



Tuesday, January 25, 2022

## Chemung County Planning Board

Chemung County Commerce Center  
400 East Church Street  
P.O. Box 588  
Elmira, NY 14902-0588  
607-737-5510

[www.chemungcountyny.gov/planning](http://www.chemungcountyny.gov/planning)  
[planning@co.chemung.ny.us](mailto:planning@co.chemung.ny.us)

### Chemung County Planning Board Municipal Referral Form

#### Instructions For Filling Out This Form:

To begin, click on each of the tabs below (Referral Information, Petitioners, etc.) to enter your information. When done, click on the Preview Your Form button (in the "Full Statement" Checklist tab), and when satisfied, click the Submit Your Form button. You will receive a confirmation email of your Municipal Referral Form for your records.

**\* = Required Field**

**Referring Municipality:**

City

**City/Village/Town:**

Elmira

**Referring Official:**

John J. Ryan Jr

**Title:**

Corporation Counsel

**Address:**

317 E Church Street  
Elmira, NY, 14901

**Phone Number:**

(607) 737-5674

**Email Address:**

jryan@cityofelmira.net

**Referring Board:**

Planning Board

**How Many Petitioners? (up to 4):**

1

**Petitioner 1 Name:**

City of Elmira

**Petitioner 1 Address:**

317 E Church St  
Elmira, NY, 14901

**Petitioner 1 Phone Number:**

(607) 737-5674

**Petitioner 1 Email Address:** jryan@cityofelmira.net

**Location of Property:** Entire City Limits

**Tax Map Parcel Number(s):** 00.00-0-00

**Current Zoning District:** Neighborhood Mixed Use, Urban Mixed Use, Central Business, Campus Tech (See attached copy of Use Table)

**Please select the proposed action(s) from the drop-down menu below.**

**Proposed Action(s):** Zoning Map Amendment

**Description of proposed action (attach detailed narrative if available):**

Elmira City Code Department is recommending square footage and site plan review requirements for Neighborhood Retail and General Retail be repealed.

**Upload Detailed Narrative?** Yes

**Upload detailed narrative file(s):**



city manager ltr 1.18.2022 to City Council - zo...



zoning use table - zoning amendment 1.2022....

**The proposed action applies to real property within five hundred feet (500') of the following:**

(please identify by filling in the appropriate blank after each item)

**(c) Right-of-way of any existing or proposed (County) or (State Parkway), (Thruway), (Expressway), (Road) or (Highway); (Include (County) or (State Route) # and name of (Road):**

Clemens Center Parkway

**(e) Existing or proposed boundary of any (County) or (State) owned land on which a public building or institution is situated:**

Chemung County Hazlett Building

**Please Select Which Board(s):** Planning Board/Planning Commission

**Board:** Town Board/Village Board of Trustees

**Board:** Zoning Board of Appeals

**Board:** Planning Board/Planning Commission

**How many Prior and Future Meeting Dates?**

0

**Board:** City Council

**As defined in NYS General Municipal Law §239-m (1)(c), please make sure you have attached the following required information with your referral, as appropriate.**

There is nothing to be filled out on this tab.

**For All Actions:**

Chemung County Planning Board – Municipal Referral Form

All application materials required by local law/ordinance to be considered a “complete application” at the local level (PDF preferred).

Part 1 Environmental Assessment Form (EAF) or Environmental Impact Statement (EIS) for State Environmental Quality Review (SEQR). If Type II Action, provide a statement to that effect.

Agricultural Data Statement, for site plan review, special/conditional use permit, use variances, or subdivision review located in an Agricultural District or within 500 feet of a farm operation located in an Agricultural District, per Ag. Districts Law Article 25AA §305-a, Town Law §283-a, and Village Law §7-739.

Municipal board meeting minutes on the proposed action (PDF preferred).

**For Proposing or Amending Zoning Ordinances or Local Laws: The above requirements AND**

Report/minutes from Town Board, Village Board or Trustees or Planning Board (PDF preferred)

Zoning Map

Complete text of proposed law, comprehensive plan, or ordinance (PDF preferred)

**Please submit this form (along with attachments) by the close of business 10 days prior to the Chemung County Planning Board meeting.**

Verified

Verified

January 18, 2022

FOR THE AGENDA  
COMMUNICATION

To the Honorable Mayor and Council

Dear Councilmembers:

By Ordinance No. 2020-241, City Council on August 17, 2020, adopted a new Appendix B-1 titled "City of Elmira Zoning City-Center Form Based Code". The Ordinance rezoned portions of the City, created a City-Center Form Based Code Zoning Map, and established a Use Table for the newly established zoning districts.

In the Neighborhood Mixed Use, Urban Mixed Use, Central Business, and Campus Tech Districts, Neighborhood Retail use is permitted only for businesses equal to or greater than 2,500 square feet but less than 4,000 square feet. This effectively prohibits uses less than 2,500 square feet.

In the Urban Mixed Use, Central Business, and Campus Tech Districts, General Retail is a permitted use subject to site plan review. For these three Districts, the proposed use must be equal to or greater than 4,000 square feet. Any use less than 4,000 square feet is not permitted.

The Code Department is recommending that the square footage and site plan review requirements for Neighborhood Retail and General Retail be repealed.

Pursuant to Section 1100 of the Code of Ordinance, the Council must refer the proposed amendment to the City Planning Commission for a report and recommendation. In addition, pursuant to Section 1120 of the Code, the proposed amendment must be referred to the County Planning Board.

The following resolution makes the required referrals.

Respectfully yours,

P. Michael Collins  
City Manager

<b>c. COMMERCIAL</b>	<b>RE</b>	<b>NMU</b>	<b>UMU</b>	<b>CBD</b>	<b>C-T</b>	<b>C-I</b>	<b>Supp Regs &amp;/or SP</b>
Amusement, Recreation, Entertainment, Indoor			S	S	S	S	
Amusement, Recreation, Entertainment, Outdoor					SP	SP	X
Micro Brewery			P	P	P	P	
Bar/Restaurant		SP	S	P	S		X
Nightclub			S	S	S	P	
Bank or Financial Institution			P	P	P		
Drive-Thru (Accessory)			P	P	P		
Outdoor Café (Accessory)		SP	P	P	P		X
Adult Care Facility		SP	SP	SP	SP		X
Nursery School/Day Care Center	S	S	S	SP	S		X
Day Care, Family Home	P	P	P	P	P		
Funeral Home		SP	S	S	S	S	X
Neighborhood Retail (≥ 2,500 s.f. < 4,000 s.f.)		S	S	S	S		
General Retail (≥ 4,000 s.f.)			S	S	S		
Personal Service Establishment		S	P	P	P		
Shopping Center			S	S		P	
Mixed Commercial/Residential Use (other than Home Occupations)		S	S	S	P	P	
Office, General Business		S	S	S	S	P	
Health/Sport Club			S	S	S	S	
Private Club		S	S	S	S	P	
Vending Lot		SP	SP	SP	P	P	X
Commercial Antennas /Satellite Dishes (> 3 feet)	SP	SP	SP	SP	SP	SP	X

<b>DISTRICT</b>	
<b>RE</b>	Residential Edge
<b>NMU</b>	Neighborhood Mixed-Use
<b>UMU</b>	Urban Mixed-Use
<b>CBD</b>	Central Business District
<b>C-T</b>	Campus-Tech
<b>C-I</b>	Campus-Industrial

<b>KEY TO SYMBOLS</b>	
<b>P</b>	Allowed By Right
<b>S</b>	Allowed By Site Plan Review
<b>SP</b>	Allowed By Special Permit and Site Plan Review
<b>BLANK</b>	Not Allowed

City Center Form-Based Code  
Elmira, NY DRI Zoning Update





Tuesday, February 1, 2022

## Chemung County Planning Board

Chemung County Commerce Center  
400 East Church Street  
P.O. Box 588  
Elmira, NY 14902-0588  
607-737-5510

[www.chemungcountyny.gov/planning](http://www.chemungcountyny.gov/planning)  
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**\* = Required Field**

<b>Referring Municipality:</b>	Village
<b>City/Village/Town:</b>	Horseheads
<b>Referring Official:</b>	Jessica Molter
<b>Title:</b>	Manager's Assistant
<b>Address:</b>	202 S Main Street Horseheads, NY, 14845
<b>Phone Number:</b>	(607) 739-5666
<b>Email Address:</b>	jmolter@horseheads.org
<b>Referring Board:</b>	Planning Board
<b>How Many Petitioners? (up to 4):</b>	1
<b>Petitioner 1 Name:</b>	Don Carpenter
<b>Petitioner 1 Address:</b>	17 Industrial Street Rochester, NY, 14614
<b>Petitioner 1 Phone Number:</b>	(585) 370-9516

**Petitioner 1 Email Address:** dc@c2gmail.com

**Location of Property:** 901 Lackawanna Ave

**Tax Map Parcel Number(s):** 59.13-3-2

**Current Zoning District:** C-3 Highway Commerical

**Please select the proposed action(s) from the drop-down menu below.**

**Proposed Action(s):** Special/Conditional Use Permits

**Description of proposed action (attach detailed narrative if available):**

Attach and co-locate a Dish Wireless LLC cell tower on an existing pole

**Upload Detailed Narrative?** Yes

**Upload detailed narrative file(s):**

 01.21.22 Dish Wireless Application Packet.pdf

**The proposed action applies to real property within five hundred feet (500') of the following:**

(please identify by filling in the appropriate blank after each item)

**(c) Right-of-way of any existing or proposed (County) or (State Parkway), (Thruway), (Expressway), (Road) or (Highway); (Include (County) or (State Route) # and name of (Road):**

I-86

**Please Select Which Board(s):**

Town Board/Village Board of Trustees

Planning Board/Planning Commission

**Board:** Town Board/Village Board of Trustees

**Town Board/Village Board of Trustees** Monday, March 14, 2022

**Public Hearing Date:**

**How many Prior and Future Meeting Dates?** 1

**Prior/Future Meeting Date 1:** Monday, February 14, 2022

**Action Taken on This Application (reviewed, approved, discussed, etc.):**

No action taken yet, will discuss and set the public hearing on February 14th.

**Board:** Zoning Board of Appeals

## Board: Planning Board/Planning Commission

**Planning Board/Planning Commission** Monday, February 28, 2022  
**Public Hearing Date:**

**How many Prior and Future Meeting Dates?**

0

### Action Taken on This Application (reviewed, approved, discussed, etc.):

No action taken yet, will review and refer to the Village Board of Trustees for action

## Board: City Council

**As defined in NYS General Municipal Law §239-m (1)(c), please make sure you have attached the following required information with your referral, as appropriate.**

There is nothing to be filled out on this tab.

### For All Actions:

Chemung County Planning Board – Municipal Referral Form

All application materials required by local law/ordinance to be considered a “complete application” at the local level (PDF preferred).

Part 1 Environmental Assessment Form (EAF) or Environmental Impact Statement (EIS) for State Environmental Quality Review (SEQR). If Type II Action, provide a statement to that effect.

Agricultural Data Statement, for site plan review, special/conditional use permit, use variances, or subdivision review located in an Agricultural District or within 500 feet of a farm operation located in an Agricultural District, per Ag. Districts Law Article 25AA §305-a, Town Law §283-a, and Village Law §7-739.

Municipal board meeting minutes on the proposed action (PDF preferred).

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Report/minutes from Town Board, Village Board or Trustees or Planning Board (PDF preferred)

Zoning Map

Complete text of proposed law, comprehensive plan, or ordinance (PDF preferred)

**Please submit this form (along with attachments) by the close of business [10 days prior to the Chemung County Planning Board meeting](#).**

Verified

Verified



# LETTER OF TRANSMITTAL



TO Village of Horseheads Planning Board  
202 South Main Street  
Horseheads, NY 14845

DATE	1-20-22	JOB NO.	SYSYR00269
ATTENTION	Mr. Mike Stenpeck, PB Chair		
REFERENCE	Dish Wireless #SYSYR00269		

☒ Mail ☐ Deliver ☐ Pick-up ☐ Fax ☐ Overnight

WE ARE SENDING YOU ☒ Attached ☐ Under Separate Cover

☒ Prints ☐ Reductions ☐ Specifications ☐ Shop Drawings  
☐ Correspondence ☐ Change Order ☒ Other Special Permit Application Materials

COPIES	DATE	DWG. NO.	DESCRIPTION	LAST REV.
1	1-20-22		Check \$3000.00 Application fee	
5	1-13-22		Application letter	
5	1-11-22		Landlord Letter of Authorization	
5	1-4-22		Redacted Lease Agreement	
5	12-14-21		Dish Wireless #SYSYR00269A Construction Drawings	12-27-21
5	11-12-21		Dish Wireless #SYSYR00269A Structural Analysis	
5	12-29-21		RF Coverage Plots	
5	1/11/22		RF Compliance Memo	
5	-		FCC Licences	
5	1-14-22		FNYS SEQR Long EAF Part 1	

THESE ARE BEING TRANSMITTED (AS CHECKED BELOW):

☒ For Approval ☐ For Your Use ☐ For Approval Signature ☐ Returned  
☐ For Review and Comment ☐ As Requested ☐ Other \_\_\_\_\_

Attached please find Special Permit application materials for Dish Wireless.

Please do not hesitate to contact me if you wish to discuss further. I can be reached at 585-370-9516.

SIGNED   
Don Carpenter  
Carpenter Consulting Group, LLC

January 13, 2022

Village of Horseheads  
Planning Board  
202 South Main Street  
Horseheads, NY 14845  
Att: Mike Stenpeck, Chairperson



Re: Dish Wireless Co-location

Dear Mr. Chairperson:

I represent Dish Wireless LLC in the attached application to install new antennas and related ground equipment on the existing tower at 901 Lackawanna Avenue.

Dish Wireless LLC is currently undertaking a nationwide buildout, as part of its continuing obligation to provide wireless services to the general public. Dish is considered a public utility in NY for zoning purposes and is licensed and regulated by the FCC. The installation of the equipment at this location represents an essential piece of a larger statewide and nationwide network. Dish will install new antennas at the 140' level of the existing 150' tower, and place a 5'x7' equipment platform within the existing fenced compound.

Co-location of new wireless facilities on existing towers is highlighted several times in the Village zoning code as the preferred installation type. The Dish installation will comply with all code requirements, FCC emissions guidelines, and all electrical and structural codes. It will not increase the size or intensity of use of the existing tower; will not hinder or discourage the development of adjacent lands; will not create objectionable noise, fumes or other interference; and will not require expansion of any existing parking areas.

I have attached the following in support of the application:

- Landlord letter of Authorization
- Redacted lease agreement

- Construction Drawings
- Structural Analysis
- RF Coverage Plots
- RF Compliance Memo
- FCC License(s)
- NYS SEQR Environmental Assessment form

I look forward to discussing the project in more detail with the Board and request to be placed on the next available agenda.

Very truly yours,



**585-370-9516**

***dc@c2gmail.com***

Donald W. Carpenter

Carpenter Consulting Group, LLC

**DEVELOPMENT    DESIGN**

RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY

168 North Water Street | Rochester, NY 14604

Office: 585-360-2733 | Fax: 585-360-2735

[www.carpentercg.com](http://www.carpentercg.com)



January 11, 2022

Village of Horseheads  
Village Hall  
202 S. Main Street  
Horseheads, N.Y. 14845

**RE:** Letter of Authorization to File Applications  
**PREMISES:** 901 Lackawanna Ave, Horseheads, N.Y. 14845  
**SBL:** 59.13 - 3 - 2  
**DOGWOOD SITE ID:** COR-797 **DISH Site ID:** SYSYR00269A

To Whom it May Concern:

Please be advised that the Up State Tower Co., L.L.C. d/b/a Dogwood Towers does hereby authorize Dish Wireless LLC ("DISH") and its authorized agents to file all necessary zoning, planning and building permits (local, state and federal) for the purposes of installing, operating and maintaining a wireless telecommunications facility on the existing tower on the above referenced Premises.

All approval conditions that may be granted to DISH in connection with the above referenced facility relating to this specific application are the sole responsibility DISH.

Please do not hesitate to contact me should you require additional information.

Very truly,

Brian Gelfand, Principal





DISH Wireless L.L.C.  
9601 S. Meridian Blvd.  
Englewood, CO 80112  
303.723.1000

SYSYR00269A  
901 Lackawanna Ave  
Horseheads, NY 14845

1/11/2022

RE: Project Description and Location: SYSYR00269A Tower Collocation (the "Project")

To whom it may concern:

This letter responds to your request for information about the Project referenced above, specifically the potential to interfere with communication facilities located nearby and conformance with the Federal Communications Commission ("FCC") rules governing human exposure to radio frequency energy (see FCC OET Bulletin 65 guidelines). DISH Wireless L.L.C. ("DISH") shall comply with all FCC rules regarding interference with other radio services and all FCC rules concerning human exposure to radio frequency energy.

The FCC has granted licenses for the use of certain radio frequencies exclusively by wireless service providers, including DISH. Each wireless service provider uses specific frequencies (channels) on which to transmit and receive radio signals. Pursuant to these licenses, DISH is authorized to provide wireless service nationwide.

Wireless transmitters must be type-accepted by the FCC to ensure compliance with technical standards that limit the frequencies, output power, radio frequency emissions, spurious radio noise, and other technical parameters. Wireless licensees like DISH are required to use type-accepted equipment. The assignment of frequencies and the FCC rules keep cellular radio signals from interfering with, or being interfered with by, other radio transmissions and provide guidelines outlining the limits for permissible human radio frequency exposure.

DISH shall comply with all FCC rules regarding interference to other radio services and human exposure to radio frequency energy. In the unlikely event that interference does occur, DISH agrees to fully cooperate with the entity experiencing interference to identify and correct, to the extent reasonably possible, any issues caused by the DISH installation.

Very truly yours,

Nagesh Nayak  
RF Engineering Manager – Upstate NY

**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 1 is accurate and complete.

**A. Project and Sponsor Information.**

Name of Action or Project: Dish Wireless #SYSYR00269A		
Project Location (describe, and attach a general location map): 901 Lackawanna Avenue, Horseheads, NY 14845		
Brief Description of Proposed Action (include purpose or need): Installation of antennas and associated ground equipment on an existing 150' tower.		
Name of Applicant/Sponsor: Dish Wireless LLC (Carpenter Consulting Group - Agent)		Telephone:
		E-Mail:
Address: 9601 South Meridian Boulevard		
City/PO: Englewood	State: CO	Zip Code: 80112
Project Contact (if not same as sponsor; give name and title/role): Don Carpenter - Project Manager		Telephone: 585-370-9516
		E-Mail: dc@c2gmail.com
Address: 17 Industrial Street		
City/PO: Rochester	State: NY	Zip Code: 14614
Property Owner (if not same as sponsor): Up State Tower Co LLC d/b/a Dogwood Towers		Telephone:
		E-Mail:
Address: 4915 Auburn Avenue		
City/PO: Bethesda	State: MD	Zip Code: 20814



## 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	Village Board of Trustees - Special Permit	1/18/22
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Village of Horseheads Planning Board - Review on behalf of the Village Board of Trustees	1/18/22
c. City Council, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 type="checkbox"/> Yes <input checked="" 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? ☐ Yes ☒ No

- 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? ☒ Yes ☐ No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? ☒ Yes ☐ 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?) ☐ Yes ☒ No

If Yes, identify the plan(s):

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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? ☐ Yes ☒ No

If Yes, identify the plan(s):

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### 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?

M-1 Industrial

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? \_\_\_\_\_

### C.4. Existing community services.

a. In what school district is the project site located? Horseheads Central Schools

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

Horseheads Police dept

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

Horseheads Fire Dept

d. What parks serve the project site?

N/A

### 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)? Telecommunications

b. a. Total acreage of the site of the proposed action?                      .06 acres

b. Total acreage to be physically disturbed?                      0 acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?                      0.0008 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)? %                      1.4 Units:                      sq. ft. (35 s.f. proj. area)

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) \_\_\_\_\_

ii. Is a cluster/conservation layout proposed? ☐ Yes ☒ No

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:                      1 months

ii. If Yes:

- Total number of phases anticipated

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

- Anticipated completion date of final phase                      month                      year

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

f. Does the project include new residential uses? ☐ Yes ☒ 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)? ☐ Yes ☒ No  
 If Yes,

i. Total number of structures \_\_\_\_\_

ii. Dimensions (in feet) of largest proposed structure: \_\_\_\_\_ height; \_\_\_\_\_ width; and \_\_\_\_\_ length

iii. Approximate extent of building space to be heated or cooled: \_\_\_\_\_ 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? ☐ Yes ☒ No  
 If Yes,

i. Purpose of the impoundment: \_\_\_\_\_

ii. If a water impoundment, the principal source of the water: ☐ Ground water ☐ Surface water streams ☐ Other specify: \_\_\_\_\_

iii. If other than water, identify the type of impounded/contained liquids and their source. \_\_\_\_\_

iv. Approximate size of the proposed impoundment. Volume: \_\_\_\_\_ million gallons; surface area: \_\_\_\_\_ acres

v. Dimensions of the proposed dam or impounding structure: \_\_\_\_\_ height; \_\_\_\_\_ length

vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): \_\_\_\_\_

## D.2. Project Operations

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? ☐ Yes ☒ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☒ 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: \_\_\_\_\_ 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: \_\_\_\_\_
- 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: \_\_\_\_\_
- Source(s) of supply for the district: \_\_\_\_\_

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: \_\_\_\_\_ 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): \_\_\_\_\_

iii. Will the proposed action use any existing public wastewater treatment facilities?

☐ Yes ☐ No

If Yes:

- Name of wastewater treatment plant to be used: \_\_\_\_\_
- Name of 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"> <li>• Do existing sewer lines serve the project site? _____</li> <li>• Will line extension within an existing district be necessary to serve the project? _____</li> </ul> <p>If Yes:</p> <ul style="list-style-type: none"> <li>• Describe extensions or capacity expansions proposed to serve this project: _____</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? _____	
If Yes: <ul style="list-style-type: none"> <li>• Applicant/sponsor for new district: _____</li> <li>• Date application submitted or anticipated: _____</li> <li>• What is the receiving water for the wastewater discharge? _____</li> </ul>	
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): _____	
vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____	
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? _____	
If Yes: <ul style="list-style-type: none"> <li>i. How much impervious surface will the project create in relation to total size of project parcel?                  _____ Square feet or _____ acres (impervious surface)                  _____ Square feet or _____ acres (parcel size)</li> <li>ii. Describe types of new point sources. _____</li> <li>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)? _____</li> </ul>	
<ul style="list-style-type: none"> <li>• If to surface waters, identify receiving water bodies or wetlands: _____</li> <li>• Will stormwater runoff flow to adjacent properties? _____</li> </ul>	
iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? _____	
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? _____	
If Yes, identify: <ul style="list-style-type: none"> <li>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____</li> <li>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____</li> <li>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____</li> </ul>	
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? _____	
If Yes: <ul style="list-style-type: none"> <li>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) _____</li> <li>ii. In addition to emissions as calculated in the application, the project will generate:             <ul style="list-style-type: none"> <li>• _____ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)</li> <li>• _____ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)</li> <li>• _____ Tons/year (short tons) of Perfluorocarbons (PFCs)</li> <li>• _____ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)</li> <li>• _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)</li> <li>• _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)</li> </ul> </li> </ul>	

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? ☐ Yes ☒ No

If Yes:

i. Estimate methane generation in tons/year (metric): \_\_\_\_\_

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): \_\_\_\_\_

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i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? ☐ Yes ☒ No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): \_\_\_\_\_

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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? ☐ Yes ☒ No

If Yes:

i. When is the peak traffic expected (Check all that apply): ☐ Morning ☐ Evening ☐ Weekend  
☐ Randomly between hours of \_\_\_\_\_ to \_\_\_\_\_.

ii. For commercial activities only, projected number of semi-trailer truck trips/day: \_\_\_\_\_

iii. Parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Net increase/decrease \_\_\_\_\_

iv. Does the proposed action include any shared use parking? ☐ Yes ☐ No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: \_\_\_\_\_

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vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? ☐ Yes ☐ No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? ☐ Yes ☐ No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? ☐ Yes ☐ No

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k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? ☒ Yes ☐ No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: \_\_\_\_\_  
166 kwh/yr

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other):  
local grid/utility

iii. Will the proposed action require a new, or an upgrade to, an existing substation? ☐ Yes ☒ No

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l. Hours of operation. Answer all items which apply.

i. During Construction:		ii. During Operations:	
• Monday - Friday:	Business Hours _____	• Monday - Friday:	24 hrs _____
• Saturday:	Business Hours _____	• Saturday:	24 hrs _____
• Sunday:	Business Hours _____	• Sunday:	24 hrs _____
• Holidays:	Business Hours _____	• Holidays:	24 hrs _____



<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Describe: _____</p> <p>_____</p>	
<p>n.. Will the proposed action have outdoor lighting? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Describe: _____</p> <p>_____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures:</p> <p>_____</p> <p>_____</p> <p>_____</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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></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>_____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Describe proposed treatment(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></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)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></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"> <li>• Construction: _____ tons per _____ (unit of time)</li> <li>• Operation : _____ tons per _____ (unit of time)</li> </ul> <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"> <li>• Construction: _____</li> <li>• Operation: _____</li> </ul> <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> <li>• Construction: _____</li> <li>• Operation: _____</li> </ul>	

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: \_\_\_\_\_

ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_

iii. Specify amount to be handled or generated \_\_\_\_\_ 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: \_\_\_\_\_

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): \_\_\_\_\_

ii. If mix of uses, generally describe: \_\_\_\_\_

b. Land uses and covertypes on the project site.

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces			No Change
• Forested			No Change
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			No Change
• Agricultural (includes active orchards, field, greenhouse etc.)			No Change
• Surface water features (lakes, ponds, streams, rivers, etc.)			No Change
• Wetlands (freshwater or tidal)			No Change
• Non-vegetated (bare rock, earth or fill)			No Change
• Other Describe: _____			No Change

c. Is the project site presently used by members of the community for public recreation? ☐ Yes ☒ No  
i. If Yes: explain: \_\_\_\_\_

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? ☒ Yes ☐ No  
If Yes,  
i. Identify Facilities:  
Horseheads High School  
\_\_\_\_\_

e. Does the project site contain an existing dam? ☐ Yes ☒ No  
If Yes:  
i. Dimensions of the dam and impoundment:  
• 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: \_\_\_\_\_  
\_\_\_\_\_

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? ☐ Yes ☒ No  
If Yes:  
i. Has the facility been formally closed? ☐ Yes ☐ No  
• If yes, cite sources/documentation: \_\_\_\_\_  
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: \_\_\_\_\_  
\_\_\_\_\_

iii. Describe any development constraints due to the prior solid waste activities: \_\_\_\_\_  
\_\_\_\_\_

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? ☐ Yes ☒ No  
If Yes:  
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: \_\_\_\_\_  
\_\_\_\_\_

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? ☐ Yes ☒ No  
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: ☐ Yes ☐ No  
☐ Yes – Spills Incidents database Provide DEC ID number(s): \_\_\_\_\_  
☐ Yes – Environmental Site Remediation database Provide DEC ID number(s): \_\_\_\_\_  
☐ Neither database  
ii. If site has been subject of RCRA corrective activities, describe control measures: \_\_\_\_\_  
\_\_\_\_\_

iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? ☒ Yes ☐ No  
If yes, provide DEC ID number(s): 808011, 808028  
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): \_\_\_\_\_  
\_\_\_\_\_

v. Is the project site subject to an institutional control limiting property uses? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	
<ul style="list-style-type: none"><li>If yes, DEC site ID number: _____</li><li>Describe the type of institutional control (e.g., deed restriction or easement): _____</li><li>Describe any use limitations: _____</li><li>Describe any engineering controls: _____</li><li>Will the project affect the institutional or engineering controls in place? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></li><li>Explain: _____ _____ _____</li></ul>	
<b>E.2. Natural Resources On or Near Project Site</b>	
a. What is the average depth to bedrock on the project site?	_____ >6 feet
b. Are there bedrock outcroppings on the project site? If Yes, what proportion of the site is comprised of bedrock outcroppings?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ %
c. Predominant soil type(s) present on project site:	HoA - Howard gravelly silt loam _____ % _____ % _____ %
d. What is the average depth to the water table on the project site? Average:	_____ >6 feet
e. Drainage status of project site soils:	<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:	<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? If Yes, describe:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ _____
h. Surface water features.	
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 or ii, continue. If No, skip to E.2.i.	
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:	
<ul style="list-style-type: none"><li>Streams: Name _____ Classification _____</li><li>Lakes or Ponds: Name _____ Classification _____</li><li>Wetlands: Name _____ Approximate Size _____</li><li>Wetland No. (if regulated by DEC) _____</li></ul>	
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:	
i. Name of aquifer: Principal Aquifer, Primary Aquifer _____	

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





Date: November 12, 2021



Dogwood Towers  
4915 Auburn Ave, Suite 208  
Bethesda, MD 20814  
(716) 605-9000

Albul Engineering LLC  
3840 E. Robinson Road  
Amherst, NY 14228  
(716) 650-8147  
dalbul@albuleng.com

<b>Subject:</b>	<b>Tower Structural Analysis Report</b>	
<b>Dish Wireless:</b>	<b>Site Number:</b>	SYSYR00269A
<b>Dogwood Towers:</b>	<b>Site Number:</b>	COR-797
	<b>Site Name:</b>	Horseheads South
<b>Albul Engineering:</b>	<b>Project Number:</b>	29693.6185.01.Q11191.1
<b>Site Data:</b>	<b>901 Lackawanna Avenue, Horseheads, NY, Chemung County</b> <b>Latitude: 42° 09' 28.71", Longitude: -76° 49' 43.54"</b> <b>150-Foot-Tall Self-Support Tower</b>	

To whom it may concern,

Per your request, Albul Engineering has performed a structural analysis to determine the structural integrity of the above mentioned tower for the addition of wireless telecommunication appurtenances by Dish Wireless. The analysis has been performed in accordance with the 2020 New York State Uniform Code (2018 IBC) based upon an ultimate 3-second gust wind speed of 111 mph. Exposure Category C with a topographic category 1 and crest height of 0 feet, and Risk Category II were used in this analysis.

Upon reviewing the results of this analysis, it is our opinion that the existing tower and its foundation do meet the specified TIA code requirements. The tower and its foundation are **adequate** to support the existing and proposed loading as listed in this report.

We at Albul Engineering appreciate the opportunity of providing our continuing professional services to Dogwood Towers and Dish Wireless. If you have any questions or need further assistance on this or any other projects, please give us a call.

Sincerely,

Dmitriy Albul, P.E.  
Director of Engineering



11-12-21



DISH Wireless L.L.C. SITE ID:  
SYSYR00269A

DISH Wireless L.L.C. SITE ADDRESS:  
901 LACKAWANNA AVE.  
HORSEHEADS, NY 14845

#### CODE OF COMPLIANCE

ALL WORK SHALL BE PERFORMED AND MATERIALS INSTALLED IN ACCORDANCE WITH THE CURRENT EDITIONS OF THE FOLLOWING CODES AS ADOPTED BY THE LOCAL GOVERNING AUTHORITIES. NOTHING IN THESE PLANS IS TO BE CONSTRUED TO PERMIT WORK NOT CONFORMING TO THESE CODES:

CODE TYPE	CODE
BUILDING	2020 BUILDING CODE OF NEW YORK STATE / IBC 2018
MECHANICAL	2020 MECHANICAL CODE OF NYS / IMC 2018
ELECTRICAL	2017 NEC

#### SHEET INDEX

SHEET NO.	SHEET TITLE
T-1	TITLE SHEET
A-1	OVERALL AND ENLARGED SITE PLAN
A-2	ELEVATION, ANTENNA LAYOUT AND SCHEDULE
A-3	EQUIPMENT PLATFORM AND H-FRAME DETAILS
A-4	EQUIPMENT DETAILS
A-5	EQUIPMENT DETAILS
A-6	EQUIPMENT DETAILS
E-1	ELECTRICAL/FIBER ROUTE PLAN AND NOTES
E-2	ELECTRICAL DETAILS
E-3	ELECTRICAL ONE-LINE, FAULT CALCS & PANEL SCHEDULE
G-1	GROUNDING PLANS AND NOTES
G-2	GROUNDING DETAILS
G-3	GROUNDING DETAILS
RF-1	RF CABLE COLOR CODE
RF-2	RF PLUMBING DIAGRAM
RF-3	RF PLUMBING DIAGRAM
GN-1	LEGEND AND ABBREVIATIONS
GN-2	GENERAL NOTES
GN-3	GENERAL NOTES
GN-4	GENERAL NOTES

#### SCOPE OF WORK

THIS IS NOT AN ALL INCLUSIVE LIST. CONTRACTOR SHALL UTILIZE SPECIFIED EQUIPMENT PART OR ENGINEER APPROVED EQUIVALENT. CONTRACTOR SHALL VERIFY ALL NEEDED EQUIPMENT TO PROVIDE A FUNCTIONAL SITE. THE PROJECT GENERALLY CONSISTS OF THE FOLLOWING:

TOWER SCOPE OF WORK:  
INSTALL (3) PROPOSED PANEL ANTENNAS (1 PER SECTOR)  
INSTALL (3) PROPOSED ANTENNA MOUNTS (1 PER SECTOR)  
INSTALL PROPOSED JUMPERS  
INSTALL (6) PROPOSED RRUs (2 PER SECTOR)  
INSTALL (1) PROPOSED OVER VOLTAGE PROTECTION DEVICE (OVP)  
INSTALL (1) PROPOSED HYBRID CABLE

GROUND SCOPE OF WORK:  
INSTALL (1) PROPOSED METAL PLATFORM  
INSTALL (1) PROPOSED ICE BRIDGE  
INSTALL (1) PROPOSED PPC CABINET  
INSTALL (1) PROPOSED EQUIPMENT CABINET  
INSTALL (1) PROPOSED POWER CONDUIT  
INSTALL (1) PROPOSED TELCO CONDUIT  
INSTALL (1) PROPOSED TELCO-FIBER BOX  
INSTALL (1) PROPOSED GPS UNIT  
INSTALL (1) PROPOSED SAFETY SWITCH (IF REQUIRED)  
INSTALL (1) PROPOSED FIBER NID (IF REQUIRED)  
INSTALL (1) PROPOSED METER

#### SITE PHOTO



UNDERGROUND SERVICE ALERT  
UTILITY NOTIFICATION CENTER OF NEW YORK  
(800) 962-7962  
WWW.NY811.ORG



CALL 2 TO 10 WORKING DAYS UTILITY NOTIFICATION PRIOR TO CONSTRUCTION

#### GENERAL NOTES

THE FACILITY IS UNMANNED AND NOT FOR HUMAN HABITATION. A TECHNICIAN WILL VISIT THE SITE AS REQUIRED FOR ROUTINE MAINTENANCE. THE PROJECT WILL NOT RESULT IN ANY SIGNIFICANT DISTURBANCE OR EFFECT ON DRAINAGE. NO SANITARY SEWER SERVICE, POTABLE WATER, OR TRASH DISPOSAL IS REQUIRED AND NO COMMERCIAL SIGNAGE IS PROPOSED.

11"x17" PLOT WILL BE HALF SCALE UNLESS OTHERWISE NOTED

CONTRACTOR SHALL VERIFY ALL PLANS, EXISTING DIMENSIONS, AND CONDITIONS ON THE JOB SITE, AND SHALL IMMEDIATELY NOTIFY THE ENGINEER IN WRITING OF ANY DISCREPANCIES BEFORE PROCEEDING WITH THE WORK.

#### SITE INFORMATION

PROPERTY OWNER: KANE PROPERTIES, LLC.  
ADDRESS: 901 LACKAWANNA AVE.  
HORSEHEADS, NY 14845

TOWER TYPE: SELF-SUPPORT

TOWER CO SITE ID: DOGWOOD BOWMAN

TOWER APP NUMBER: COR-797

COUNTY: CHEMUNG

LATITUDE (NAD 83): 42° 09' 28.7" N  
42.157976 N

LONGITUDE (NAD 83): 76° 49' 43.5" W  
-76.828761 W

ZONING JURISDICTION: VILLAGE OF HORSEHEADS

ZONING DISTRICT: (M-1) INDUSTRIAL

PARCEL NUMBER: 59.13-3-2

OCCUPANCY GROUP: U

CONSTRUCTION TYPE: V-B

POWER COMPANY: NYSEG

TELEPHONE COMPANY: FIRSTLIGHT

#### PROJECT DIRECTORY

APPLICANT: DISH Wireless L.L.C.  
5701 SOUTH SANTA FE DRIVE  
LITTLETON, CO 80120

TOWER OWNER: DOGWOOD TOWERS  
4915 AUBURN AVENUE, SUITE 208  
BETHESDA, MD 20814  
(716) 806-8000

SITE DESIGNER: CARPENTER CONSULTING GROUP  
17 INDUSTRIAL STREET  
ROCHESTER, NY 14614  
(585) 360-2733

SITE ACQUISITION: CHELSEA WALTERS

CONSTRUCTION MANAGER: PATRICK HOUSE

RF ENGINEER: UMAR KHAN

#### DIRECTIONS

DIRECTIONS FROM GREATER ROCHESTER INTERNATIONAL AIRPORT:

HEAD EAST ON AIRPORT RD TOWARD E AIRPORT RD. KEEP RIGHT TO STAY ON AIRPORT RD. TURN RIGHT ONTO NY-204 / BROOKS AVE TOWARD ROCHESTER. TAKE THE RAMP ON THE RIGHT AND FOLLOW SIGNS FOR I-190 SOUTH. KEEP RIGHT TO STAY ON I-190 S. KEEP STRAIGHT TO GET ONTO I-190 E / NY-17 E / NY-15 S. AT EXIT 53, HEAD RIGHT ON THE RAMP FOR FAIRPORT LN TOWARD HORSEHEADS. TURN RIGHT ONTO CENTER ST. TURN RIGHT ONTO CHEMUNG ST. TURN RIGHT ONTO LACKAWANNA AVE. TURN RIGHT TO STAY ON LACKAWANNA AVE.

#### VICINITY MAP



5701 SOUTH SANTA FE DRIVE  
LITTLETON, CO 80120



17 INDUSTRIAL STREET  
ROCHESTER, NY 14614



IT IS A VIOLATION OF LAW FOR ANY PERSON, UNLESS THEY ARE ACTING UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER, TO ALTER THIS DOCUMENT.

DRAWN BY: DRB  
CHECKED BY: DWK  
APPROVED BY: DWK

RFDS REV #: 1

#### CONSTRUCTION DOCUMENTS

REV	DATE	DESCRIPTION
A	12/14/2021	ISSUED FOR REVIEW
B	12/20/2021	UPDATED PER STRUCTURAL

A&E PROJECT NUMBER  
21-D-102

DISH Wireless L.L.C.  
PROJECT INFORMATION

SYSYR00269A  
901 LACKAWANNA AVE.  
HORSEHEADS, NY 14845

SHEET TITLE  
TITLE SHEET

SHEET NUMBER

T-1