

Town of Hoosick
Zoning Board of Appeals
P. O. Box 17
Hoosick Falls, NY 12090

Application for a Variance, Special Permit, and/or Appeal

Application Number	_____
Date Received	_____
Hearing Scheduled Date	_____
Application Fee	_____
Approved Date	_____ Conditions (y/n) _____
Denial Date	_____ Withdrawn Date _____
Zoning Chairperson	_____

General Information

Applicant:

Property Owner:

See Attached

Name: Hawthorn Solar _____

Name: _____

Company: CS Energy _____

Company: _____

Address: 2045 Lincoln Highway _____

Address: _____

Edison, NJ 08817 _____

Phone: 617-429-5212 _____

Phone: _____

Applicant is: Owner _____ Builder Lessee Architect/Engineer _____ Agent Other _____

If other, explain: _____

Lot Information

See Attached

Parcel ID Number _____ Zoning District _____

Street Address of Lot _____

Irregular Shape of Lot (Y or N) _____ Corner Lot (Y or N) _____

Existing: Lot Area _____ Frontage _____ Depth _____

Setbacks: Front _____ Rear _____ Left _____ Right _____

Proposed: Lot Area _____ Frontage _____ Depth _____

Setbacks: Front _____ Rear _____ Left _____ Right _____

Type of Water Service: _____ Type of Sanitary Disposal _____

Use Information

Describe Existing Use: Agricultural and Forested Land. The majority of the site is currently in active ag use and the remaining area is forested.

Describe Proposed Use: 20 MW solar photovoltaic system across approximately 130 acres. along Pine Valley and Fords Road, for which we are requesting a variance for side and rear setbacks within the internal property boundaries of the project to minimize the footprint of the site.

Application Information

Check all that apply:

An area variance is requested to appeal the decision of the Building Department, which denied a permit for the above property, dated _____ (submit copy of denial)

_____ A use variance is requested to appeal the decision of the Building Department, which denied a permit for the above property, dated _____ (submit a copy of denial)

_____ A special permit is requested, as required by Hoosick Local Law No. 2 of the Year 2009 of the Town of Hoosick

_____ A formal appeal of Local Law No. 2 of the Year 2009 of Town of Hoosick

Project Description:

Briefly describe the proposal:

The Hawthorn Solar project is a proposed 20 MW solar photovoltaic system set to be located in the Town of Hoosick across approximately 130 acres, along Fords Road. The area variances for setbacks requested via this application will apply to the property boundaries that are internal to the project and will allow the project to reduce its overall footprint. All setbacks from roads and parcels that are not participating in the project will be maintained or exceeded as required by law.

Abutters-Adjacent Property Owners:

List the name and address for each adjacent property owners. Use additional paper if needed.

	Name:	Address:	Property Use
Front:	<u>See Attached</u>	_____	_____
Rear:	_____	_____	_____
Left:	_____	_____	_____
Right:	_____	_____	_____

Required Submittals See Attached

_____ A plot plan showing all property lines, dimensions, adjacent streets, existing structures, setback distances, and location of proposed changes.

_____ Part 1 of the State Environmental Quality Review (SEQR) Short Environmental Form

_____ Appropriate fee, as determined by the Code of the Town of Hoosick, and as calculated by the Building Department.

Note: Additional submittals may be required by the Zoning Board of Appeals. Failure to submit all required documents may result in a delay in processing or denial of the application.

Have there been any other variances issued for this property? (Y or N) No

If yes, explain:

Certification and Authorization

I certify that the information contained in this application is true to the best of my knowledge and I authorize the Town of Hoosick to process this application as provided by law.

	Applicant	Property Owner
Name:	<u>Hawthorn Solar</u>	<u>See Attached</u>
Signature:	<u>Mitch Quine</u>	_____
Date:	<u>5/5/2023</u>	_____

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 <u>TOWN OF HOOSICK</u> 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: <u>Mitch Quins</u>	

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

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

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.
 Yes No

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.
 Yes No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

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:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

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:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?
 Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes No If Yes, explain briefly:

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.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

 Name of Lead Agency _____
 Date

 Print or Type Name of Responsible Officer in Lead Agency _____
 Title of Responsible Officer

 Signature of Responsible Officer in Lead Agency _____
 Signature of Preparer (If different from responsible officer)