

SITE PLAN REVIEW APPLICATION
GENERAL INFORMATION

APPLICANT/OWNER INFORMATION (If Applicant is NOT Owner, Submit Authorization)

Applicant Name Daniel Courtney JR
Applicant Address 45 Cary Rd ~~at the corner of~~ Mechanicville
NY 12118

Phone Number (518) 260-4180 **Fax Number** N/A

Owner Name (if not applicant) Chas Cfr
Owner Address 36 Center St Fort Edward NY 12828

Phone Number (518) 742-0164 **Fax Number** _____

APPLICANT'S REPRESENTATIVE (Submit Authorization)

Name _____
Address _____

Phone Number _____ **Fax Number** _____

PROPERTY INFORMATION

Project Location _____

Tax Map # _____

Current Lot Size _____

Portion of Lot **Currently Developed (sq. ft)** _____

Percentage of Lot **Currently Developed** _____
(Portion of Lot Currently Developed/Lot Size)

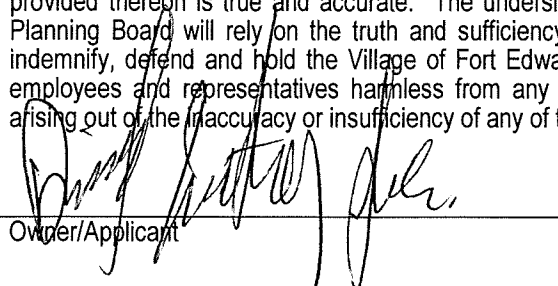
Portion of Lot **to be Developed (sq. ft)** _____

Total Percent of Lot **to be Developed After Project** _____
(Portion of Lot Developed + Portion of Lot to be Developed/Lot Size)

Description of Proposed Use of Property

SIGNATURES

The undersigned, being the owner of the property that is the subject of the foregoing application including all maps, plats, reports and other documentation supporting same, does hereby state that he/she/it has reviewed the foregoing application including all maps, reports and other documentation supporting same, and that the information provided thereon is true and accurate. The undersigned specifically understands that the Village of Fort Edward Planning Board will rely on the truth and sufficiency of the information provided and the undersigned agrees to indemnify, defend and hold the Village of Fort Edward Planning Board and the Village of Fort Edward, its agents, employees and representatives harmless from any and all claims, suits, demands, losses, judgments or orders arising out of the inaccuracy or insufficiency of any of the information supplied by the undersigned or its agents.



Owner/Applicant

09-24-2020

Date

If the Owner is not the applicant, then the following must be executed by the owner:

The undersigned is the lawful owner of the property which is the subject of the foregoing application and consents to the application and any and all conditions that might be imposed by the Village of Fort Edward Planning Board concerning said site plan review. This application may be treated as if the owner himself/herself/itself submitted same. The applicant as noted on this application has my permission to agree to any reasonable conditions and to otherwise take such actions as are necessary to obtain the approval for the proposal requested herein.



Owner/Applicant

09-24-2020

Date

If the applicant or owner has an agent, the following must be executed:

The undersigned, being the applicant/owner of the property which is the subject of the foregoing application, does hereby authorize the following person and/or firm, to represent me with regard to the foregoing application at all meetings before the Village of Fort Edward Planning Board and further promise to the Village of Fort Edward Planning Board that said person and/or firm has the authority to make statements and representations on my behalf to the Planning Board and to agree to conditions of said Planning Board.

Designated Agent _____
Agent's firm _____
Address _____
Phone _____ Fax _____

Owner/Applicant

Date

Business Certificate

I HEREBY CERTIFY that I am conducting or transacting business under the name or designation
of Faded Clipz Barbershop
at 128 Broadway
City or Town of Fort Edward County of Washington State of New York.
My full name is Daniel J. Courtney Jr.
Print or type name. If under 21 years of age, state "I amyears of age".
and I reside at 45 Cary Rd Mechanicville, NY 12118

I FURTHER CERTIFY that I am the successor in interest to _____
the person or persons heretofore using such name or names to carry on or conduct or transact business.

IN WITNESS WHEREOF, I have signed this certificate on

Daniel Courtney Jr. ²⁰ 09-24

STATE OF NEW YORK, COUNTY OF Washington ss.: Daniel J Courtney Jr.
On Sept. 24, 2020 before me, the undersigned, personally appeared
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed
to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/
their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Kimberly A. Rich (wheeler)
(signature and office of person taking acknowledgment)

Notary Stamp

2020455589



2020-211
09/24/2020 01:38:31 PM
DBA
1 Pages
Stephanie Lemery, County C

KIMBERLY A RICH -wheeler
Notary Public, State of New York
Registration No. 04R16384543
Qualified in Washington County
Commission Expires Dec. 17, 2022



X 201 — Certificate of Conducting Business under an Assumed Name for Individual, 6-07

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Records

The table below only displays records associated with your License Center Account. [Click here to associate licenses, permits, and other documents with your account. Expect this secure process to take up to ten minutes.](#)

Below is a list of the records associated with your account. You can click the record number to see details. Use the action button on the record to perform actions such as resuming an application, starting a renewal, changing a contact or adding an education certification document.

Showing 1-1 of 1 | [Download results](#) | [Add to collection](#) | [Add to cart](#)

<input type="checkbox"/> Date Opened	<input type="checkbox"/> Record Number	<input type="checkbox"/> Agency	<input type="checkbox"/> Record Type	<input type="checkbox"/> Expiration Date	<input type="checkbox"/> Status	<input type="checkbox"/> Action	<input type="checkbox"/> Description
<input type="checkbox"/> 09/21/2020	<input type="checkbox"/> BO-A-20-00618	<input type="checkbox"/> DOS	<input type="checkbox"/> Barber Operator Application		<input type="checkbox"/> Received Online	<input type="checkbox"/> Amendment	

Search Within My Records



Enter information below to search for

General Search



As you add more records to your account, use the search function below to select, or filter, those records that appear in the table.

Search my records only

Agency:
 Record Type:
 Record Status:
 Record Number:

Start Date: 
 End Date: 

Address Line 1:

Unit Type: 
 Unit No.: 

City:
 County:
 State:
 Zip:

[Search Additional Criteria](#)
You must select an agency to search by this criteria.

Search Clear

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
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	YES
			<input type="checkbox"/>	<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:			NO	YES
			<input type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		_____ acres		
b. Total acreage to be physically disturbed?		_____ acres		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ acres		
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 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				

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input 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?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input 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?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____	NO	YES	
	<input 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 type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input 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 type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	

<p>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)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		