

## **Sign Application Overview**

### **TOWN OF NORTH SALEM WESTCHESTER COUNTY, NEW YORK**

All application materials and a request for an appearance before the Planning Board shall be submitted to the Planning Board Secretary at least twenty-one (21) days prior to the meeting date. A request to be on an agenda must be made at least fourteen (14) days prior to a meeting. Please refrain from direct contact with Town Consultants during review process. All contact should begin with the Planning Board Secretary.

In accordance with the adopted policy of the Town of North Salem Planning Board, an application for sign plan approval shall consist of SEVEN (7)<sup>1</sup> copies of this Cover Sheet and each of the following documents:

1. Completed application form.
2. Site development plan or survey (folded), showing the proposed location of the sign(s).
3. Sign Plan Sketch showing dimensions, details, color and proposed lighting, if applicable.
4. Fees in accordance with the Town of North Salem Schedule of Fees, \$100 (please check current code)
5. Affidavit signed by all parties in accordance with the Town of North Salem Application Processing Restrictive Law.
6. SEQRA documentation – EAF short form.

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<sup>1</sup>Electronic copies may be acceptable. Contact the planning board secretary to confirm the number of hard and electronic copies.

**SIGN PLAN APPLICATION  
TOWN OF NORTH SALEM  
WESTCHESTER COUNTY, NEW YORK**

The undersigned hereby makes application to the Planning Board of the Town of North Salem under provisions of the Zoning Ordinance for a Sign Plan permit. [To view the Town's Code, please go to northsalemny.org - under Boards choose Planning, then in the left column Code, then Signs.]

In submitting this application the Applicant and Owner hereby grant to the Planning Board and the Zoning Enforcement Officer and their authorized agents permission to enter upon the property that is the subject of this Application for the purpose of inspection and enforcement of the Zoning Ordinance.

By submitting this application, the Applicant and Owner understand that they are assuming responsibility for the payment of all fees charged by the Town, in connection herewith, as specified in the Standard Schedule of Fees of the Town of North Salem.

- A. Identification of Property, Location, Applicant and Statement of Use.
- B. Plans and Documents with Identification
- C. Affidavit of Ownership
- D. Disclosure Statement under Section 809 of the General Municipal Law.

**A. Identification of Property, Location, Applicant and Statement of Use**

- a. Applicant: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
- b. Property Street Address: \_\_\_\_\_
- c. Tax ID – Sheet /Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_
- d. Zoning District(s) \_\_\_\_\_ Total acres/or Square Footage: \_\_\_\_\_
- e. If Applicant is using only a portion of premises describe: \_\_\_\_\_  
\_\_\_\_\_
- f. Property abuts streets or roads: \_\_\_\_\_
- g. What is the use of land and/or buildings: \_\_\_\_\_
- h. Other regulations: Does the proposed project include any freshwater wetlands and/or water courses as defined by the State of New York, the Town's Freshwater Wetlands Protection Law, or other applicable law? Yes  No
- i. Encumbrances: If property is subject to any of the following, describe or attach copies with Grantor of Easement, or, Liber and Page for Deed Restrictions:  
 Easements  Deed Restrictions
- j. Detailed Statement of Use is required describing the use of the premises/property for which the sign application is being requested:

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**B. Plans and Documents with Identification, where applicable:**

a. Square footage of sign(s): \_\_\_\_\_ Dimensions: \_\_\_\_\_

b. Proposed mounting of sign

Free-standing            Yes  No  If yes, proposed height:

Facade-mounted        Yes  No

c. Are any variances of the Zoning Ordinance to be requested from the Zoning Board of Appeals?    Yes  No

d. Is any lighting proposed?        Yes  No  If yes , describe type and placement:

\_\_\_\_\_

e. Is this a replacement sign? Were there previous approvals from the Planning Board or Board of Appeals? Yes  No  Describe \_\_\_\_\_

\_\_\_\_\_

Details and Specifications must be shown on a plan accompanying this application and should incorporate all items above. Plan must reference a filed survey (showing where sign is located on the lot). In addition a graphic (drawing or composite photo) of signs along with colors must be included. Please date and sign the Plan.

**C. Affidavit of Ownership, choose which is applicable and complete just one of the following:**

C-1 (Individual or Partnership) executed by the individual, or by the general partner of a partnership, that is the owner of property if not the same as the Applicant; or

C-2 (Corporation) executed by a corporation that is the owner of the property, if not the same as Applicant.

C-3 Certification Concerning Ownership executed by the Applicant and by the owner of the property, if not the same as the Applicant, if either the Applicant and owner, or both, are a partnership, corporation, association or business trust.

**C-1 Affidavit of Ownership (Individual or Partnership):**

State of New York)

ss.

County of Westchester)

\_\_\_\_\_, being duly sworn, deposes and says that he/she resides at \_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_, that he/she (a general partner of \_\_\_\_\_) is the owner in fee of all that certain lot, piece or parcel of land situated, lying and being in the Town of North Salem, New York, aforesaid and known and designated on the Tax Map of the Town of North Salem as Lot Number(s) \_\_\_\_\_, Block \_\_\_\_\_, on Sheet \_\_\_\_\_ and that deponent (said partnership) acquired title to the said premises by deed from \_\_\_\_\_, dated \_\_\_\_\_, and recorded in the Office of the Clerk of the County of Westchester on \_\_\_\_\_, in Liber \_\_\_\_\_ of Conveyance at Page \_\_\_\_\_, and that consent is hereby given to \_\_\_\_\_ to make the annexed application for approval of the map (or project) entitled: \_\_\_\_\_ and that statements of fact contained in said application, including the statements contained in all of the exhibits transmitted herewith, are true to the best of the deponent's knowledge and belief.

(Signed) \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

Notary Public

**C-2 Affidavit of Ownership (Corporation):**

State of New York)

ss.

County of Westchester)

\_\_\_\_\_, being duly sworn, deposes and says that he/she resides at \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_, that he/she is the \_\_\_\_\_ (Title) of: \_\_\_\_\_ (Name of Corporation) which is the owner in fee of all that certain lot, piece or parcel of land situated, lying and being in the Town of North Salem, New York, aforesaid and known and designated on the Tax Map of the Town of North Salem as Lot Number \_\_\_\_\_, Block \_\_\_\_\_, on Sheet \_\_\_\_\_, and that said corporation acquired title to the said premises by deed from \_\_\_\_\_, dated \_\_\_\_\_, and recorded in the Office of the Clerk of the County of Westchester on \_\_\_\_\_, in Liber \_\_\_\_\_ of Conveyance at Page \_\_\_\_\_, and that consent is hereby given to \_\_\_\_\_ to make the annexed application for approval of the map (or project) entitled, \_\_\_\_\_ and that statements of fact contained in said application, including the statements contained in all of the exhibits transmitted herewith, are true to the best of the deponent's knowledge and belief.

(Signed) \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public \_\_\_\_\_

**C-3 Certificate of Ownership:**

1. If owner or applicant is a general or limited partnership, attach notarized certification listing names and addresses of all partners and participants. If a partnership, corporation, association, or business trust, provide the information required by this section for such partner.
2. If owner or applicant is a corporation, association or business trust, attach notarized certification listing position, name and address of all officers, directors and all shareholders owning (whether beneficially or equitably) five (5) percent or more of any class of such party's stock.

Certificate

Position: \_\_\_\_\_

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

The undersigned (corporate officer) hereby certifies that the information hereinafter set forth is true and correct.

Signature and Title: \_\_\_\_\_

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

**D. Disclosure Statement (Section 809 of the General Municipal Law):**

Name of Applicant: \_\_\_\_\_ Residence: \_\_\_\_\_  
Date: \_\_\_\_\_

1. Nature and Extent of Interest of any State Officer or Municipal Officer or Employee in this Application (Set forth in detail): \_\_\_\_\_

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

2. Statement that no State Officer or Municipal Officer of Employee has an interest in this Application:

The Undersigned Applicant or Petitioner certifies by signature on this Disclosure Statement that, in accordance with the provisions of Section 809 of the General Municipal Law, no State officer or any officer or employee of the Town of North Salem or of any municipality of which the Town is a part has any interest in the person, partnership or association making the above application, petition or request.

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

Signed: \_\_\_\_\_  
Applicant



**Appendix C**  
**State Environmental Quality Review**  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
**For UNLISTED ACTIONS Only**

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

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

OVER

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4?      If yes, coordinate the review process and use the FULL EAF.  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6?    If No, a negative declaration may be superseded by another involved agency.  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>C. COULD ACTION RESULT IN <b>ANY</b> ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p>  <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p>  <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p>  <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:</p>  <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p>  <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p>  <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p>
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, explain briefly:</p>
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, explain briefly:</p>

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which <b>MAY</b> occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> provide, on attachments as necessary, the reasons supporting this determination	
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Name of Lead Agency	Date
<hr style="width: 50%; margin-left: 0;"/>	<hr style="width: 50%; margin-left: 0;"/>
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
<hr style="width: 50%; margin-left: 0;"/>	<hr style="width: 50%; margin-left: 0;"/>
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)