

May 23, 2011

From:

Loren V. Allen  
Rhonda Hall-Allen  
10672 County Rte 125  
Chaumont, NY 13622  
315-649-2609 home phone  
315-778-7683 cell

To: City Of Watertown  
Zoning Variance



Letter of Intent

Proposal to establish Allen's Florist and Pottery Shop, location at 1092 Coffeen St. Watertown, NY 13601. The current address site consist of a two story building, which is small a total of approx. 860 square feet. The plan is to add a one story addition onto the existing structure. The proposal is to utilize the main floor for a business—a total of approximately 1116 square feet of business space will be used after the addition has been added. The parking lot is currently under developed with limited parking, tall overgrown grasses and weeds. The parking lot can be graded and leveled to offer a safer parking area and a more convenient space availability to ensure business plan to continue. The current location once all upgrades and addition have been completed will enhance the city environment.

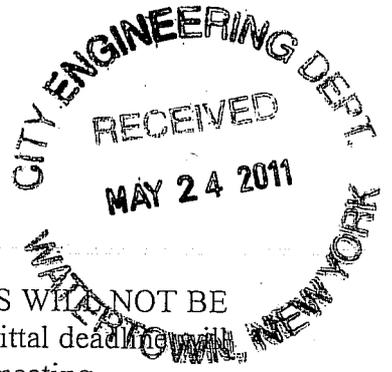
Thank You  
Loren and Rhonda

*Loren Allen*  
*Rhonda Hall-Allen*



1869

CITY OF WATERTOWN  
SITE PLAN WAIVER  
AND  
SHORT ENVIRONMENTAL  
ASSESSMENT FORM, PART 1



\*\* Provide responses for all sections. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. Failure to submit required information by the submittal deadline result in **not** making the agenda for the upcoming Planning Board meeting.

**PROPERTY LOCATION**

Proposed Project Name: Loren V. Allen  
Tax Parcel Number: 8-32-101  
Property Address: 1092 Coffeen St Watertown, NY 13601  
Existing Zoning Classification: NB - Nbhd Business

**OWNER OF PROPERTY**

Name: Loren V. Allen + Rhonda Hall-Allen  
Address: 10672 County Rte 125  
Chaumont, NY 13622  
Telephone Number: 315-778-7683  
Fax Number: \_\_\_\_\_

**APPLICANT**

Name: same  
Address: same  
Telephone Number: Home Phone 315-649-2609  
Fax Number: \_\_\_\_\_  
Email Address: rhonda561@hotmail.com

**ENGINEER / ARCHITECT / LAND SURVEYOR**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PROJECT DESCRIPTION**

Describe project and proposed use briefly:

Add an addition to existing building.  
Addition size 18'x32', total of 576 Sq. ft.  
and a basement same size. Grade existing  
parking to remove junk and debris.

\* Business will be held in 1st floor of 1116 sq  
ft. Florist and Pottery Shop.

Proposed building area: 1<sup>st</sup> Floor 576 Sq. Ft.  
2<sup>nd</sup> Floor \_\_\_\_\_ Sq. Ft.  
3<sup>rd</sup> Floor \_\_\_\_\_ Sq. Ft.  
Total \_\_\_\_\_ Sq. Ft.

Area of building to be used for the boiler room, heat facilities, utility facilities  
and storage: Already existing, \_\_\_\_\_ Sq. Ft.

Number of parking spaces proposed: 15-18

Construction Schedule: Upon city approval,

Hours of Operation: After 5 pm or weekends,

Volume of traffic to be generated: 2 vehicles, \_\_\_\_\_ ADT

## REQUIRED DRAWINGS:

\*\* The following drawings with the listed information **ARE REQUIRED, NOT OPTIONAL**. If the required information is not included and/or addressed, the Site Plan Application will **not** be processed.

**ELECTRONIC COPY OF ENTIRE SUBMISSION** (PDF preferred)

**SITE PLAN SKETCH**

Pertinent existing above ground features are shown and labeled including, but not limited to, buildings, parking spaces, driveways, sidewalks, streets etc.

All proposed above ground features are shown and clearly labeled "proposed".

Land use, zoning, & tax parcel number are shown.

The Plan is adequately dimensioned including radii.

All vehicular & pedestrian traffic circulation is shown.

Proposed parking & loading spaces including ADA accessible spaces are shown and labeled.

Refuse Enclosure Area (Dumpster), if applicable, is shown. Section 161-19.1 of the Zoning Ordinance states, "No refuse vehicle or refuse container shall be parked or placed within 15 feet of a party line without the written consent of the adjoining owner, if the owner occupies any part of the adjoining property".

The north arrow & graphic scale are shown.

**GENERAL INFORMATION**

Signage will not be approved as part of this submission. It requires a sign permit from the Codes Department. See Section 310-52.2 of the Zoning Ordinance.

Plans have been collated and properly folded.

Explanation for any item not checked in the Site Plan Waiver Checklist.  
(Attach separate sheet with explanation and comments)

Completed SEQR – Short Environmental Assessment Form – Part I.

\*A copy of the SEQR Form can be obtained from the City of Watertown website.

## SIGNATURE

I certify that the information provided above is true to the best of my knowledge.

Applicant (please print) Loren V. Allen

Applicant Signature Loren V. Allen Date: 5-20-11

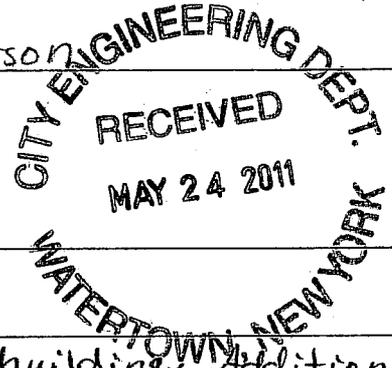


SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR <u>LOREN V. ALLEN</u>	2. PROJECT NAME <u>Allen's Florist and Pottery Shop</u>
3. PROJECT LOCATION: Municipality <u>1092 Coffeen St Watertown NY</u> County <u>Jefferson</u>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <u>1092 Coffeen St corner of HyCliff St.</u>	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: <u>Add an addition to existing building. Addition size 18'x32' total addition 576 Sq ft, and a basement the same size. Grade existing parking area to level, remove junk like high grasses and weeds. Business will be held in 1st floor of 1116 Sq ft.</u>	
7. AMOUNT OF LAND AFFECTED: Initially <u>.25</u> acres Ultimately <u>.25</u> acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals <u>Jefferson County Building Permit.</u>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency(s) and permit/approvals	
12. AS A RESULT OF PROPOSED ACTION, WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: <u>Loren V. ALLEN</u> Date: <u>5-23-11</u> Signature: <u>Loren V. Allen</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 – ENVIRONMENTAL ASSESSMENT / To be completed by Agency**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12? 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 patterns, 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 CEA?  
 Yes     No

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.

- 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

\_\_\_\_\_ 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)

\_\_\_\_\_ Date