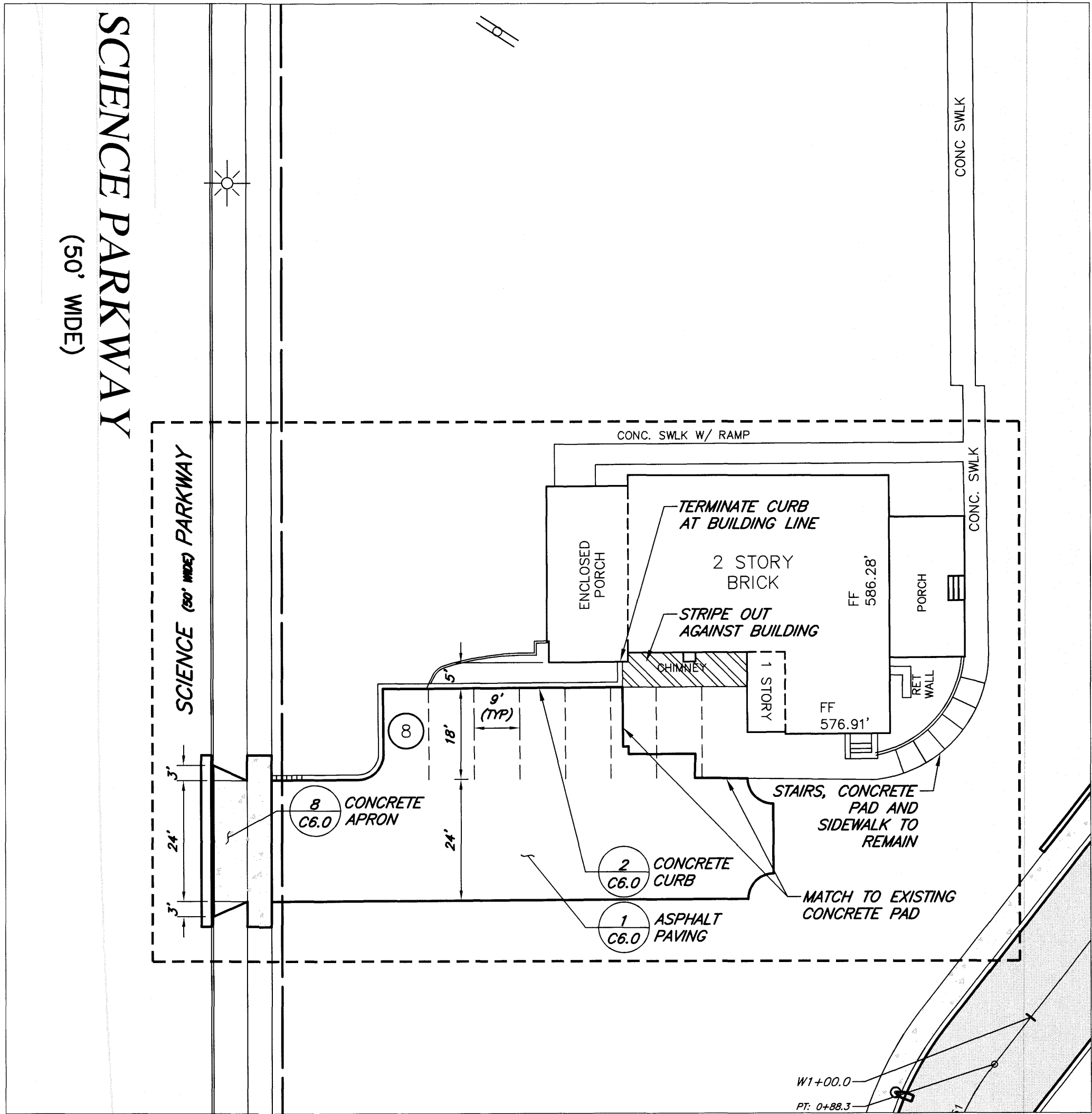
STATE OF NEW YORK
ROBERT P. BRINGLEY
NO. 066924
PROFESSIONAL ENGINEER

DRAWING TITLE:
LAYOUT PLAN

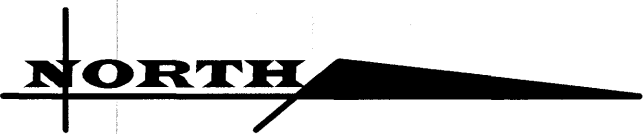
04 of 15
SHEET No: **C1.0**

0804-17
JOB No: **C1.0**

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PARKING FACILITY LAYOUT DETAIL
SCALE: 1"=20'



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IT IS A DECLARATION OF NEW YORK STATE REGULATION UNDER THE SECTION 200-A OF THE EPTA, THAT I, THE UNDERSIGNED, AM A LICENSED PROFESSIONAL ENGINEER OR LAND SURVEYOR, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DESIGN OR CONSTRUCTION OF THE PROJECT DESCRIBED HEREIN IS IN ACCORDANCE WITH THE REQUIREMENTS OF THE PROFESSIONAL ENGINEERING OR LAND SURVEYING ACT AND THE REGULATIONS THEREUNDER, AND I AM NOT PROVIDING ANY OTHER SERVICE TO THE PROJECT DESCRIBED HEREIN.

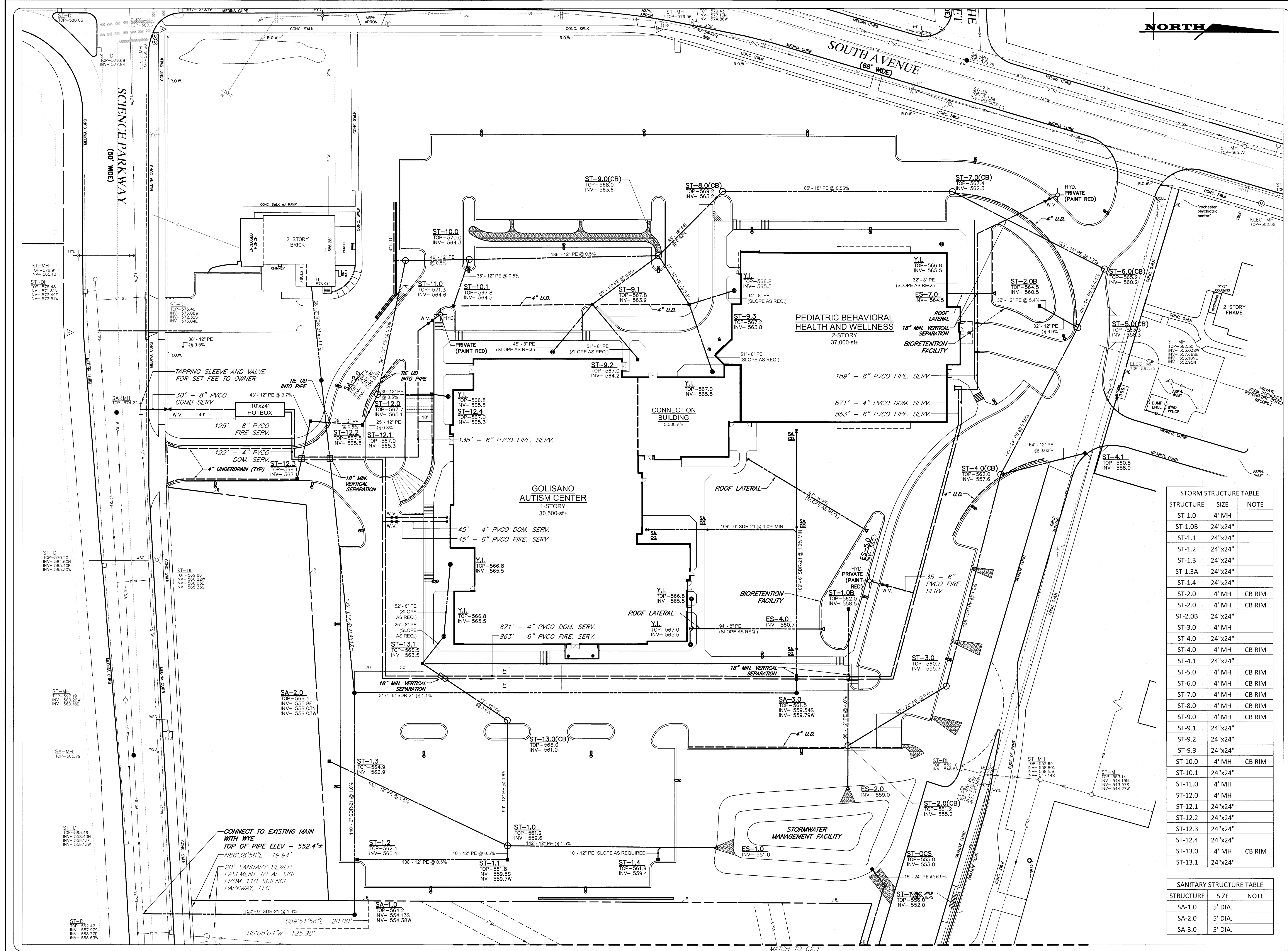
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ROBERT P. BRINGLEY
NO. 066924
PROFESSIONAL ENGINEER

ROBERT P. BRINGLEY

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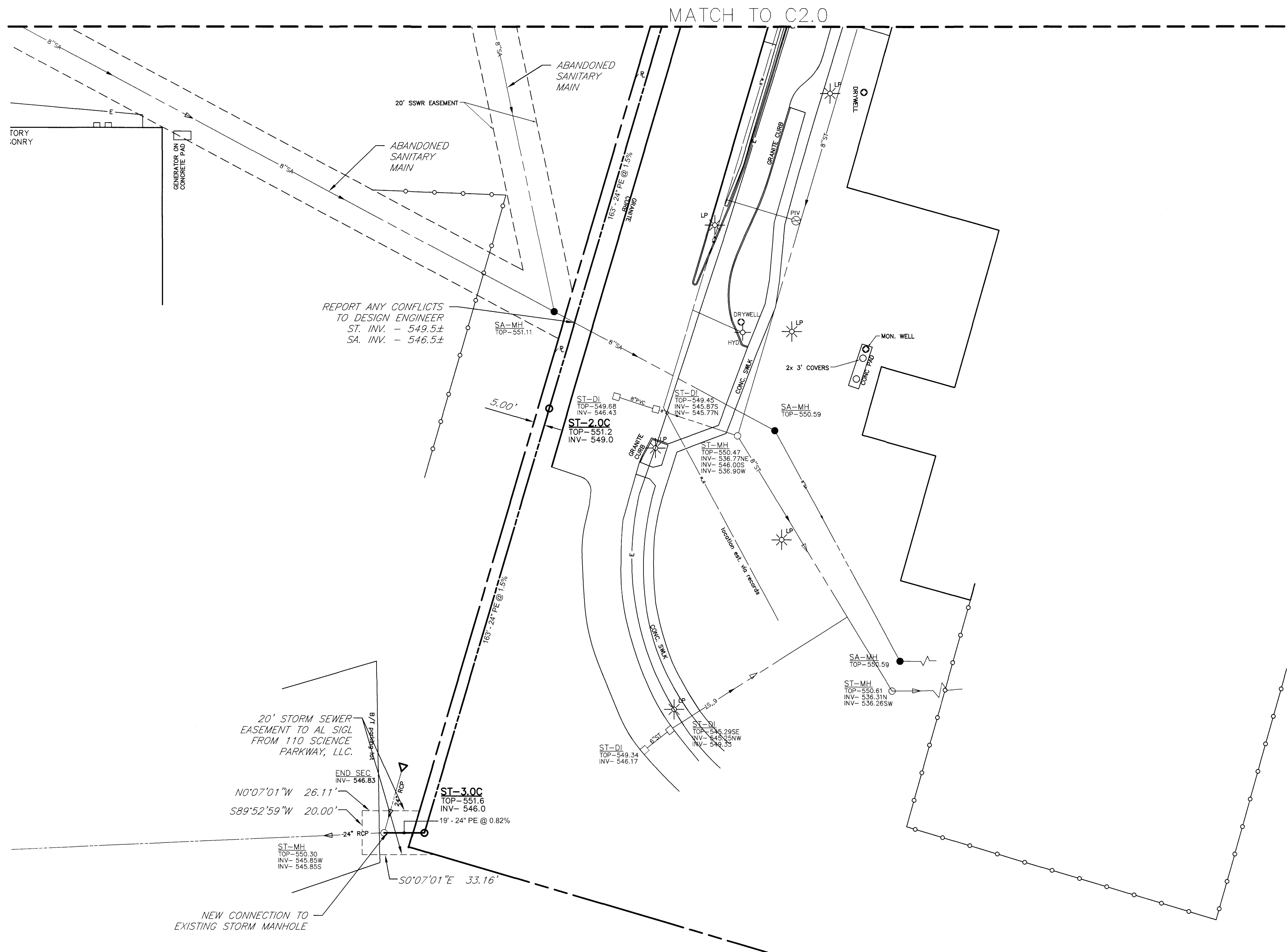
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0804-17 JOB No:	
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FINAL SITE PLAN
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PEDIATRIC BEHAVIORAL HEALTH AND WELLNESS
CITY OF ROCHESTER COUNTY OF MONROE STATE OF NEW YORK

STORM STRUCTURE TABLE		
STRUCTURE	SIZE	NOTE
ST-1.0	4' MH	
ST-1.0B	24"x24"	
ST-1.1	24"x24"	
ST-1.2	24"x24"	
ST-1.3	24"x24"	
ST-1.3A	24"x24"	
ST-1.4	24"x24"	
ST-2.0	4' MH	CB RIM
ST-2.0	4' MH	CB RIM
ST-2.0B	24"x24"	
ST-3.0	4' MH	
ST-4.0	24"x24"	
ST-4.0	4' MH	CB RIM
ST-4.1	24"x24"	
ST-5.0	4' MH	CB RIM
ST-6.0	4' MH	CB RIM
ST-7.0	4' MH	CB RIM
ST-8.0	4' MH	CB RIM
ST-9.0	4' MH	CB RIM
ST-9.1	24"x24"	
ST-9.2	24"x24"	
ST-9.3	24"x24"	
ST-10.0	4' MH	CB RIM
ST-10.1	24"x24"	
ST-11.0	4' MH	
ST-12.0	4' MH	
ST-12.1	24"x24"	
ST-12.2	24"x24"	
ST-12.3	24"x24"	
ST-12.4	24"x24"	
ST-13.0	4' MH	CB RIM
ST-13.1	24"x24"	

STRUCTURE	SIZE	NOTE
SA-1.0	5' DIA.	
SA-2.0	5' DIA.	
SA-3.0	5' DIA.	



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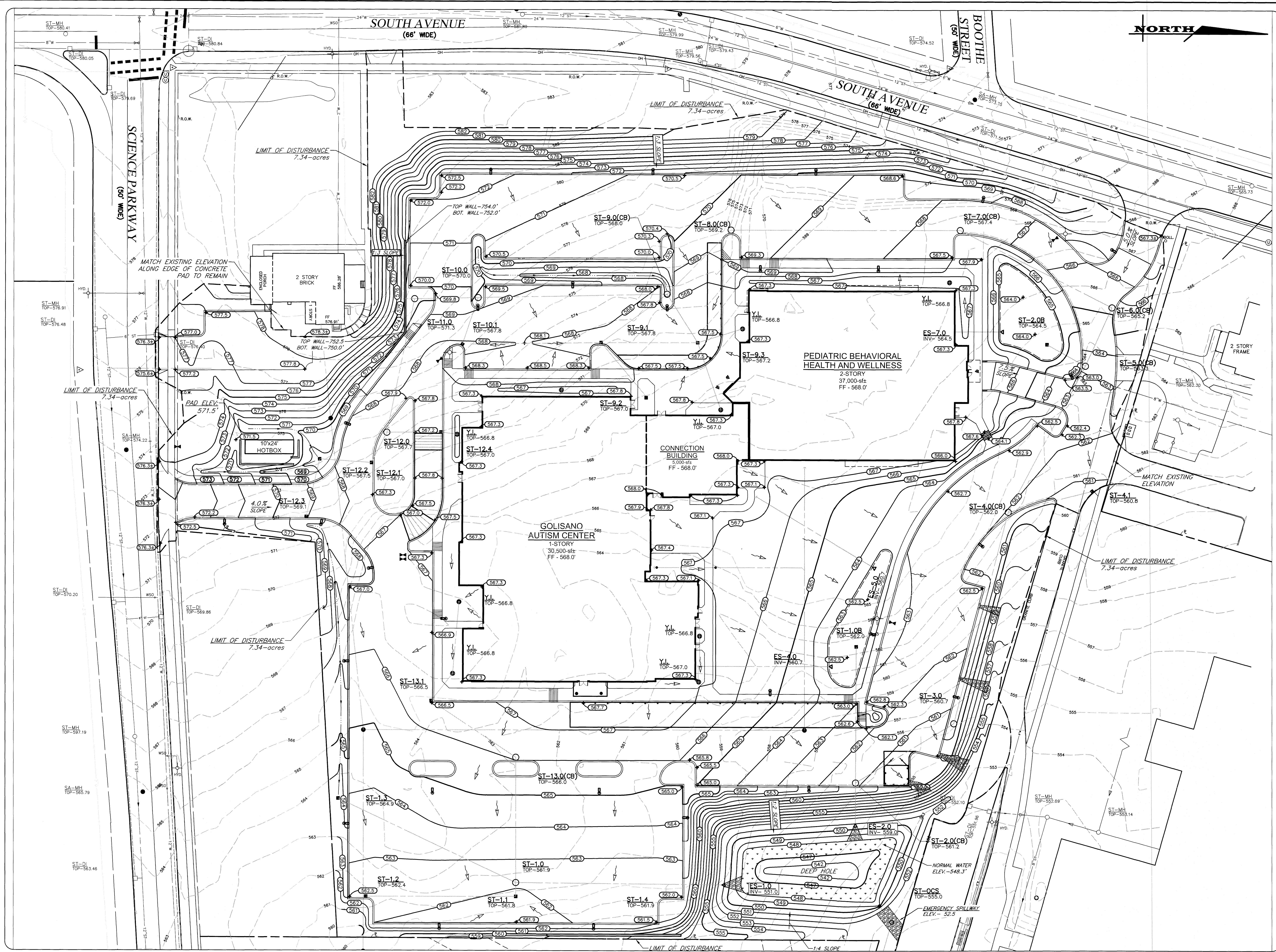


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UTILITY PLAN

07 of 15
SHEET No: **C2.1**

0804-17
JOB No: DRAWING No:

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