

SUBDIVISION / LOT LINE PRELIMINARY PLAT PLAN APPLICATION

Type of Application:

- Conventional Subdivision
- Conservation Subdivision
- Transfer of Development Rights
- Lot Line Change

- Limited Development Subdivision
- Small Scale Development
- Resort Development
- Mixed Use Institutional Conversion

Grid Number: 132000-7266-00-340380-0000
132000-7266-00-165686-0000

Current Use(s): RURAL RESIDENTIAL & AGRICULTURAL

Name of Subdivision: LEVIN LOT LINE CHANGE

Proposed Use(s): NO CHANGE

Property Address: 189 AMENIA UNION ROAD
AMENIA, NY 12501

Parcel Size: 61.896 ACRES AND 554.074 ACRES AFTER LINE CHANGE

Filed Map No. _____

Number of Lots Proposed BOUNDARY LINE CHANGE BETWEEN
2 PARCELS, NO NEW LOTS

Date of Discussion/Sketch Plan Review: _____

Primary Contact Person:

KIRK HORTON, LAND SURVEYOR

Additional approvals or permits required for project: _____

Address: 9 BROADWAY

AMENIA, NY 12501

Telephone Number: 845 475-7829

Email: KIRKHORTON@AOL.COM

The undersigned hereby makes application in accordance with all applicable laws and other requirements of the Town of Amenia, Dutchess County, New York.

Date: 12/26/23

Kirk Horton
Signature of Applicant

TOWN OF AMENIA
ESCROW FOR PROFESSIONAL SERVICES

Date: 12/23/2023

Applicant: LAURENCE DeSEGONZAC LEVIN

Project Name: LEVIN LOT LINE CHANGE

Location: 189 AMENIA UNION ROAD

Description of Project: TRANSFER 88.474 ACRES FROM TAX PARCEL
132000-7266-00-340380-000 TO PARCEL 132000-7266-00-165686-0000

Amount Requested: \$ 2,500.00 Minimum Balance: \$ _____

The Town of Amenia PLANNING Board is currently reviewing your application for _____. This Board is requesting that you place in escrow sufficient funds to be used to defray reasonable costs incurred by the Town for professional services and inspections required throughout the entire review process, as authorized by the Town Code of the Town of Amenia.

You will also be charged a monthly \$ _____ administrative fee to cover the fair and reasonable costs of maintaining that account, processing invoices requesting payments from that account, sending you copies of those invoices, reconciling that account, and responding to any inquiries that you may have regarding that account. If you have any questions regarding this escrow account, please contact _____.

Based on estimated review costs, you are requested to deposit \$ _____ in the escrow account. Should the balance of this account fall below \$ _____, you will be notified and requested to replenish the account to the requested amount.

This escrow account does not provide for the other development, application and filing fees set forth in the Town of Amenia Town Code and Schedule of Fees. The applicant must make timely, direct payment of those other fees as a prerequisite to continued review of the application.

All parties agree to the terms and conditions stated herein.

Town of Amenia _____ Board
By:

Applicant: _____
By:

Laurence DeSegonzac Levin

Town of Amenia Planning Board

Town of Amenia

P.O. Box 126

Amenia NY 12501

(845) 873-0860 • (845) 872-9171

AUTHORIZATION OF AGENT

Michael S. Levin

I, L. DESEGONZAC LEVIN

, am the owner of the property

located at 189 AMENIA UNION ROAD

, Amenia, New York, identified as Grid

Number 132000-7266-00-340380-0000

132000-7266-00-165686-0000

I hereby authorize KIRK HORTON, LAND SURVEYOR

to act as my agent in an

application to the Town of Amenia Planning Board for LEVIN SUBDIVISION

(Name of Project)

Print name LAURENCE DESEGONZAC LEVIN

Signature *Laurence Levin*

Date 12/17/23

Michael Levin
MICHAEL LEVIN

Town of Amenia Planning Board

Town of Amenia

Amenia NY 12501

(845) 373-0000
(845) 373-3147

The undersigned hereby makes application in accordance with all applicable laws and other requirements of the Town of Amenia, Dutchess County, New York. All owners of record must sign.

Ida Segonne Levin
Signature of Record Owner

Date: 12/17/23

Michael S. Levin
Signature of Record Owner

Date: 12-17-23

Signature of Applicant (if different)

Date: _____

Date stamp of submission
(Office Use Only)

Town of Amenia
12501
Amenia, NY 12501

Town of Amenia Planning Board

(845) 875-8389 / (845) 875-0145 fax

SUBDIVISION FINAL PLAT PLAN APPLICATION

Type of Application:

- Conventional Subdivision
- Limited Development Subdivision
- Conservation Subdivision
- Small Scale Development
- Transfer of Development Rights
- Resort Development
- Lot Line Change
- Mixed Use Institutional Conversion

Grid Number: 132000-7266-00-340380-0000
132000-7266-00-165686-0000

Current Use(s): RURAL RESIDENTIAL & AGRICULTURAL

Proposed Use(s): NO CHANGE

Name of Subdivision: LEVIN LOT LINE CHANGE

Parcel Size: 61.896 ACRES AND 554.074 ACRES AFTER LINE CHANGE

Filed Map No. _____

Property Address: 189 AMENIA UNION ROAD
AMENIA, NY 12501

Number of Lots Proposed: BOUNDARY LINE CHANGE BETWEEN
2 PARCELS, NO NEW LOTS

Date of Preliminary Plat Approval: _____

Primary Contact Person:

KIRK HORTON, L.S.

Additional approvals or permits required for project: _____

Address: 9 BROADWAY

AMENIA, NY 12501

Telephone Number: 845 475-7829

Email: KIRKHORTON@AOL.COM

The undersigned hereby makes application in accordance with all applicable laws and other requirements of the Town of Amenia, Dutchess County, New York.

Date: 12/26/23

Kirk Horton
Signature of Applicant

Town of Amenia Planning Board

Town of Amenia

P.O. Box 126

Amenia, NY 12501

(845) 373-8860 / (845) 373-0147 f-

LAND USE APPLICATION

Type of Application: Check all that apply

Site Plan

Special Permit

Zoning Permit

Subdivision

Grid Number(s):

132000-7266-00-340380-0000

132000-7266-00-165686-0000

Name of Project: LEVIN LOT LINE CHANGE

Property Address:

189 AMENIA UNION ROAD

AMENIA, NY 12501

Primary Contact Person:

KIRK HORTON, LAND SURVEYOR

Address: 9 BROADWAY

AMENIA, NY 12501

Telephone Number: 845 475-7829

Email: KIRKHORTON@AOL.COM

Name of Property Owner:

MICHAEL S. LEVIN & LAURENCE DE SEGONZAC-LEVIN

Address: 189 AMENIA UNION ROAD

AMENIA, NY 12501

Telephone Number:

845 373-9873

Name of Applicant (if different):

Address: _____

Telephone Number: _____

Email: _____

Relationship of Applicant to Owner (e.g. *contract vendee, option holder, lessee*): _____

Plans Prepared By:

Name: KIRK HORTON, L.S.

Address: 9 BROADWAY

AMENIA, NY 12501

Telephone Number: 845 475-7829

E-mail: KIRKHORTON@AOL.COM

Zoning District(s): RAX , RR __, HM __, HR __, SR __, HC __,
OC __, M __

Overlay District(s) (if any): Floodplain , Stream Corridor ,
Scenic Protection , Aquifer , Mixed-Use Institutional __,
Soil Mining __, Historic Preservation __, Mobile Home Park __,
Resort Development __

Current Use(s): RURAL RESIDENTIAL & AGRICULTURAL

Proposed Use(s): NO CHANGE

Parcel Size: 61.896 ACRES AND 554,074 ACRES AFTER LINE CHANGE

Type of Activity: New structure __, Alteration of existing
structure __, Expansion of use or structure __,

Change of use in existing structure __, Subdivision

Total Square Footage of Structures:

Current 17,023 Proposed NO CHANGE

Footprint of Structures: 17,023 SQ. FT.

Deed Reference: Liber 1711

Page 844

Date 6/20/1986

Filed Map Reference: Lot # _____ Map # _____

Does the property contain a farm operation located within an
agricultural district or is the property boundary within 500
feet of a farm operation located in an agricultural district:

yes no

If yes, submit an Agricultural Data Statement.

Will the development be phased? Yes ___ No

If yes, how many phase.? _____

Is there an existing Special Permit, Site Plan and/or

Subdivision approval for the property? Yes ___ No

If yes, provide certified copies of those existing approvals
with this application.



TOWN OF AMENIA

PO BOX 126 AMENIA, NY 12501
FAX: 514-373-9147

Agricultural Data Statement

1. Applicant Name LAURENCE DeSEGONZAC LEVIN
 Address 189 AMENIA UNION ROAD
AMENIA, NY 12501

2. Application Type (check all that apply)
 Subdivision
 Site Plan
 Special Use Permit

3. Does the application include land that contains a farm operation* within an Agricultural District? Yes No

4. Does the application include lands within 500 feet of a farm operation* within an Agricultural District? Yes No

5. If you answered yes to questions 3 or 4, provide the name and address of the owners of land containing the farm operation below and attach a tax or other map to this sheet with the farm operation indicated, along with the Section, Block, and Lot number for the farm operation parcel:

7266-00-340380-0000 MICHAEL S. LEVIN & LAURENCE DE SEGONZAC-LEVIN

7266-00-165686-0000 MICHAEL S. LEVIN

7266-00-914323-0000 MICHAEL S. LEVIN

7266-00-130265-0000 CHARLOTTE'S WEB LLC

SEE ATTCHED TAX MAP SKETCH FOR ADDITIONAL AG PARCELS

6. Provide a description of your project and attach a separate map showing the entire property that is included in your application.

LOT LINE CHANGE TRANSFERRING 88.474 ACRES FROM TAX PARCEL 132000-7266-00-340380-0000
TO PARCEL 132000-7266-00-165686-0000

* Farm operation means the land used in agriculture production, farm buildings, equipment and farm related buildings.

165686
AG-21

MICHAEL S. LEVIN
189 AMENIA UNION ROAD
AMENIA, NY 12501

AG-21
DAMIEN GUTERREZ
& JEANNE GUTERREZ
P.O. BOX 359
WASSAIC, NY 12592

459537

458468

SITE

340380
AG-21

MICHAEL S. LEVIN & LAURENCE DE SECONZAC-LEVIN
189 AMENIA UNION ROAD
AMENIA, NY 12501

914323
AG-21

MICHAEL S. LEVIN
189 AMENIA UNION ROAD
AMENIA, NY 12501

130265
AG-21

CHARLOTTE'S WEB LLC
70 CLAPBOARD RIDGE ROAD
GREENWICH, CT 06830

483310
AG-21

MICHAEL S. LEVIN &
LAURENCE DE SECONZAC-LEVIN
189 AMENIA UNION ROAD
AMENIA, NY 12501

020149

120110

195165

P2165

AMENIA

P281219

400130
AG-21

MICHAEL CULVER & MICHELE BROWN
P.O. BOX 332
S. LONDONDERRY, VT 05155

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Levin Subdivision - Kirk Horton, Sponsor			
Name of Action or Project: LEVIN SUBDIVISION			
Project Location (describe, and attach a location map): 189 AMENIA UNION ROAD, AMENIA, NY 12501			
Brief Description of Proposed Action: BOUNDARY LINE CHANGE; TAX PARCEL 132000-7266-00-340380-000 (150.370 ACRES) IS TRANSFERRING 88.474 ACRES TO NEIGHBORING TAX PARCEL 132000-7266-00-165686-0000 (465.60 ACRES) RESULTING IN A 61.896 ACRE PARCEL AND A 554.074 ACRE PARCEL.			
Name of Applicant or Sponsor: KIRK HORTON (SPONSOR)		Telephone: 845 475-7829	
		E-Mail: KIRKHORTON@AOL.COM	
Address: 9 BROADWAY			
City/PO: AMENIA		State: NY	Zip Code: 12501
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		150.370 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?		1050 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			


5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ EXISTING WELLS ARE IN USE, THERE'S NO CHANGE IN USE FROM THIS ACTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ PRIVATE WASTEWATER TREATMENT SYSTEMS ARE ALREADY IN USE, NO CHANGE BECAUSE OF THIS ACTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input checked="" type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered? Timber Rattlesnake, Dwarf W...	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input type="checkbox"/>

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>KIRK HORTON (SPONSOR)</u> Date: <u>12/11/2023</u>		
Signature: <u></u> Title: <u>LAND SURVEYOR</u>		

PRINT FORM

Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NOAA, Esri Japan, METI, Esri Korea, Esri Thailand, NGS, IGN, OpenStreetMap contributors, and the GIS User Community

- Part 1 / Question 7 [Critical Environmental Area] No
- Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites] Yes
- Part 1 / Question 12b [Archeological Sites] Yes
- Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies] Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
- Part 1 / Question 15 [Threatened or Endangered Animal] Yes
- Part 1 / Question 15 [Threatened or Endangered Animal - Name] Timber Rattlesnake, Dwarf Wedgemussel
- Part 1 / Question 16 [100 Year Flood Plain] Yes
- Part 1 / Question 20 [Remediation Site] No

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

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? Yes No If yes, coordinate the review process and use the FULL EAF

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 resource? 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)

Reset