

**TOWN OF ONEONTA  
CODE ENFORCEMENT OFFICE  
3966 St Hwy 23, PO Box A  
WEST ONEONTA, N.Y. 13861  
Phone: (607) 432-8606 Fax: (607)432-3135  
Web site: www.townofoneonta.org**

**Items to be included with Special Use Permit submittal**

1. Application containing statement of development intent with the  names of owners and developers,  Environmental Assessment Form (EAF) and  disclosure statement

2. Site Plan showing:

- a. Property boundaries
- b. Building location & setbacks
- c. Parking areas (refer to 103-49) & lighting
- d. Loading areas (refer to 103-51 if required)
- e. Drives, ingress and egress points (refer to 103-52)
- f. Landscaping (greenspace), including grading of site
- g. Utility/water/sewer systems
- h. Drainage system-storm sewer, culverts, etc.
- i. Sign location and illumination
- j. Existing land use for a distance of 200' from lot
- k. Buffering (if abutting a residential use)

3. Floodable or wetland area  y  n

- a. Floodplain/wetland boundaries
- b. Flood elevations
- c. Building floor elevation

4.  Building permit application  
 Application fee

Reviewed date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**APPLICATION FOR SPECIAL USE PERMIT**  
**Town of Oneonta, 3966 St Hwy 23, PO Box A, West Oneonta, NY 13861**  
**www.townofoneonta.org**

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

**Applicant(s):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Tax Map Description:**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Current zoning classification: \_\_\_\_\_

New Application  Renewal  If renewal, expiration date of approval: \_\_\_\_\_

Location of project: \_\_\_\_\_

Please give a brief description of the project (please note any changes proposed that differ from the original approval): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**\*\* Attach a plot plan showing details of the site and the proposed project. All information should be in accordance with § 103-96 of Town Code (attached).**

**ALL APPLICANTS ARE STRONGLY URGED TO ATTEND ALL MEETINGS PERTAINING TO THEIR APPLICATIONS.**

# 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.

<b>Part 1 – Project and Sponsor Information</b>			
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 <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <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, are adjoining or 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? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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"/>	
	<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 project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?  b. 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?	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? 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"/>	
	<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 plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		
_____		
_____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor/name: _____ Date: _____  Signature: _____ Title: _____		

## DISCLOSURE STATEMENT

Pursuant to the requirements of General Municipal Law Article 5-K, Section 809, an applicant seeking local approval for a planning or zoning action is obligated to disclose the name, residence and the nature and extent of the interest that any officer or employee of the municipality may have with the applicant.

An officer or employee of the municipality is deemed to have an interest in the applicant, when he/she, his/her spouse, their brothers, sisters, parents, children, grandchildren or the spouse of any of them

- a) is the applicant, or
- b) is an officer, director, partner or employee of the applicant, or
- c) legally or beneficially owns or controls stock of a corporate, applicant or is a member of a partnership applicant or association applicant, or
- d) is a party to an agreement with such an applicant, express or implied, whereby he/she may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request.

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I, \_\_\_\_\_, the applicant for local approval of a planning or zoning action in the Town/Village of \_\_\_\_\_, hereby disclose one of the following (check one):

\_\_\_ 1. No officer or employee of the local agency from which approval is sought has an interest in the applicant.

\_\_\_ 2. There exists an interest in the applicant by at least one officer or employee of the local agency from which approval is sought. These interests are as follows:

NAME	RESIDENCE	NATURE OF INTEREST
a.		
b.		
c.		

**TOWN OF ONEONTA  
PLANNING BOARD  
Town Hall, 3966 St Hwy 23, West Oneonta, NY 13861  
www.townofoneonta.org**

To: All property owners within **200** ft. of :

\_\_\_\_\_ (property address, tax map number, also property owner's name if not same as applicant)

Please take notice that the Planning Board of the Town of Oneonta will hold a public hearing for a special use permit on the \_\_\_ day of \_\_\_\_\_, 20 \_\_\_ at or about \_\_\_\_\_ p.m./a.m. At the Town Hall 3966 St Hwy 23 in West Oneonta, pursuant to an application from:

\_\_\_\_\_ (applicant's name & address & phone number)

\_\_\_\_\_ for \_\_\_\_\_ (describe purpose in detail)

Copies of the complete text are on file in the Code Enforcement Office in the Town Hall, 3966 St Hwy 23, West Oneonta.

**All interested persons will be given an opportunity to be heard.**

Dated: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

## GUIDELINES FOR APPLICANTS SPECIAL USE PERMIT

1. To be considered, request for a Special Use Permit must be received, including all attachments, in the Code Enforcement Office ten (10) working days before the date of the Planning Board's meeting. The attached checklist is a guide of information required. If you have any questions please contact the Code Office. The date of the meeting may be ascertained from the Code Enforcement Office.
2. The Code Enforcement Officer will determine if the application is complete, prior to the meeting and the applicant will be advised of any deficiencies.
3. The applicant or an authorized representative must attend the meeting to discuss this application, to answer questions and possibly to arrange to meet with a Planning Board committee for a site visit. If there is no representative present, the Planning Board may decide to table the request.
4. If complete with all information requested, the application will be considered accepted on the date of Planning Board's meeting. The date of the meeting may be ascertained from the Code Enforcement Office.
5. The Planning Board will hold a public hearing within 45 days from the date the application is accepted as complete. The applicant is strongly advised to attend the public hearing.
6. Action on the SEQR (State Environmental Quality Review) process must be taken by the Planning Board prior to any action taken on the application itself. This will normally be done immediately after the public hearing. A completed Part 1 of the EAF must accompany this form to allow completion of the SEQR process.
7. After the public hearing and completion of the SEQR process, approval or denial of the Special Use Permit will be determined by a motion voted on by the Planning Board with a majority of the full Board required to carry the motion. When action is taken, the Chairman (or Chairwomen) will sign approving or denying application.
8. If the action is denied, the applicant may reapply using a new form at the next month's meeting. It is strongly suggested that the applicant address any concerns of the Planning Board, especially if these concerns led to denial of the Permit.
9. Special Use Permits must meet criteria found in the Town Code, Article XXI, §103-96. The applicant is advised to clearly establish that the Special Use Permit requested would meet these criteria.
10. Special Use Permits are generally issued for a period of time which may be as little as a month (in extreme cases) to as long as indefinite period, subject to revocation for just cause under §103-97 of the Town Code. Prior to the expiration of the Special Use Permit, the applicant must reapply.
11. Special Use Permits may be issued by the Planning Board with conditions which must be met during the term of the Permit or prior to effective date of the Permit. If prior conditions are not met, the Special Use Permit is not valid. If, during the term of the Special Use Permit, the Permit holder is no longer complying with conditions, the Permit is subject to revocation according procedures set forth in §103-97 of the Town Code.





## Conditions of Special Use Permit for Short Term Rental

Initial each line to indicate verification of acknowledgement.

- A.  Dwelling is **not to be listed, advertised, or rented**, until approved.
- B.  Any rental found not to be in compliance with the Town of Oneonta Building Code or Uniform Fire Prevention and Building Code will be noticed by the Code Office. If the violation(s) are not corrected within 7 days of the receipt of the violation notice, a \$250/week fine will be assessed until compliant. Failure to pay or correct the violation will result in a permit revocation.
- C.  One family per dwelling unit, not to exceed approved occupancy.
- D.  Maximum of 10 occupants.
- E.  No street parking.
- F.  No bedrooms allowed above the 2<sup>nd</sup> floor.
- G.  No open property maintenance/fire inspection violations.
- H.  No open building permits.
- I.  Living rooms, dens, basements, etc. being used as sleeping rooms must have a smoke detector and have the required emergency escape/rescue openings.
- J.  **Local** contact information must be supplied. This information will be published on the Town website.  
Local Contact Name \_\_\_\_\_  
Local Phone Number \_\_\_\_\_  
Local Email Address \_\_\_\_\_
- K.  Supply the board with drawings showing egress windows/door, sleeping arrangements and parking.
- L.  Provide the listing agency and DBA: \_\_\_\_\_
- M.  **No** campfires unrelated to cooking unless in R80 or R40, but not within 150 feet of a neighboring dwelling. Said fires shall be in a fireplace, fireproof container or pit and shall not be located near or adjacent to any flammable materials or structures.
- N.  **No** team parties. This information must be **posted visibly** within the rental unit.
- O.  **No** amplified sound between 10:00pm to 7:00am, Monday thru Saturday and 10:00pm to 10:00am on Sundays and Holidays. This information must be **posted visibly** within the rental unit. (Oneonta Town Code-Chapter 61).
- P.  If pool on premise, adequate signage and safety equipment must be visible and present.  initial here if not applicable. (NYS DOH Codes, Rules & Regulations, SubPart 6-1-Swimming Pools)
- Q.  Any free-standing signs on the property may require a sign permit and adherence to the sign code.(Oneonta Town Code - Chapter 76 Signs)
- R.  All rentals require registration for sales tax & bed tax with Otsego County. NYS Tax Bulletin (TB-ST-740 & S.885-C/A.4130-C)
- S.  Rental dwellings must be insured for at least the value of the dwelling plus a minimum of \$300,000 coverage for property and bodily injury. (S.885-C/A.4130-C & (Sec. 447-b RPTL)
- T.  Revocation of permit results in at least one year ban from short term rentals. At the end of the one-year ban, owner must reapply following all rules and regulations. Second offense results in a three-year ban, with reapplication required. Third offense results in lifetime ban. Continuing to rent when permit has been revoked constitutes a \$500 a day fine.

Initialing each line item above and signing below is to acknowledge, understand, and agree to abide by the checklist above. Failure to do so may result in termination of Special Use Permit for short-term rental permit. Please keep a copy for your records.

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

Applicant Name (print): \_\_\_\_\_

Address of Property: \_\_\_\_\_

Phone number of property owner: \_\_\_\_\_