



Meeting Agenda - Final

Tuesday, December 9, 2025

7:00 PM

City Hall – City Council Chambers 4th Floor

City Council of Yonkers Stated Meeting

**PRESENT: PRESIDENT OF THE COUNCIL
LAKISHA COLLINS-BELLAMY**

DISTRICT:

4	MAJORITY LEADER JOHN RUBBO
1	MAJORITY WHIP DEANA R. NORMAN
5	MINORITY LEADER MICHAEL B. BREEN

COUNCIL MEMBERS:

DISTRICT:

2	CORAZON PINEDA-ISAAC
3	TASHA DIAZ
6	ANTHONY MERANTE

Roll Call

Recitation of the Pledge of Allegiance to the Flag followed by a minute of silence to invoke God's guidance and Blessing upon our deliberations.

Minutes of the Stated Meeting held on November 25, 2025 approved by Majority
Leader Rubbo.

COMMUNICATIONS FROM CITY OFFICIALS

COMMUNICATIONS - GENERAL

COMMITTEE OF THE WHOLE

INDEX

1. RESOLUTION APPROVING AN AGREEMENT BETWEEN THE CITY OF YONKERS AND LOCAL 456, INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 2. RESOLUTION TO DESIGNATE ORANGE BANK AND TRUST COMPANY AS A BANK PERMITTED TO DO BUSINESS WITH THE CITY OF YONKERS.
 3. A RESOLUTION BY THE CITY COUNCIL OF THE CITY OF YONKERS, PURSUANT TO ARTICLES VII AND IX OF THE CITY'S ZONING ORDINANCE, TO APPROVE A SITE PLAN AND SPECIAL USE PERMIT APPLICATION TO DEMOLISH THE EXISTING CONVENIENCE STORE LOCATED AT BLOCK 5245, LOT 5, ON THE PROPERTY KNOWN AS 1282 MIDLAND AVENUE AKA 838 KIMBALL AVENUE, ZONED "BR" DISTRICT, AND CONSTRUCT A LARGER CONVENIENCE STORE.
 4. RESOLUTION OF THE CITY COUNCIL URGING THE UNITED STATES DEPARTMENT OF EDUCATION TO FOREGO PROPOSED CHANGES TO FEDERAL REGULATIONS THAT WOULD NO LONGER RECOGNIZE NURSING AND OTHER HEALTH-RELATED OCCUPATIONS AS "PROFESSIONAL" AND, AMONG OTHER THINGS, LIMIT THE AVAILABILITY OF, AND ACCESS TO, CRITICAL STUDENT LOAN FUNDS TO THOSE SEEKING EMPLOYMENT IN THOSE ESSENTIAL OCCUPATIONS.
 5. RESOLUTION OF THE CITY COUNCIL DECLARING LEAD AGENCY FOR THE PROPOSED GENERAL ORDINANCE AMENDING CHAPTER 43 OF THE CODE OF THE CITY OF YONKERS TITLED "ZONING" BY AMENDING THE ZONING ORDINANCE OF THE CITY OF YONKERS AND THE ACCOMPANYING ZONING MAP TO RECLASSIFY AND REZONE THE PROPERTIES LOCATED AT: BLOCK 621 LOT 25, BLOCK 622 LOT 11, BLOCK 621 LOT 1, BLOCK 625 LOT 1, BLOCK 625 LOT 100 RESPECTIVELY FROM I DISTRICT TO D-MX DISTRICT AND FOR CORRESPONDING AMENDMENTS TO THE ZONING ORDINANCE, AMENDING ATTACHMENTS 13,14, 15,16, AND FURTHER THAT THE PROPOSED AMENDMENT BE REFERRED TO THE WESTCHESTER COUNTY PLANNING BOARD IN ACCORDANCE WITH SECTION 239-M OF THE GENERAL MUNICIPAL LAW, AND SETTING A PUBLIC HEARING ON THIS PROPOSED AMENDMENT
 6. RESOLUTION BY THE CITY COUNCIL OF YONKERS PROCLAIMING AND RECOGNIZING JANUARY 9, 2026 AS "LAW ENFORCEMENT APPRECIATION DAY" THROUGHOUT THE CITY OF YONKERS.
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7. COMMISSIONER OF DEEDS

COMMITTEE REPORTS



RESOLUTION

BY COUNCIL PRESIDENT COLLINS-BELLAMY, MAJORITY LEADER RUBBO, MAJORITY WHIP NORMAN, MINORITY LEADER BREEN, COUNCILMEMBERS, PINEDA-ISAAC, DIAZ AND MERANTE:

RESOLUTION APPROVING AN AGREEMENT BETWEEN THE CITY OF YONKERS AND LOCAL 456, INTERNATIONAL BROTHERHOOD OF TEAMSTERS

WHEREAS, the City of Yonkers and Local 456, International Brotherhood of Teamsters ("Local 456") have agreed to modifications to the collective bargaining agreement that expired on December 31, 2023; and

NOW, THEREFORE, BE IT RESOLVED that the collective bargaining agreement in effect between the City of Yonkers and Local 456 that expired on December 31, 2023, shall be continued for the period from January 1, 2024 through and including December 31, 2028, except as modified by the terms of the attached Memorandum of Agreement dated November 24, 2025, which is hereby approved; and be it further

RESOLVED, that the above constitutes a "Type II" action under the State Environmental Quality Review Act ("SEQRA"), and its implementing regulations, 6 NYCRR Part 617, which is an action determined not to have a significant effect on the environment and therefore does not require further environment review; and be it further

RESOLVED, that the Mayor or his authorized designee is hereby empowered to execute all instruments and take all actions reasonable and necessary to effectuate the purposes hereof.

MEMORANDUM OF AGREEMENT made and entered into this 24th day of November, 2025, by and between the negotiating representatives for Local 456, International Brotherhood of Teamsters ("Union") and the City of Yonkers ("City").

WHEREAS, the Union and City are parties to a collective bargaining agreement that expired on December 31, 2023 ("CBA"); and

WHEREAS, the parties have arrived at a successor agreement covering the period January 1, 2024 through December 31, 2028 ("Agreement" or "MOA").

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties hereby stipulate and agree as follows:

1. The provisions of this MOA are subject to and conditioned upon ratification by the membership of the Union and approval by the Yonkers City Council.
2. The negotiating committees for the Union and the City agree to recommend this MOA for ratification and approval.
3. A copy of this original document has been furnished to the representatives of the Union and the City.
4. All proposals not covered herein that were made by either party during the course of negotiations shall be deemed withdrawn.
5. The provisions of the prior CBA shall remain in force and effect and be carried forward except as modified herein.
6. Except as otherwise noted, all dates involving the duration of the agreement shall be conformed to the duration of this MOA.
7. The term of the successor Agreement shall be January 1, 2024 through December 31, 2028. All provisions of this agreement shall be prospective unless an earlier date is indicated.
8. The CBA is modified as follows:

A. Salary – The salary schedule referred to in Article 5:0 shall be modified as follows:

- (1) Effective January 1, 2024, and retroactive to January 1, 2024, the salary schedules in effect on December 31, 2023 shall be increased by one and three-quarters percent (1.75%). Retroactive payments shall be made as soon as practicable but no later than April 1, 2026.
- (2) Effective January 1, 2025, and retroactive to January 1, 2025, the salary schedules in effect on December 31, 2024 shall be increased by one and

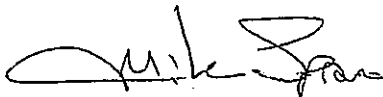
three-quarters percent (1.75%). Retroactive payments shall be made as soon as practicable but no later than April 1, 2026.

- (3) Effective January 1, 2026, the salary schedules in effect on December 31, 2025 shall be increased by two percent (2.00%).
- (4) Effective January 1, 2027, the salary schedules in effect on December 31, 2026 shall be increased by two percent (2.00%).
- (5) Effective January 1, 2028, the salary schedules in effect on December 31, 2027 shall be increased by two and one-half percent (2.50%).
- (6) If, during the term of this agreement, the City agrees to a greater percentage-based general wage increase or other economic benefit for any other bargaining unit, upon finalization of such agreement, the City shall increase the total salary for Union bargaining unit members by the same percentage or provide the same economic benefit to Union bargaining unit members. Economic benefit shall be defined as an increase in wages, longevity, stipends/allowances, premiums/differentials, holidays, sick time, vacation time, personal time, or similar economic benefit. An interest arbitration award in accordance with the Taylor Law shall not be construed to be an agreement.

B. Welfare Fund Provisions –

- (1) Effective January 1, 2024, the City's contribution to the Westchester Teamsters Municipal Welfare Fund shall remain at the rate in effect on December 31, 2023.
 - (2) Effective January 1, 2026, the City's contribution to the Westchester Teamsters Municipal Welfare Fund shall increase in accordance with Article 23.
9. This Agreement may be executed with original signatures in counterparts, or by facsimile or PDF-scanned signatures in counterparts, which will be deemed legally binding as fully as an original signature.

CITY OF YONKERS

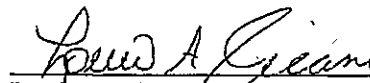


Mayor Mike Spano

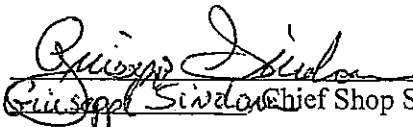


Vincent Toomey, Labor Counsel


LOCAL 456, INTERNATIONAL
BROTHERHOOD OF TEAMSTERS



Louis A. Picani, President/Principal Officer



Giuseppe Sindona, Chief Shop Steward


Bryan T. Amendt, Labor Counsel

Dated:

Dated: 11/24/25



RESOLUTION

BY COUNCIL PRESIDENT COLLINS-BELLAMY, MAJORITY LEADER RUBBO, MAJORITY WHIP NORMAN, MINORITY LEADER BREEN, COUNCILMEMBERS, PINEDA-ISAAC, DIAZ AND MERANTE:

RESOLUTION TO DESIGNATE ORANGE BANK AND TRUST COMPANY AS A BANK PERMITTED TO DO BUSINESS WITH THE CITY OF YONKERS.

WHEREAS, the Commissioner of Finance shall deposit funds into such banks as shall be designated by the City Council; and

WHEREAS, Orange Bank and Trust Company ("Bank") is a wholly owned subsidiary of Orange County Bancorp, Inc., a Delaware bank holding company, which provides commercial and consumer banking services to local municipal governments as well as trust and investment services, and is headquartered in Middletown, New York, with seven locations in Westchester County, Its primary deposit products are checking, savings, and term certificate accounts, and its primary lending products are commercial real estate, commercial and residential mortgage loans; and

WHEREAS, the Commissioner of Finance seeks to have the City Council designate a Bank with which the City may do business.

NOW, THEREFORE BE IT RESOLVED, the City Council of the City of Yonkers hereby designates Orange Bank and Trust Company as a Bank for the City of Yonkers; and be it further

RESOLVED, the Commissioner of Finance or Deputy Commissioner of Finance, and their designees, may undertake any responsibilities as afforded to them by the Charter of the City of Yonkers and the Code of the City of Yonkers to make deposits and withdrawals, or otherwise conduct financial business with the Bank, and be it further

RESOLVED, that this resolution takes effect immediately.



RESOLUTION

BY COUNCIL PRESIDENT COLLINS-BELLAMY, MAJORITY LEADER RUBBO, MAJORITY WHIP NORMAN, MINORITY LEADER BREEN, COUNCILMEMBERS, PINEDA-ISAAC, DIAZ AND MERANTE:

A RESOLUTION BY THE CITY COUNCIL OF THE CITY OF YONKERS, PURSUANT TO ARTICLES VII AND IX OF THE CITY'S ZONING ORDINANCE, TO APPROVE A SITE PLAN AND SPECIAL USE PERMIT APPLICATION TO DEMOLISH THE EXISTING CONVENIENCE STORE LOCATED AT BLOCK 5245, LOT 5, ON THE PROPERTY KNOWN AS 1282 MIDLAND AVENUE AKA 838 KIMBALL AVENUE, ZONED "BR" DISTRICT, AND CONSTRUCT A LARGER CONVENIENCE STORE.

WHEREAS, on November 12, 2025, the Planning Board of the City of Yonkers, by unanimous vote, approved the site plan and special use permit application, submitted by CPD NY Energy Corp. (the "applicant"), for the property located at Block 5245, Lot 5, on the property known as 1282 Midland Avenue AKA 838 Kimball Avenue, zoned "BR" district, which is currently comprised of a Gas station and convenience store; and

WHEREAS, particularly, the site plan and special use permit is to demolish the existing 928 square foot convenience store to construct a larger 2,250 square foot convenience store. The proposal also includes a new, twenty (20) foot tall pricing sign and a new dumpster enclosure as well as other minor site modifications.

WHEREAS, the expansion of the existing, approved convenience store requires a new special use permit approval

WHEREAS, on October 28, 2014, the site received special use permit approval from the City Council to operate a 24-hour convenience store in conjunction with the gas station per §43-75 (A) of the Code.

WHEREAS, the current application for the expansion of the convenience store will require a new special use permit be approved by the City Council.

WHEREAS, on September 17, 2025 the City of Yonkers Zoning Board of Appeals declared its intent to serve as Lead Agency pursuant to SEQR for the coordinated environmental review of the project. The Zoning Board of Appeals determined that the proposed action will not result in any significant adverse environmental impacts and adopted a Negative Declaration for the project on September 17, 2025. No further SEQR review is required.

WHEREAS, on October 8, 2025 the Planning Board conducted a duly

noticed public hearing on the site plan and special use permit application, at which all interested members of the public were invited to be heard; and

WHEREAS, at its meeting on November 12, 2025, the Planning Board unanimously approved the site plan and special use permit application and thereafter forwarded a copy of the hearing transcript and its Approval Resolution, dated, November 12, 2025, containing its findings and favorable recommendation to the City Council for consideration and a final decision pursuant to Section 43-55 of the City's Zoning Ordinance; and

WHEREAS, in accordance with Section 43-55 of the City's Zoning Ordinance, following an approval of a special use permit by the Planning Board, the City Council must approve, disapprove, or approve with modifications the decision of the Planning Board with respect to its grant of the special use permit within 45 days of receipt of the Planning Board's findings and decision; and,

WHEREAS, upon referral by the Planning Board and receipt of the aforementioned documents, the City Council believes it to be in the best interests of the City approve the site plan and special use permit application; and

NOW, THEREFORE, BE IT RESOLVED, that the City Council, in meeting assembled, hereby accepts the recommendation of the Planning Board that the site plan and special use permit application be granted; and

BE IT FURTHER RESOLVED, that, based upon the record and findings of the Planning Board with respect to the application, as well as the entire record before the City Council during its review of the application, the decision and actions of the Planning Board are hereby approved, and this approval is subject to any conditions set forth in the Planning Board Approval Resolution; and

BE IT FURTHER RESOLVED, that all of the conclusions, findings, and conditions contained in the Zoning Board's September 17, 2025 Negative Declaration under SEQRA, the October 8, 2025 public hearing transcript and the November 12, 2025 Planning Board Approval Resolution are hereby incorporated by reference herein and made a part hereto; and

BE IT FURTHER RESOLVED, that this Resolution shall take effect immediately.

SUBJECT: A RESOLUTION BY THE CITY COUNCIL OF THE CITY OF YONKERS, PURSUANT TO ARTICLES VII AND IX OF THE CITY'S ZONING ORDINANCE, TO APPROVE A SITE PLAN AND SPECIAL USE PERMIT APPLICATION TO DEMOLISH THE EXISTING CONVENIENCE STORE LOCATED AT BLOCK 5245, LOT 5, ON THE PROPERTY KNOWN AS 1282 MIDLAND AVENUE AKA 838 KIMBALL AVENUE, ZONED "BR" DISTRICT, AND CONSTRUCT A LARGER CONVENIENCE STORE.

BUDGET IMPACT

(Completed by operating department and reviewed by Finance Department or Council Staff)

A) ☐ General Fund ☐ Board of Education ☐ Special Revenue fund or District

B) EXPENSES AND REVENUES

Total Current Year Cost: _____

Total Current Year Revenue: _____

Source of Funds (Check one): ☐ Current Appropriations ☐ Additional

Appropriations ☐ Transfer of Existing Appropriations ☐ Fee/Fine/Tax/Other (Explain)
Identify

Accounts: _____

Potential Related Operating Budget Expenses: Annual

Amount: \$ _____

Describe:

Potential Related Revenues: Annual

Amount: \$ _____

Current Year:

Next 5 years:

Anticipated Savings: Annual

Amount: \$ _____

Current Year:

Next 5 years:

C) FISCAL IMPACT

Potential for additional personnel: _____

Prepared By: Councilman John Rubbo

Title: Majority Leader

Department: City Council

Signature: _____

Reviewed By: _____

FINANCE DEPARTMENT

Signature: _____

Date: _____

If you need more space, attach additional sheets.

SPONSOR'S MEMORANDUM

(SUBMITTED IN ACCORDANCE WITH SECTION §C4-6 OF THE CHARTER)

SPONSOR: Majority Leader John Rubbo

TITLE OF BILL: A RESOLUTION BY THE CITY COUNCIL OF THE CITY OF YONKERS, PURSUANT TO ARTICLES VII AND IX OF THE CITY'S ZONING ORDINANCE, APPROVE A SITE PLAN AND SPECIAL USE PERMIT APPLICATION TO DEMOLISH THE EXISTING CONVENIENCE STORE LOCATED AT BLOCK 5245, LOT 5, ON THE PROPERTY KNOWN AS 1282 MIDLAND AVENUE AKA 838 KIMBALL AVENUE, ZONED "BR" DISTRICT, AND CONSTRUCT A LARGER CONVENIENCE STORE.

PURPOSE: APPROVING THE SITE PLAN AND SPECIAL USE PERMIT APPLICATION AS PER THE PLANNING BOARD APPROVAL RESOLUTION, DATED NOVEMBER 12, 2025.

SUMMARY OF SPECIFIC PROVISIONS: APPROVING THE SITE PLAN AND SPECIAL USE PERMIT APPLICATION FOR THE PURPOSE OF CONSTRUCTING A LARGER CONVENIENCE STORE.

JUSTIFICATION: N/A

IMPACT OF REGULATION ON BUSINESS AND INDIVIDUALS: Positive

CRIMINAL ACTION IMPACT: N/A

LEGISLATIVE HISTORY: N/A

FISCAL IMPLICATIONS: Neutral

EFFECTIVE DATE: THIS RESOLUTION SHALL TAKE EFFECT IMMEDIATELY.



RESOLUTION

BY COUNCIL PRESIDENT COLLINS-BELLAMY, MAJORITY LEADER RUBBO, MAJORITY WHIP NORMAN, MINORITY LEADER BREEN, COUNCILMEMBERS, PINEDA-ISAAC, DIAZ AND MERANTE:

RESOLUTION OF THE CITY COUNCIL URGING THE UNITED STATES DEPARTMENT OF EDUCATION TO FOREGO PROPOSED CHANGES TO FEDERAL REGULATIONS THAT WOULD NO LONGER RECOGNIZE NURSING AND OTHER HEALTH-RELATED OCCUPATIONS AS “PROFESSIONAL” AND, AMONG OTHER THINGS, LIMIT THE AVAILABILITY OF, AND ACCESS TO, CRITICAL STUDENT LOAN FUNDS TO THOSE SEEKING EMPLOYMENT IN THOSE ESSENTIAL OCCUPATIONS.

WHEREAS, the number of persons employed in the Health Care & Social Assistance sector who are residents of the City of Yonkers is approximately 19,581 people, based on data from 2023; and

WHEREAS, Health Care & Social Assistance is among the most common employment sector for Yonkers residents; and

WHEREAS, Yonkers is home to two hospitals, St. John's Riverside Hospital and St. Joseph's Medical Center; and

WHEREAS, the vast majority of Yonkers' residents have health coverage and access to medical care, with Data USA reporting that **93.5%** of the Yonkers population has some form of health coverage (and the city federally designated as a Medically Underserved Area, indicating a high need for accessible healthcare services); and

WHEREAS, as part of the implementation of provisions of the so-called “One Big Beautiful Bill” passed by the United States Congress and signed into law by President Donald J. Trump, the United States Department of Education is expected to issue a notice of proposed rulemaking in the Code of Federal Regulations that would redefine which programs qualify as “professional”; and

WHEREAS, programs anticipated to be redefined include, among others, nursing, nurse practitioners, physician assistants, physical therapists, and audiologists; and

WHEREAS, other professions reportedly excluded by the proposed new definition include, among others, social work, counseling or therapy, and speech pathology; and

WHEREAS, under the proposed policy changes, the “Repayment Assistance Plan” would replace existing loan programs, including the elimination of “Grad PLUS” loans and limitations to Parent PLUS loans (available for parents of

dependent undergraduate students), with the introduction of new borrowing caps, namely \$20,000 per year for graduate students and \$50,000 for students in programs defined as “professional”; and

WHEREAS, the proposed change ignores decades of precedent recognizing these programs as providing professional credentials essential to protecting community health and advancing health equity; and

WHEREAS, as a consequence of the proposed change, what programs count as “professional” (versus non-professional) would serve as a determining factor in how much financial support students can receive, with, as a result of this new finance cap, the proposed change in definition of “professional” causing major consequences for student loan access that, coupled with tuition costs that have doubled over the last three decades, will impose greater financial strain on students and, thus, increase the likelihood that fewer of them will choose to pursue careers in critical sectors such as healthcare; and

WHEREAS, this proposed change would therefore likely cause a significant and detrimental impact to schools and programs of public health by making public health education less financially accessible and thereby potentially weakening the future workforce pipeline; and

WHEREAS, both the American Nurses Association (the “ANA”) and the American Association of Colleges of Nursing (the “AACN”) have expressed alarm over the Department of Education’s proposed limitation of student loan access; and

WHEREAS, Jennifer Mensik Kennedy, President of the ANA, has stated that limiting graduate education funding “threatens the very foundation of patient care”; and

WHEREAS, the AACN has stated that, should the proposed definition, which effectively excludes “the nation’s largest healthcare profession”, be finalized, “the impact on our already challenged nursing work force would be devastating”; and

WHEREAS, as pointed out by the AACN, inclusion of post-baccalaureate nursing education as “professional” is “essential for strengthening the nation’s healthcare workforce, supporting the next generation of nurses, and ultimately supporting the healthcare of patients in communities across the country”, including the resident of Yonkers; and

WHEREAS, several of America’s prominent institutions of higher education have expressed deep concern over the proposed change in the definition of “professional”; and

WHEREAS, Patricia Pittman of George Washington University characterized the proposed definition as a “gut punch”, saying that it undermines retention efforts, particularly in rural areas, and Antonia Villarruel of the University of Pennsylvania stated that the exclusion of nursing would constitute “a serious blow to the health of

our nation”; and

WHEREAS, the proposed change would also disproportionately affect women working in healthcare fields as they comprise the vast majority of persons working in the professions being considered for exclusion, from approximately 65 percent to more than 95 percent, depending on the profession.

NOW, THEREFORE, BE IT RESOLVED, that, given the importance of an effective, responsive and professional healthcare industry to the residents of Yonkers, both those receiving health-related services and those charged with the delivery of those services, the City Council hereby urges the United States Department of Education to forego the finalization of the proposed rule establishing a new definition of “professional” as being too restrictive and acting to the detriment of the health, safety and welfare of the citizens of our nation, including, in particular, the residents of the City of Yonkers; and

BE IT FURTHER RESOLVED, that the City Council further urges the United States Department of Education to adopt a definition of “professional” that would appropriately encompass those preparing to serve in a wide variety of critical roles in the nation’s healthcare industry, including nurses, nurse practitioners, certified nurse-midwives, clinical nurse specialists, certified registered nurse anesthetists, physician assistants, physical therapists, audiologists, social workers, counselors or therapist, and speech pathologists; and

BE IT FURTHER RESOLVED that the City Council hereby directs the City Clerk to send a certified copy of this resolution to Hon. Donald J. Trump (President), Hon. Linda McMahon (United States Secretary of Education), Hon. Chuck Grassley (President Pro Tempore), Hon. Charles E. Schumer (Democratic Leader), Hon. Kirsten Gillibrand (United States Senator), Hon. Michael Johnson (Speaker of the House), Hon. Hakeem Jeffries (Democratic Leader), and Hon. George Latimer (United States Congressman), for review and consideration; and

BE IT FURTHER RESOLVED that this resolution shall take effect immediately.

SUBJECT: RESOLUTION OF THE CITY COUNCIL URGING THE UNITED STATES DEPARTMENT OF EDUCATION TO FOREGO PROPOSED CHANGES TO FEDERAL REGULATIONS THAT WOULD NO LONGER RECOGNIZE NURSING AND OTHER HEALTH-RELATED OCCUPATIONS AS "PROFESSIONAL" AND, AMONG OTHER THINGS, LIMIT THE AVAILABILITY OF, AND ACCESS TO, CRITICAL STUDENT LOAN FUNDS TO THOSE SEEKING EMPLOYMENT IN THOSE ESSENTIAL OCCUPATIONS.

BUDGET IMPACT

(Completed by operating department and reviewed by Finance Department or Council Staff)

No financial impact.

A. ☐ General Fund ☐ Board of Education ☐ Special Revenue fund or District

B. EXPENSES AND REVENUES

Total Current Year Cost: _____

Total Current Year Revenue: _____

Source of Funds (Check one): ☐ Current Appropriations ☐ Additional

Appropriations ☐ Transfer of Existing

g Appropriations ☐ Fee/Fine/Tax/Other (Explain)

Identify

Accounts: _____

Potential Related Operating Budget Expenses: _____ Annual

Amount: \$ _____

Describe: _____

Potential Related Revenues: _____ Annual

Amount: \$ _____

Current Year: _____

Next 5 years: _____

Anticipated Savings: _____ Annual

Amount: \$ _____

Current Year: _____

Next 5 years: _____

C. FISCAL IMPACT

Potential for additional personnel: _____

Prepared By: Hon. Collins-Bellamy

Title: City Council President

Department: City Council

Signature: _____

Reviewed By: _____

FINANCE DEPARTMENT

Signature: _____

Date: _____

SPONSOR'S MEMORANDUM

SPONSOR: Council President Collins-Bellamy

TITLE OF BILL: RESOLUTION OF THE CITY COUNCIL URGING THE UNITED STATES DEPARTMENT OF EDUCATION TO FOREGO PROPOSED CHANGES TO FEDERAL REGULATIONS THAT WOULD NO LONGER RECOGNIZE NURSING AND OTHER HEALTH-RELATED OCCUPATIONS AS "PROFESSIONAL" AND, AMONG OTHER THINGS, LIMIT THE AVAILABILITY OF, AND ACCESS TO, CRITICAL STUDENT LOAN FUNDS TO THOSE SEEKING EMPLOYMENT IN THOSE ESSENTIAL OCCUPATIONS.

PURPOSE: To urge the United States Department of Education to forego the finalization of the proposed rule establishing a new definition of "professional" as being too restrictive and instead adopt a definition of "professional" that would appropriately encompass those preparing to serve in a wide variety of critical roles in the nation's healthcare industry, including nurses, nurse practitioners, certified nurse-midwives, clinical nurse specialists, certified registered nurse anesthetists, physician assistants, physical therapists, audiologists, social workers, counselors or therapists, and speech pathologists.

SUMMARY OF SPECIFIC PROVISIONS: To urge the United States Department of Education to forego the finalization of the proposed rule establishing a new definition of "professional" as being too restrictive and instead adopt a definition of "professional" that would appropriately encompass those preparing to serve in a wide variety of critical roles in the nation's healthcare industry, including nurses, nurse practitioners, certified nurse-midwives, clinical nurse specialists, certified registered nurse anesthetists, physician assistants, physical therapists, audiologists, social workers, counselors or therapist, and speech pathologists.

JUSTIFICATION: Health Care & Social Assistance is among the most common employment sectors for Yonkers residents. The number of people employed in the Health Care & Social Assistance sector who are residents of the City of Yonkers is approximately 19,581 people, based on data from 2023. In addition, Yonkers is home to two hospitals, St. John's Riverside Hospital and St. Joseph's Medical Center. The health and well-being of the health care industry is of vital importance to those working in, and served by, it in our community. The proposed change in the definition of "professional" would have a decidedly detrimental effect on that industry, now and in the future.

IMPACT OF REGULATON ON BUSINESS AND INDIVIDUALS: N/A

CRIMINAL SACTION IMPACT: N/A

LEGISLATIVE HISTORY: N/A

FISCAL IMPLICATIONS: N/A

EFFECTIVE DATE: This resolution shall take effect immediately.



RESOLUTION - 2025

BY COUNCIL PRESIDENT COLLINS-BELLAMY, MAJORITY LEADER RUBBO, MAJORITY WHIP NORMAN, MINORITY LEADER BREEN, COUNCILMEMBERS, PINEDA-ISAAC, DIAZ AND MERANTE:

RESOLUTION OF THE CITY COUNCIL DECLARING LEAD AGENCY FOR THE PROPOSED GENERAL ORDINANCE AMENDING CHAPTER 43 OF THE CODE OF THE CITY OF YONKERS TITLED "ZONING" BY AMENDING THE ZONING ORDINANCE OF THE CITY OF YONKERS AND THE ACCOMPANYING ZONING MAP TO RECLASSIFY AND REZONE THE PROPERTIES LOCATED AT: BLOCK 621 LOT 25, BLOCK 622 LOT 11, BLOCK 621 LOT 1, BLOCK 625 LOT 1, BLOCK 625 LOT 100 RESPECTIVELY FROM I DISTRICT TO D-MX DISTRICT AND FOR CORRESPONDING AMENDMENTS TO THE ZONING ORDINANCE, AMENDING ATTACHMENTS 13,14, 15,16, AND FURTHER THAT THE PROPOSED AMENDMENT BE REFERRED TO THE WESTCHESTER COUNTY PLANNING BOARD IN ACCORDANCE WITH SECTION 239-M OF THE GENERAL MUNICIPAL LAW, AND SETTING A PUBLIC HEARING ON THIS PROPOSED AMENDMENT.

WHEREAS, before the City Council is a proposed amendment to the Zoning Ordinance as hereinafter set forth with respect to the properties hereinafter specified (the "Proposed Action"); and

WHEREAS, the New York State Environmental Quality Review Act (Article 8 of the Environmental Conservation Law) and the regulations (the "SEQRA Regulations") issued thereunder by the New York State Commissioner of Environmental Conservation (such legislation and regulations being hereinafter referred to collectively as "SEQRA") require the City to consider all environmental factors associated with the zoning ordinance amendments; and

WHEREAS, the Proposed Action includes a zone change affecting greater than 25 acres and therefore is classified as a Type I action pursuant to SEQRA; and

WHEREAS, the City Council desires to establish itself as Lead Agency in accordance with the provisions of SEQRA, in order to initiate a review process of the Proposed Action; and

WHEREAS, Section 239-m(2) of New York General Municipal Law requires referral of any proposed amendments to the Zoning Ordinance to the Westchester County Planning Board;

NOW, THEREFORE, BE IT RESOLVED by the Yonkers City Council that, the City Council declares itself Lead Agency status, for purposes of the environmental review of the Proposed Action, and will assume Lead Agency of the Project in accordance with Part 627 (6 NYCRR Part 627) of the SEQRA regulations; and

BE IT FURTHER RESOLVED, that the City Clerk is hereby directed, on behalf of this Council, to initiate notification and coordinated review with all other interested agencies in this action; and

BE IT FURTHER RESOLVED, that in accordance with Section 239-m of NY General Municipal Law, the City Council hereby refers the Proposed Action to the Westchester County Planning Board for its review and report; and

BE IT FURTHER RESOLVED, by the City Council of the City of Yonkers that a

public hearing shall be held on _____, 202_, at the City Council Chamber, located at 40 South Broadway, New York, at __ PM, or as soon as possible thereafter, to consider the adoption of a general ordinance amending Chapter 43 of The Code of the City of Yonkers titled "Zoning" by reclassifying the properties located at: Block 621 Lot 25, Block 622 Lot 11, Block 621 Lot 1, Block 625 Lot 1, Block 625 Lot 100 from I to D-MX and other related actions; and be it further

RESOLVED, that this resolution shall take effect immediately.

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 applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project:		
Project Location (describe, and attach a general location map):		
Brief Description of Proposed Action (include purpose or need):		
Name of Applicant/Sponsor:		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Project Contact (if not same as sponsor; give name and title/role):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

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 Counsel, Town Board, or Village Board of Trustees <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. City, Town or Village Planning Board or Commission <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. City, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources. <div style="display: flex; justify-content: space-between;"> <div> i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? iii. Is the project site within a Coastal Erosion Hazard Area? </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? <input type="checkbox"/> Yes <input type="checkbox"/> 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?) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify the plan(s): <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify the plan(s): <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>	

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?

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? _____

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

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

d. What parks serve the project site?

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)?

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

b. Total acreage to be physically disturbed? _____ acres

c. Total acreage (project site and any contiguous properties) owned
or controlled by the applicant or project sponsor? _____ 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)? % _____ Units: _____

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 the proposed action be constructed in multiple phases? ☐ Yes ☐ No

i. If No, anticipated period of construction: _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes,	
i. Purpose of the impoundment: _____ ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 the proposed action cause or result in disturbance to bottom sediments? Yes ☐ No ☐
 If Yes, describe: _____

iv. Will the 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), what is the 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"> • Do existing sewer lines serve the project site? _____ • Will a line extension within an existing district be necessary to serve the project? _____ <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ _____ _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? _____</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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): _____ _____ _____</p>		
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____ _____ _____</p>		
<p>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? _____</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p style="padding-left: 40px;">_____ Square feet or _____ acres (impervious surface)</p> <p style="padding-left: 40px;">_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources. _____ _____</p> <p>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)? _____ _____</p> <ul style="list-style-type: none"> • If to surface waters, identify receiving water bodies or wetlands: _____ _____ • Will stormwater runoff flow to adjacent properties? _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? _____</p>		
<p>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? _____</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____</p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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? _____</p> <p>If Yes:</p> <p>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) _____</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ Tons/year (short tons) of Carbon Dioxide (CO₂) • _____ Tons/year (short tons) of Nitrous Oxide (N₂O) • _____ Tons/year (short tons) of Perfluorocarbons (PFCs) • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆) • _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs) • _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs) 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>			
<p>i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>			
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Randomly between hours of _____ to _____.</p> <p>ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____</p> <p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____</p> <p>iv. Does the proposed action include any shared use parking? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p> <p>vi. Are public/private transportation service(s) or facilities available within 1/2 mile of the proposed site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____</p> <p>iii. Will the proposed action require a new, or an upgrade, to an existing substation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> </tr> </table>		<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____
<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 		

<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>n. Will the proposed action have outdoor lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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 the 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</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"> • Construction: _____ tons per _____ (unit of time) • Operation : _____ tons per _____ (unit of time) <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"> • Construction: _____ _____ • Operation: _____ _____ <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • Construction: _____ _____ • Operation: _____ _____ 	

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 the 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. <input type="checkbox"/> Urban <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Rural (non-farm) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ ii. If mix of uses, generally describe: _____ _____			
b. Land uses and coverytypes on the project site.			
Land use or Coverytype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces			
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____ _____			

c. Is the project site presently used by members of the community for public recreation? i. If Yes: explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If Yes, i. Identify Facilities: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Does the project site contain an existing dam? If Yes: i. Dimensions of the dam and impoundment: <ul style="list-style-type: none"> • 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: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If Yes: i. Has the facility been formally closed? <ul style="list-style-type: none"> • If yes, cite sources/documentation: _____ ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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? If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? 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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Yes – Spills Incidents database <input type="checkbox"/> Yes – Environmental Site Remediation database <input type="checkbox"/> Neither database </div> <div style="width: 50%;"> Provide DEC ID number(s): _____ Provide DEC ID number(s): _____ </div> </div> ii. If site has been subject of RCRA corrective activities, describe control measures: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? If yes, provide DEC ID number(s): _____ iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

v. Is the project site subject to an institutional control limiting property uses? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • If yes, DEC site ID number: _____ • Describe the type of institutional control (e.g., deed restriction or easement): _____ • Describe any use limitations: _____ • Describe any engineering controls: _____ • Will the project affect the institutional or engineering controls in place? <input type="checkbox"/> Yes <input type="checkbox"/> No • Explain: _____ _____ _____ 																						
E.2. Natural Resources On or Near Project Site																						
a. What is the average depth to bedrock on the project site? _____ feet																						
b. Are there bedrock outcroppings on the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %																						
c. Predominant soil type(s) present on project site: <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 10%; text-align: right;">%</td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">%</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">%</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		%			%			%														
	%																					
	%																					
	%																					
d. What is the average depth to the water table on the project site? Average: _____ feet																						
e. Drainage status of project site soils: <table style="width: 100%; border: none;"> <tr> <td style="width: 30px;"><input type="checkbox"/> Well Drained:</td> <td style="width: 10%; text-align: right;">_____ % of site</td> </tr> <tr> <td><input type="checkbox"/> Moderately Well Drained:</td> <td style="text-align: right;">_____ % of site</td> </tr> <tr> <td><input type="checkbox"/> Poorly Drained</td> <td style="text-align: right;">_____ % of site</td> </tr> </table>	<input type="checkbox"/> Well Drained:	_____ % of site	<input type="checkbox"/> Moderately Well Drained:	_____ % of site	<input type="checkbox"/> Poorly Drained	_____ % of site																
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<input type="checkbox"/> Moderately Well Drained:	_____ % of site																					
<input type="checkbox"/> Poorly Drained	_____ % of site																					
f. Approximate proportion of proposed action site with slopes: <table style="width: 100%; border: none;"> <tr> <td style="width: 30px;"><input type="checkbox"/> 0-10%:</td> <td style="width: 10%; text-align: right;">_____ % of site</td> </tr> <tr> <td><input type="checkbox"/> 10-15%:</td> <td style="text-align: right;">_____ % of site</td> </tr> <tr> <td><input type="checkbox"/> 15% or greater:</td> <td style="text-align: right;">_____ % of site</td> </tr> </table>	<input type="checkbox"/> 0-10%:	_____ % of site	<input type="checkbox"/> 10-15%:	_____ % of site	<input type="checkbox"/> 15% or greater:	_____ % of site																
<input type="checkbox"/> 0-10%:	_____ % 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____ _____																						
h. Surface water features. <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>ii. Do any wetlands or other waterbodies adjoin the project site?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> If Yes to either <i>i</i> or <i>ii</i> , continue. If No, skip to E.2.i. <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> iv. For each identified regulated wetland and waterbody on the project site, provide the following information: <table style="width: 100%; border: none;"> <tr> <td style="width: 10px;">•</td> <td style="width: 10%;">Streams:</td> <td style="width: 40%;">Name _____</td> <td style="width: 10%;">Classification _____</td> </tr> <tr> <td>•</td> <td>Lakes or Ponds:</td> <td>Name _____</td> <td>Classification _____</td> </tr> <tr> <td>•</td> <td>Wetlands:</td> <td>Name _____</td> <td>Approximate Size _____</td> </tr> <tr> <td>•</td> <td>Wetland No. (if regulated by DEC)</td> <td colspan="2">_____</td> </tr> </table>	i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ii. Do any wetlands or other waterbodies adjoin the project site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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 type="checkbox"/> No	•	Streams:	Name _____	Classification _____	•	Lakes or Ponds:	Name _____	Classification _____	•	Wetlands:	Name _____	Approximate Size _____	•	Wetland No. (if regulated by DEC)	_____	
i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
ii. Do any wetlands or other waterbodies adjoin the project site?	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
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 type="checkbox"/> No																					
•	Streams:	Name _____	Classification _____																			
•	Lakes or Ponds:	Name _____	Classification _____																			
•	Wetlands:	Name _____	Approximate Size _____																			
•	Wetland No. (if regulated by DEC)	_____																				
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 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 type="checkbox"/> No																						
j. Is the project site in the 100-year Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
k. Is the project site in the 500-year Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <table style="width: 100%; border: none;"> <tr> <td style="width: 10px;">i.</td> <td>Name of aquifer: _____</td> </tr> </table>	i.	Name of aquifer: _____																				
i.	Name of 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p style="margin-left: 20px;">ii. Source(s) of description or evaluation: _____</p> <p style="margin-left: 20px;">iii. Extent of community/habitat:</p> <ul style="list-style-type: none"> • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres 	
<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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing (endangered or threatened): _____</p> <p>_____</p> <p>_____</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing: _____</p> <p>_____</p> <p>_____</p>	
<p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p> <p>_____</p> <p>_____</p>	
<p>E.3. Designated Public Resources On or Near Project Site</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide county plus district name/number: _____</p>	
<p>b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">i. If Yes: acreage(s) on project site? _____</p> <p style="margin-left: 20px;">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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p style="margin-left: 20px;">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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. CEA name: _____</p> <p style="margin-left: 20px;">ii. Basis for designation: _____</p> <p style="margin-left: 20px;">iii. Designating agency and date: _____</p>	

e. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District ii. Name: _____ iii. Brief description of attributes on which listing is based: _____	
f. 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"/> Yes <input type="checkbox"/> No	
g. Have additional archaeological or historic site(s) or resources been identified on the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: i. Describe possible resource(s): _____ ii. Basis for identification: _____	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: i. Identify resource: _____ ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____ iii. Distance between project and resource: _____ miles.	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: i. Identify the name of the river and its designation: _____ ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? <input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Additional Information

Attach any additional information which may be needed to clarify your project.

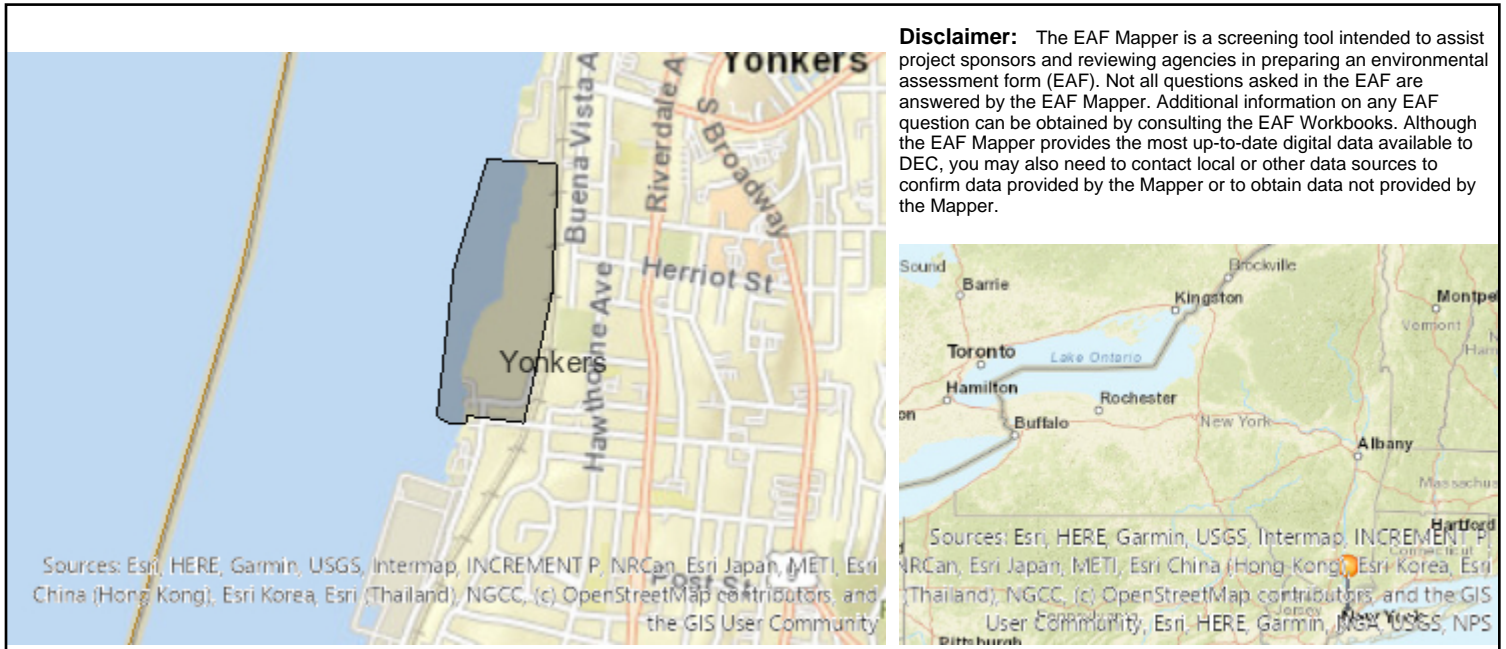
If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

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

Applicant/Sponsor Name _____ Date _____

Signature _____ Title _____



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 to confirm data provided by the Mapper or to obtain data not provided by the Mapper.

B.i.i [Coastal or Waterfront Area]	Yes
B.i.ii [Local Waterfront Revitalization Area]	No
C.2.b. [Special Planning District]	Yes - Digital mapping data are not available for all Special Planning Districts. Refer to EAF Workbook.
C.2.b. [Special Planning District - Name]	Remediation Sites:546031
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Yes - Digital mapping data for Spills Incidents are not available for this location. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Yes
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Yes
E.1.h.i [DEC Spills or Remediation Site - DEC ID Number]	546031
E.1.h.iii [Within 2,000' of DEC Remediation Site]	Yes
E.1.h.iii [Within 2,000' of DEC Remediation Site - DEC ID]	V00562, C360149, C360093, 546031, C360085, C360085A, C360071, C360076, C360074, C360156, C360158, V00190, B00045, 360171, C360181, C360220
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
E.2.h.ii [Surface Water Features]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
E.2.h.iii [Surface Water Features]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.

E.2.h.iv [Surface Water Features - Wetlands Name]	Tidal Wetlands, Federal Waters
E.2.h.v [Impaired Water Bodies]	Yes
E.2.h.v [Impaired Water Bodies - Name and Basis for Listing]	Name - Pollutants - Uses:Hudson River (Class SB), portion - PCBs, other toxics;PCBs;Mercury
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	Yes
E.2.k. [500 Year Floodplain]	Yes
E.2.l. [Aquifers]	No
E.2.n. [Natural Communities]	Yes
E.2.n.i [Natural Communities - Name]	Tidal River
E.2.n.i [Natural Communities - Acres]	74248.64
E.2.o. [Endangered or Threatened Species]	Yes
E.2.o. [Endangered or Threatened Species - Name]	Shortnose Sturgeon, Atlantic Sturgeon
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	Yes
E.3.d [Critical Environmental Area - Name]	Hudson River
E.3.d.ii [Critical Environmental Area - Reason]	Exceptional or unique character
E.3.d.iii [Critical Environmental Area – Date and Agency]	Date:1-31-90, Agency:Westchester County
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e.ii [National or State Register of Historic Places or State Eligible Sites - Name]	Eligible property:RESIDENCE, Eligible property:LUDLOW RAILROAD STATION - HUDSON LINE Demolished
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No

SPONSOR: Council

TITLE OF BILL:

RESOLUTION OF THE CITY COUNCIL DECLARING LEAD AGENCY FOR THE PROPOSED GENERAL ORDINANCE AMENDING CHAPTER 43 OF THE CODE OF THE CITY OF YONKERS TITLED "ZONING" BY AMENDING THE ZONING ORDINANCE OF THE CITY OF YONKERS AND THE ACCOMPANYING ZONING MAP TO RECLASSIFY AND REZONE THE PROPERTIES LOCATED AT: BLOCK 621 LOT 25, BLOCK 622 LOT 11, BLOCK 621 LOT 1, BLOCK 625 LOT 1, BLOCK 625 LOT 100 RESPECTIVELY FROM I DISTRICT TO D-MX DISTRICT AND FOR CORRESPONDING AMENDMENTS TO THE ZONING ORDINANCE, AMENDING ATTACHMENTS 13,14, 15,16, AND FURTHER THAT THE PROPOSED AMENDMENT BE REFERRED TO THE WESTCHESTER COUNTY PLANNING BOARD IN ACCORDANCE WITH SECTION 239-M OF THE GENERAL MUNICIPAL LAW, AND SETTING A PUBLIC HEARING ON THIS PROPOSED AMENDMENT

PURPOSE: To declare lead agency pursuant to SEQRA and refer to the County the proposed amendment to the zoning ordinance and set a public hearing

SUMMARY OF SPECIFIC PROVISIONS: To direct the City Clerk to take whatever steps necessary to commence coordinated SEQRA review for the zoning amendments and refer proposed changes to the County and to set a public hearing.

JUSTIFICATION: SEQRA and referral required.

IMPACT OF REGULATION ON BUSINESS AND INDIVIDUALS: rezones certain properties from I to D-MX

CRIMINAL SANCTION IMPACT: None

LEGISLATIVE HISTORY: none

FISCAL IMPLICATIONS: None

EFFECTIVE DATE: Immediately

SUBJECT:

RESOLUTION OF THE CITY COUNCIL DECLARING LEAD AGENCY FOR THE PROPOSED GENERAL ORDINANCE AMENDING CHAPTER 43 OF THE CODE OF THE CITY OF YONKERS TITLED "ZONING" BY AMENDING THE ZONING ORDINANCE OF THE CITY OF YONKERS AND THE ACCOMPANYING ZONING MAP TO RECLASSIFY AND REZONE THE PROPERTIES LOCATED AT: BLOCK 621 LOT 25, BLOCK 622 LOT 11, BLOCK 621 LOT 1, BLOCK 625 LOT 1, BLOCK 625 LOT 100 RESPECTIVELY FROM I DISTRICT TO D-MX DISTRICT AND FOR CORRESPONDING AMENDMENTS TO THE ZONING ORDINANCE, AMENDING ATTACHMENTS 13,14, 15,16, AND FURTHER THAT THE PROPOSED AMENDMENT BE REFERRED TO THE WESTCHESTER COUNTY PLANNING BOARD IN ACCORDANCE WITH SECTION 239-M OF THE GENERAL MUNICIPAL LAW, AND SETTING A PUBLIC HEARING ON THIS PROPOSED AMENDMENT

■ NO FISCAL IMPACT PROJECTED

BUDGET IMPACT

(To be completed by operating department and reviewed by Finance Department)

A) ☐ General Fund ☐ Board of Education ☐ Special Revenue fund or District

B) EXPENSES AND REVENUES

Total Current Year Cost: _____

Total Current Year Revenue: _____

Source of Funds (Check one): ☐ Current Appropriations ☐ Additional

Appropriations ☐ Transfer of Existing Appropriations ☐ Fee/Fine/Tax/Other
(Explain)

Identify

Accounts: _____

Potential Related Operating Budget Expenses: Annual

Amount:\$ _____

Describe:

Potential Related Revenues: Annual

Amount:\$ _____

Current Year:Next 5 years:

Anticipated Savings: Annual

Amount:\$ _____

Current Year:Next 5 years:

C) FISCAL IMPACT

Potential for additional personnel: _____

Prepared By: Frank Badalato
Title: Associate Corp. Counsel
Department: law dept

Signature: /S/ _____

Reviewed By: __ John Liszewski
FINANCE DEPARTMENT

Signature: _____/S/ _____

Date: Sept 5, 2025

RESOLUTION - 2025

BY: COUNCIL PRESIDENT COLLINS-BELLAMY, MAJORITY LEADER RUBBO, MAJORITY WHIP NORMAN, MINORITY LEADER BREEN, AND COUNCILMEMBERS PINEDA-ISAAC, DIAZ AND MERANTE:

RESOLUTION OF THE CITY COUNCIL DECLARING LEAD AGENCY FOR THE PROPOSED GENERAL ORDINANCE AMENDING CHAPTER 43 OF THE CODE OF THE CITY OF YONKERS TITLED "ZONING" BY AMENDING THE ZONING ORDINANCE OF THE CITY OF YONKERS AND THE ACCOMPANYING ZONING MAP TO RECLASSIFY AND REZONE THE PROPERTIES LOCATED AT: BLOCK 621 LOT 25, BLOCK 622 LOT 11, BLOCK 621 LOT 1, BLOCK 625 LOT 1, BLOCK 625 LOT 100 RESPECTIVELY FROM I DISTRICT TO D-MX DISTRICT AND FOR CORRESPONDING AMENDMENTS TO THE ZONING ORDINANCE, AMENDING ATTACHMENTS 13,14, 15,16, AND FURTHER THAT THE PROPOSED AMENDMENT BE REFERRED TO THE WESTCHESTER COUNTY PLANNING BOARD IN ACCORDANCE WITH SECTION 239-M OF THE GENERAL MUNICIPAL LAW, AND SETTING A PUBLIC HEARING ON THIS PROPOSED AMENDMENT.

WHEREAS, before the City Council is a proposed amendment to the Zoning Ordinance as hereinafter set forth with respect to the properties hereinafter specified (the "Proposed Action"); and

WHEREAS, the New York State Environmental Quality Review Act (Article 8 of the Environmental Conservation Law) and the regulations (the "SEQRA Regulations") issued thereunder by the New York State Commissioner of Environmental Conservation (such legislation and regulations being hereinafter referred to collectively as "SEQRA") require the City to consider all environmental factors associated with the zoning ordinance amendments; and

WHEREAS, the Proposed Action includes a zone change affecting greater than 25 acres and therefore is classified as a Type I action pursuant to SEQRA; and

WHEREAS, the City Council desires to establish itself as Lead Agency in accordance with the provisions of SEQRA, in order to initiate a review process of the Proposed Action; and

WHEREAS, Section 239-m(2) of New York General Municipal Law requires referral of any proposed amendments to the Zoning Ordinance to the Westchester County Planning Board;

NOW, THEREFORE, BE IT RESOLVED by the Yonkers City Council that, the City Council declares itself Lead Agency status, for purposes of the environmental review of the Proposed Action, and will assume Lead Agency of the Project in accordance with Part 627 (6 NYCRR Part 627) of the SEQRA regulations; and

BE IT FURTHER RESOLVED, that the City Clerk is hereby directed, on behalf of this Council, to initiate notification and coordinated review with all other interested agencies in this action; and

BE IT FURTHER RESOLVED, that in accordance with Section 239-m of NY General Municipal Law, the City Council hereby refers the Proposed Action to the Westchester County Planning Board for its review and report; and

BE IT FURTHER RESOLVED, by the City Council of the City of Yonkers that a public hearing shall be held on _____, 202_, at the City Council Chamber, located at 40 South Broadway, New York, at ___ PM, or as soon as possible thereafter, to consider the adoption of a general ordinance amending Chapter 43 of The Code of the City of Yonkers titled "Zoning" by reclassifying the properties located at: Block 621 Lot 25, Block 622 Lot 11, Block 621 Lot 1, Block 625 Lot 1, Block 625 Lot 100 from I to D-MX and other related actions; and be it further

RESOLVED, that this resolution shall take effect immediately.

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 applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Applicant/Sponsor Information.

Name of Action or Project:		
Project Location (describe, and attach a general location map):		
Brief Description of Proposed Action (include purpose or need):		
Name of Applicant/Sponsor:		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Project Contact (if not same as sponsor; give name and title/role):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

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 Counsel, Town Board, or Village Board of Trustees <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. City, Town or Village Planning Board or Commission <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. City, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources. <div style="display: flex; justify-content: space-between;"> <div> i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? iii. Is the project site within a Coastal Erosion Hazard Area? </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? <input type="checkbox"/> Yes <input type="checkbox"/> 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?) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify the plan(s): <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify the plan(s): <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>	

C.3. Zoning	
a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. If Yes, what is the zoning classification(s) including any applicable overlay district?	□ Yes □ No
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	
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? If Yes,	□ Yes □ No
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? _____	
b. What police or other public protection forces serve the project site? _____	
c. Which fire protection and emergency medical services serve the project site? _____	
d. What parks serve the project site? _____ _____	

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)? _____	
b. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 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)? % _____ Units: _____	
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 the proposed action be constructed in multiple phases? □ Yes □ No i. If No, anticipated period of construction: _____ months ii. If Yes: <ul style="list-style-type: none"> • 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: _____ <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> 	

f. Does the project include new residential uses? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes,	
i. Purpose of the impoundment: _____ ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 the proposed action cause or result in disturbance to bottom sediments? Yes ☐ No ☐
 If Yes, describe: _____

iv. Will the 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), what is the 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"> • Do existing sewer lines serve the project site? _____ • Will a line extension within an existing district be necessary to serve the project? _____ <p>If Yes:</p> <ul style="list-style-type: none"> • Describe extensions or capacity expansions proposed to serve this project: _____ _____ _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? _____</p> <p>If Yes:</p> <ul style="list-style-type: none"> • Applicant/sponsor for new district: _____ • Date application submitted or anticipated: _____ • What is the receiving water for the wastewater discharge? _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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): _____ _____ _____</p>		
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____ _____ _____</p>		
<p>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? _____</p> <p>If Yes:</p> <p>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)</p> <p>ii. Describe types of new point sources. _____ _____</p> <p>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)? _____ _____</p> <ul style="list-style-type: none"> • If to surface waters, identify receiving water bodies or wetlands: _____ _____ • Will stormwater runoff flow to adjacent properties? _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? _____</p>		
<p>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? _____</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles) _____</p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers) _____</p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____ _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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? _____</p> <p>If Yes:</p> <p>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) _____</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> • _____ Tons/year (short tons) of Carbon Dioxide (CO₂) • _____ Tons/year (short tons) of Nitrous Oxide (N₂O) • _____ Tons/year (short tons) of Perfluorocarbons (PFCs) • _____ Tons/year (short tons) of Sulfur Hexafluoride (SF₆) • _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs) • _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs) 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>			
<p>i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>			
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Randomly between hours of _____ to _____.</p> <p>ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): _____</p> <p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____</p> <p>iv. Does the proposed action include any shared use parking? Yes No</p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p> <p>vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): _____</p> <p>iii. Will the proposed action require a new, or an upgrade, to an existing substation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ </td> </tr> </table>		<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____
<p>i. During Construction:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 	<p>ii. During Operations:</p> <ul style="list-style-type: none"> • Monday - Friday: _____ • Saturday: _____ • Sunday: _____ • Holidays: _____ 		

<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe: _____</p> <p>_____</p>	
<p>n. Will the proposed action have outdoor lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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 the 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</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"> • Construction: _____ tons per _____ (unit of time) • Operation : _____ tons per _____ (unit of time) <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"> • Construction: _____ _____ • Operation: _____ _____ <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> • Construction: _____ _____ • Operation: _____ _____ 	

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 the 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. <input type="checkbox"/> Urban <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Rural (non-farm) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ ii. If mix of uses, generally describe: _____ _____			
b. Land uses and coverytypes on the project site.			
Land use or Coverytype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces			
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____ _____			

<p>c. Is the project site presently used by members of the community for public recreation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i. If Yes: explain: _____</p>	
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes,</p> <p>i. Identify Facilities: _____</p> <p>_____</p>	
<p>e. Does the project site contain an existing dam? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Dimensions of the dam and impoundment:</p> <ul style="list-style-type: none"> • Dam height: _____ feet • Dam length: _____ feet • Surface area: _____ acres • Volume impounded: _____ gallons OR acre-feet <p>ii. Dam's existing hazard classification: _____</p> <p>iii. Provide date and summarize results of last inspection: _____</p> <p>_____</p>	
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Has the facility been formally closed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If yes, cite sources/documentation: _____ <p>ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____</p> <p>_____</p> <p>iii. Describe any development constraints due to the prior solid waste activities: _____</p> <p>_____</p>	
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: _____</p> <p>_____</p>	
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Yes – Spills Incidents database</p> <p><input type="checkbox"/> Yes – Environmental Site Remediation database</p> <p><input type="checkbox"/> Neither database</p> </div> <div style="width: 50%;"> <p>Provide DEC ID number(s): _____</p> <p>Provide DEC ID number(s): _____</p> </div> </div> <p>ii. If site has been subject of RCRA corrective activities, describe control measures: _____</p> <p>_____</p> <p>iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide DEC ID number(s): _____</p> <p>iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): _____</p> <p>_____</p>	

v. Is the project site subject to an institutional control limiting property uses? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • If yes, DEC site ID number: _____ • Describe the type of institutional control (e.g., deed restriction or easement): _____ • Describe any use limitations: _____ • Describe any engineering controls: _____ • Will the project affect the institutional or engineering controls in place? <input type="checkbox"/> Yes <input type="checkbox"/> No • Explain: _____ _____ _____ 												
E.2. Natural Resources On or Near Project Site												
a. What is the average depth to bedrock on the project site? _____ feet												
b. Are there bedrock outcroppings on the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ %												
c. Predominant soil type(s) present on project site: <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 10%; text-align: right;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">%</td> </tr> </table>		%		%		%						
	%											
	%											
	%											
d. What is the average depth to the water table on the project site? Average: _____ feet												
e. Drainage status of project site soils: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Well Drained:</td> <td style="text-align: right;">_____ % of site</td> </tr> <tr> <td><input type="checkbox"/> Moderately Well Drained:</td> <td style="text-align: right;">_____ % of site</td> </tr> <tr> <td><input type="checkbox"/> Poorly Drained</td> <td style="text-align: right;">_____ % of site</td> </tr> </table>	<input type="checkbox"/> Well Drained:	_____ % of site	<input type="checkbox"/> Moderately Well Drained:	_____ % of site	<input type="checkbox"/> Poorly Drained	_____ % of site						
<input type="checkbox"/> Well Drained:	_____ % 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: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 0-10%:</td> <td style="text-align: right;">_____ % of site</td> </tr> <tr> <td><input type="checkbox"/> 10-15%:</td> <td style="text-align: right;">_____ % of site</td> </tr> <tr> <td><input type="checkbox"/> 15% or greater:</td> <td style="text-align: right;">_____ % of site</td> </tr> </table>	<input type="checkbox"/> 0-10%:	_____ % of site	<input type="checkbox"/> 10-15%:	_____ % of site	<input type="checkbox"/> 15% or greater:	_____ % of site						
<input type="checkbox"/> 0-10%:	_____ % 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____ _____												
h. Surface water features. <ul style="list-style-type: none"> i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Do any wetlands or other waterbodies adjoin the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to either <i>i</i> or <i>ii</i> , continue. If No, skip to E.2.i. <ul style="list-style-type: none"> 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 type="checkbox"/> No iv. For each identified regulated wetland and waterbody on the project site, provide the following information: <table style="width: 100%; border: none;"> <tr> <td>• Streams:</td> <td>Name _____</td> <td>Classification _____</td> </tr> <tr> <td>• Lakes or Ponds:</td> <td>Name _____</td> <td>Classification _____</td> </tr> <tr> <td>• Wetlands:</td> <td>Name _____</td> <td>Approximate Size _____</td> </tr> <tr> <td>• Wetland No. (if regulated by DEC)</td> <td colspan="2">_____</td> </tr> </table> 	• Streams:	Name _____	Classification _____	• Lakes or Ponds:	Name _____	Classification _____	• Wetlands:	Name _____	Approximate Size _____	• Wetland No. (if regulated by DEC)	_____	
• Streams:	Name _____	Classification _____										
• Lakes or Ponds:	Name _____	Classification _____										
• Wetlands:	Name _____	Approximate Size _____										
• Wetland No. (if regulated by DEC)	_____											
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 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 type="checkbox"/> No												
j. Is the project site in the 100-year Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No												
k. Is the project site in the 500-year Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No												
l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <ul style="list-style-type: none"> i. Name of 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p style="margin-left: 20px;">ii. Source(s) of description or evaluation: _____</p> <p style="margin-left: 20px;">iii. Extent of community/habitat:</p> <ul style="list-style-type: none"> • Currently: _____ acres • Following completion of project as proposed: _____ acres • Gain or loss (indicate + or -): _____ acres 	
<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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing (endangered or threatened): _____</p> <p>_____</p> <p>_____</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Species and listing: _____</p> <p>_____</p> <p>_____</p>	
<p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p> <p>_____</p> <p>_____</p>	
<p>E.3. Designated Public Resources On or Near Project Site</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide county plus district name/number: _____</p>	
<p>b. Are agricultural lands consisting of highly productive soils present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">i. If Yes: acreage(s) on project site? _____</p> <p style="margin-left: 20px;">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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p style="margin-left: 20px;">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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p style="margin-left: 20px;">i. CEA name: _____</p> <p style="margin-left: 20px;">ii. Basis for designation: _____</p> <p style="margin-left: 20px;">iii. Designating agency and date: _____</p>	

e. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District ii. Name: _____ iii. Brief description of attributes on which listing is based: _____	
f. 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"/> Yes <input type="checkbox"/> No	
g. Have additional archaeological or historic site(s) or resources been identified on the project site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: i. Describe possible resource(s): _____ ii. Basis for identification: _____	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: i. Identify resource: _____ ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____ iii. Distance between project and resource: _____ miles.	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: i. Identify the name of the river and its designation: _____ ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666? <input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Additional Information

Attach any additional information which may be needed to clarify your project.

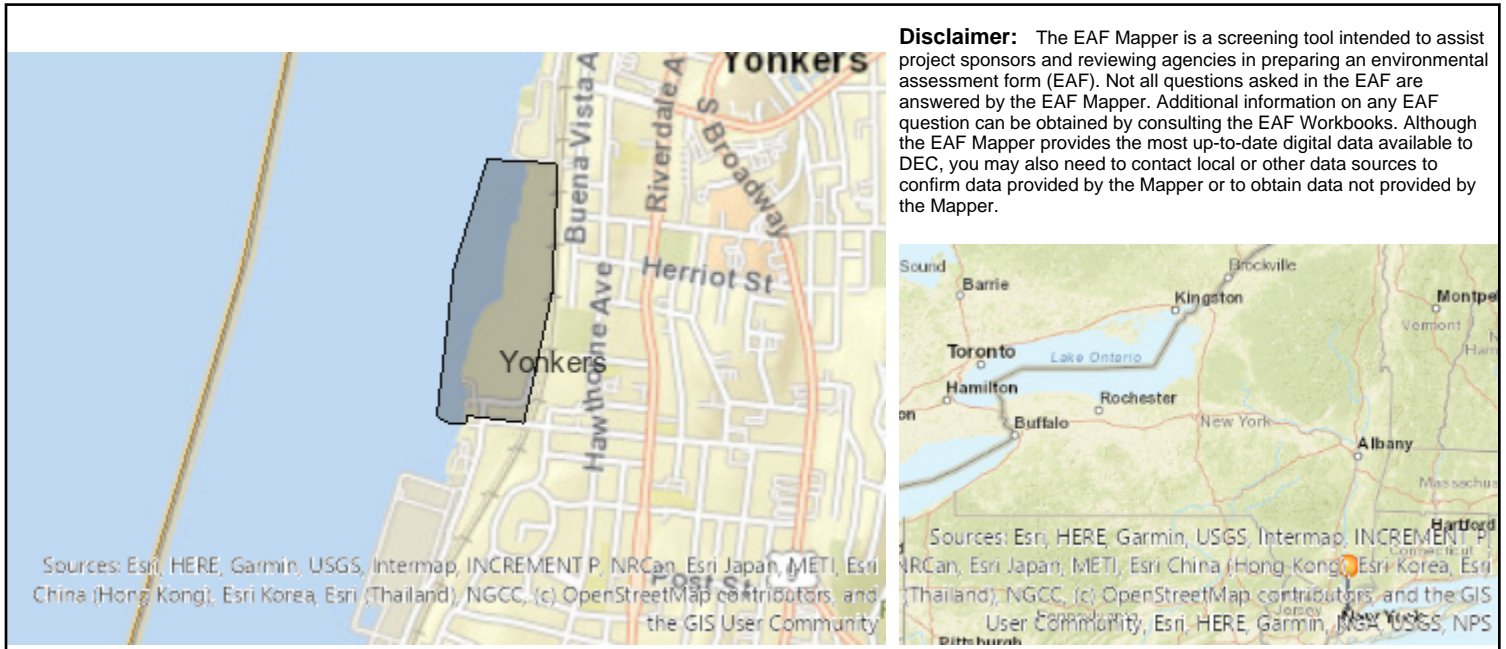
If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

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

Applicant/Sponsor Name _____ Date _____

Signature _____ Title _____



B.i.i [Coastal or Waterfront Area]	Yes
B.i.ii [Local Waterfront Revitalization Area]	No
C.2.b. [Special Planning District]	Yes - Digital mapping data are not available for all Special Planning Districts. Refer to EAF Workbook.
C.2.b. [Special Planning District - Name]	Remediation Sites:546031
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Yes - Digital mapping data for Spills Incidents are not available for this location. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Yes
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Yes
E.1.h.i [DEC Spills or Remediation Site - DEC ID Number]	546031
E.1.h.iii [Within 2,000' of DEC Remediation Site]	Yes
E.1.h.iii [Within 2,000' of DEC Remediation Site - DEC ID]	V00562, C360149, C360093, 546031, C360085, C360085A, C360071, C360076, C360074, C360156, C360158, V00190, B00045, 360171, C360181, C360220
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
E.2.h.ii [Surface Water Features]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.
E.2.h.iii [Surface Water Features]	Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook.

E.2.h.iv [Surface Water Features - Wetlands Name]	Tidal Wetlands, Federal Waters
E.2.h.v [Impaired Water Bodies]	Yes
E.2.h.v [Impaired Water Bodies - Name and Basis for Listing]	Name - Pollutants - Uses:Hudson River (Class SB), portion - PCBs, other toxics;PCBs;Mercury
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	Yes
E.2.k. [500 Year Floodplain]	Yes
E.2.l. [Aquifers]	No
E.2.n. [Natural Communities]	Yes
E.2.n.i [Natural Communities - Name]	Tidal River
E.2.n.i [Natural Communities - Acres]	74248.64
E.2.o. [Endangered or Threatened Species]	Yes
E.2.o. [Endangered or Threatened Species - Name]	Shortnose Sturgeon, Atlantic Sturgeon
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	Yes
E.3.d [Critical Environmental Area - Name]	Hudson River
E.3.d.ii [Critical Environmental Area - Reason]	Exceptional or unique character
E.3.d.iii [Critical Environmental Area – Date and Agency]	Date:1-31-90, Agency:Westchester County
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e.ii [National or State Register of Historic Places or State Eligible Sites - Name]	Eligible property:RESIDENCE, Eligible property:LUDLOW RAILROAD STATION - HUDSON LINE Demolished
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No

INTRODUCER'S MEMORANDUM
SUBMITTED IN ACCORDANCE WITH SECTION §C4-6
OF THE CHARTER

I. SPONSOR: Council President Collins-Bellamy, Majority Leader Rubbo, Majority Whip Norman, Minority Leader Breen, and Council Members Pineda-Isaac, Diaz and Merante

II. TITLE OF BILL: RESOLUTION OF THE CITY COUNCIL DECLARING LEAD AGENCY FOR THE PROPOSED GENERAL ORDINANCE AMENDING CHAPTER 43 OF THE CODE OF THE CITY OF YONKERS TITLED "ZONING" BY AMENDING THE ZONING ORDINANCE OF THE CITY OF YONKERS AND THE ACCOMPANYING ZONING MAP TO RECLASSIFY AND REZONE THE PROPERTIES LOCATED AT: BLOCK 621 LOT 25, BLOCK 622 LOT 11, BLOCK 621 LOT 1, BLOCK 625 LOT 1, BLOCK 625 LOT 100 RESPECTIVELY FROM I DISTRICT TO D-MX DISTRICT AND FOR CORRESPONDING AMENDMENTS TO THE ZONING ORDINANCE, AMENDING ATTACHMENTS 13,14, 15,16, AND FURTHER THAT THE PROPOSED AMENDMENT BE REFERRED TO THE WESTCHESTER COUNTY PLANNING BOARD IN ACCORDANCE WITH SECTION 239-M OF THE GENERAL MUNICIPAL LAW, AND SETTING A PUBLIC HEARING ON THIS PROPOSED AMENDMENT.

III. PURPOSE: To declare lead agency pursuant to SEQRA and refer to the County the proposed amendment to the zoning ordinance and set a public hearing.

IV. SUMMARY OF SPECIFIC PROVISIONS: To direct the City Clerk to take whatever steps necessary to commence coordinated SEQRA review for the zoning amendments and refer proposed changes to the County and to set a public hearing.

V. JUSTIFICATION: SEQRA and referral required.

VI. IMPACT OF REGULATION ON BUSINESS AND INDIVIDUALS: Rezones certain properties from I to D-MX.

CRIMINAL SANCTION IMPACT: N/A

LEGISLATIVE HISTORY: None

FISCAL IMPLICATIONS: None

EFFECTIVE DATE: Immediately.

SUBJECT: RESOLUTION OF THE CITY COUNCIL DECLARING LEAD AGENCY FOR THE PROPOSED GENERAL ORDINANCE AMENDING CHAPTER 43 OF THE CODE OF THE CITY OF YONKERS TITLED "ZONING" BY AMENDING THE ZONING ORDINANCE OF THE CITY OF YONKERS AND THE ACCOMPANYING ZONING MAP TO RECLASSIFY AND REZONE THE PROPERTIES LOCATED AT: BLOCK 621 LOT 25, BLOCK 622 LOT 11, BLOCK 621 LOT 1, BLOCK 625 LOT 1, BLOCK 625 LOT 100 RESPECTIVELY FROM I DISTRICT TO D-MX DISTRICT AND FOR CORRESPONDING AMENDMENTS TO THE ZONING ORDINANCE, AMENDING ATTACHMENTS 13,14, 15,16, AND FURTHER THAT THE PROPOSED AMENDMENT BE REFERRED TO THE WESTCHESTER COUNTY PLANNING BOARD IN ACCORDANCE WITH SECTION 239-M OF THE GENERAL MUNICIPAL LAW, AND SETTING A PUBLIC HEARING ON THIS PROPOSE AMENDMENT

NO FISCAL IMPACT PROJECTED

BUDGET IMPACT

(To be completed by operating department and reviewed by Finance Department)

A) ☐ General Fund ☐ Board of Education ☐ Special Revenue fund or District

B) EXPENSES AND REVENUES

Total Current Year Cost: _____

Total Current Year Revenue: _____

Source of Funds (Check one): ☐ Current Appropriations ☐ Additional Appropriations ☐ Transfer of Existing Appropriations ☐ Fee/Fine/Tax/Other (Explain)

Identify Accounts: _____

Potential Related Operating Budget Expenses: _____

Annual Amount: \$ _____

Describe:

Potential Related Revenues: _____

Annual Amount: \$ _____

Current Year: _____

Next 5 years: _____

Anticipated Savings:

Annual Amount: \$ _____

Current Year: _____

Next 5 years: _____

C) FISCAL IMPACT:

Potential for additional personnel: _____

Prepared By: Frank Badalato
Title: Associate Corp. Counsel
Department: Law Department
Signature: /S/

Reviewed By: John Liszewski,
FINANCE DEPARTMENT
Signature: /S/
Date: _____



RESOLUTION BY THE CITY COUNCIL OF YONKERS PROCLAIMING AND RECOGNIZING JANUARY 9, 2026 AS "LAW ENFORCEMENT APPRECIATION DAY" THROUGHOUT THE CITY OF YONKERS.

WHEREAS, January 9 is currently recognized as Law Enforcement Appreciation Day and we have an opportunity to thank them for their service and offer a token of respect; and

WHEREAS, the Men and Women of Law Enforcement have chosen a profession that puts their lives on the line every day for their communities; and

WHEREAS, Law Enforcement professionals have answered a call to public service that is demanding and often unappreciated; and

WHEREAS, the jobs are often thankless and take them away from their families for long hours; and

WHEREAS, the deadliest day in law enforcement history was September 11, 2001, when 72 law enforcement officers were killed while responding to the terrorist attacks on America which is appropriate to recognize this being the 23rd year anniversary of September 11, 2001 attacks; and

WHEREAS, there are over 1 million people who work as public safety officers in the United States; and

WHEREAS, whether its civil unrest, labor strikes, huge sporting events, or just helping a cat get down from a tree, law enforcement officers are a critical part of our lives; and

WHEREAS, National Law Enforcement Appreciation Day was created by multiple organizations in 2015 to express their gratitude for officers in the United States; and

NOW, THEREFORE, BE IT RESOLVED, that the Yonkers City Council hereby proclaims January 9, 2026 as "Law Enforcement Appreciation Day" throughout the City of Yonkers.



RESOLUTION

BY COUNCIL PRESIDENT COLLINS-BELLAMY, MAJORITY LEADER RUBBO, MAJORITY WHIP NORMAN, MINORITY LEADER BREEN, COUNCIL MEMBERS PINEDA-ISAAC, DIAZ, AND MERANTE:

BE IT RESOLVED, that the following applicant(s) are hereby appointed and/or reappointed to the office of Commissioner of Deeds for a period of two years to expire December 30, 2027.

Sandra DeJesus
152 Nautilus Road
Bridgeport, CT 06606

Clerk 2 Data Entry

RENEWAL

Mariel Gullon
1146 Colgate Avenue #4A
Bronx, New York 10472

Consultant

NEW

Deborah Perez
1500 Noble Avenue #18F
Bronx, New York 10460

Consultant

NEW

Vanessa Rios
1500 Noble Avenue #5G
Bronx, New York 10460

Clerk

NEW

Gabriel Hernandez Dominquez
55 Crosby Street 3rd fl.
New York, NY 10012

Consultant

New

INSTRUCTIONS FOR APPLYING FOR COMMISSIONER OF DEEDS APPOINTMENT

1. Commissioner of Deeds appointments are for a two year period and are not automatically renewed. Applicants must obtain another application form and re-file for reappointment. Applicants for Commissioner of Deeds must live or work in the City of Yonkers.
2. Applicants must complete the application form and forward it to the City Clerk at City Hall, 40 South Broadway, Room 107, Yonkers, New York 10701. Please allow several months for processing.
3. All applicants for Commissioner of Deeds appointments must be approved by the City Council.
4. After receiving City Council approval, the list of applicants will be forwarded to the County Clerk's Office. The County Clerk will contact the applicant about fees and additional paperwork needed to complete the process.

FILED
OFFICE OF CITY CLERK
YONKERS, NY

Application for the Office of Commissioner of Deeds

Actual place of residence: Street, number & Zip Code 152 Nautilus Rd Bridgeport, CT 06606
 Name of Applicant in full Sandra DeJesus
 Occupation Clerk II Data Entry Any other occupation? _____
 With or of the firm of City of Yonkers
 Line of business COY - Health Benefits Business address _____
 Age 48 When and where born 12/15/76 New York, New York
 If naturalized, when and where? _____
 Are you admitted to the Bar? NO If so, when and where _____
 Are you associated with any lawyer or firm of lawyers? NO If so, with whom? _____
 Has your application for appointment as Commissioner of Deeds ever been rejected? NO
 Have you ever been removed from the office of Notary Public or Commissioner of Deeds? NO Give particulars _____
 Are you now a Commissioner of Deeds? Yes Expiration 12/31/2025
 Do you solicit, undertake, or have been paid for the drawing of any legal papers or documents? NO
 If so, what sort? _____

State of New York,
County of Westchester,
City of Yonkers,

} ss.:

Jacqueline Hoffman
Commissioner of Deeds

City of Yonkers, NY, 10701/31/2026

Commission Expires

The undersigned, who is an applicant for the office of Commissioner of Deeds for the City of Yonkers, New York, having been duly sworn, says that he is a citizen of the United States, a resident of the City of Yonkers, County of Westchester, State of New York, and over the age of twenty-one years, and that all the statements contained in the foregoing application are true.

Subscribed and sworn to before me this

(Signature of Applicant)

18th day of November 25
by the applicant herein, and who is to me personally known,

Jacquelina Hoffman
Commissioner of Deeds
Notary Public

RECOMMENDATIONS

Names of persons recommending appointments must be signed personally by them, with occupation and address.

We have known Sandra DeJesus the candidate named herein for appointment to the office of Commissioner of Deeds, City of Yonkers, for (11) (5) years and we know the applicant to be of good moral character, qualified to perform the duties of Commissioner of Deeds, and we believe that the facts stated in the affidavit as stated above are true.

Grace Macri
Address 17 Ambrose Pl
Yonkers NY 10701

Carmen Tejada
Address 33 Douglas Ave. #4B
Yonkers NY 10703

INSTRUCTIONS FOR APPLYING FOR COMMISSIONER OF DEEDS APPOINTMENT

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Application for the Office of Commissioner of Deeds

Actual place of residence: Street, number & Zip Code 1146 College Avenue # 4A, Bronx, NY 10472
 City of Yonkers, New York
 Name of Applicant in full MARIELA GAVILLON (Gavillon)
 Occupation Consultant Any other occupation? _____
 With or of the firm of Law Office of Charles Lesnick
 Line of business Law and Real Estate Business address 15 Alhambra Place, Yonkers, N.Y. 10701
 Age 43 When and where born Santo Domingo, Dominican Republic
 If naturalized, when and where? New York
 Are you admitted to the Bar? NO If so, when and where _____
 Are you associated with any lawyer or firm of lawyers? Yes If so, with whom? Law Office of Charles Lesnick
 Has your application for appointment as Commissioner of Deeds ever been rejected? NO
 Have you ever been removed from the office of Notary Public or Commissioner of Deeds? NO Give particulars _____
 Are you now a Commissioner of Deeds? NO Expiration _____

Do you solicit, undertake, or have been paid for the drawing of any legal papers or documents? NO
 If so, what sort? _____

State of New York,
 County of Westchester, } ss.:
 City of Yonkers,

The undersigned, who is an applicant for the office of Commissioner of Deeds for the City of Yonkers, New York, having been duly sworn, says that he is a citizen of the United States, a resident of the City of Yonkers, County of Westchester, State of New York, and over the age of twenty-one years, and that all the statements contained in the foregoing application are true.

Subscribed and sworn to before me this
18th day of November 2025
 by the applicant herein, and who is to me personally known,

(Signature of Applicant) [Signature]

RABINDRANATH IKRAN
 Commissioner of Deeds
 City of Yonkers, New York
 Notary Public
 Commission Expire, 2027

RECOMMENDATIONS

Names of persons recommending appointments must be signed personally by them, with occupation and address.
 We have known MARIELA GAVILLON the candidate named herein for appointment to the office of Commissioner of Deeds, City of Yonkers, for (1) (3) years and we know the applicant to be of good moral character, qualified to perform the duties of Commissioner of Deeds, and we believe that the facts stated in the affidavit as stated above are true.

[Signature] Blanca Sanchez
 Address 1785 Warburton Ave
Yonkers, NY 10701

[Signature] VANESSA RIOS
 Address 1500 Noble Ave # 5B
Bronx NY 10460

INSTRUCTIONS FOR APPLYING FOR COMMISSIONER OF DEEDS APPOINTMENT

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Application for the Office of Commissioner of Deeds

Actual place of residence: Street, number & Zip Code 1500 Noble Ave #18F Bronx, NY 10460
 City of Yonkers, New York

Name of Applicant in full Deborah Perez

Occupation Consultant Any other occupation? _____

With or of the firm of Law Office of Charles Lerner

Line of business Law and Real Estate Business address 15 Albemarle Place, Yonkers, N.Y. 10701

Age 59 When and where born January 23rd 1946 Bronx, NY

If naturalized, when and where? _____

Are you admitted to the Bar? NO If so, when and where _____

Are you associated with any lawyer or firm of lawyers? Yes If so, with whom? Law Office of Charles Lerner

Has your application for appointment as Commissioner of Deeds ever been rejected? NO

Have you ever been removed from the office of Notary Public or Commissioner of Deeds? NO Give particulars _____

Are you now a Commissioner of Deeds? NO Expiration _____

Do you solicit, undertake, or have been paid for the drawing of any legal papers or documents? NO
 If so, what sort? _____

State of New York,
 County of Westchester, } ss.:
 City of Yonkers,

The undersigned, who is an applicant for the office of Commissioner of Deeds for the City of Yonkers, New York, having been duly sworn, says that he is a citizen of the United States, a resident of the City of Yonkers, County of Westchester, State of New York, and over the age of twenty-one years, and that all the statements contained in the foregoing application are true.

Subscribed and sworn to before me this
18th day of November 20 25
 by the applicant herein, and who is to me
 personally known,

(Signature of Applicant) Deborah Perez

RABINORANAUTH IKRAN
 Commission of Deeds
 City of Yonkers, New York
 County of Westchester
 Notary Public
 Commission Expires, 20 27

RECOMMENDATIONS

Names of persons recommending appointments must be signed personally by them, with occupation and address.

We have known Deborah Perez the candidate named herein for appointment to the office of Commissioner of Deeds, City of Yonkers, for (30) (30) years and we know the applicant to be of good moral character, qualified to perform the duties of Commissioner of Deeds, and we believe that the facts stated in the affidavit as stated above are true.

Arde Schwartz

Charles Lerner Charles Lerner

Address 2200 N. Central Rd #9M
Fort Lee, N.J. 07024

Address 15 Albemarle Place, Yonkers, N.Y. 10701

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Application for the Office of Commissioner of Deeds

Actual place of residence: Street, number & Zip Code 1500 Noble Avenue # 5G Bronx, N.Y. 10460
 Name of Applicant in full Vanessa Rios City of Yonkers, New York
 Occupation Consultant Any other occupation? _____
 With or of the firm of Law Office of Charles Lesnick
 Line of business Law and Real Estate Business address 15 Alameda Place Yonkers, N.Y. 10701
 Age 51 When and where born July 17, 1974 Bronx, NY
 If naturalized, when and where? _____
 Are you admitted to the Bar? NO If so, when and where _____
 Are you associated with any lawyer or firm of lawyers? Yes If so, with whom? Law Office of Charles Lesnick
 Has your application for appointment as Commissioner of Deeds ever been rejected? NO
 Have you ever been removed from the office of Notary Public or Commissioner of Deeds? NO Give particulars _____
 Are you now a Commissioner of Deeds? NO Expiration _____

Do you solicit, undertake, or have been paid for the drawing of any legal papers or documents? NO
 If so, what sort? _____

State of New York,
 County of Westchester, } ss.:
 City of Yonkers,

The undersigned, who is an applicant for the office of Commissioner of Deeds for the City of Yonkers, New York, having been duly sworn, says that he is a citizen of the United States, a resident of the City of Yonkers, County of Westchester, State of New York, and over the age of twenty-one years, and that all the statements contained in the foregoing application are true.

Subscribed and sworn to before me this
18th day of November 2025
 by the applicant herein, and who is to me personally known,

(Signature of Applicant) Vanessa Rios

RABINDRANAATH IKRAN
 Commission of Deeds
 City of Yonkers, New York
 Qualified in Westchester County
 Notary Public
 My Commission Expires: 2027

RECOMMENDATIONS

Names of persons recommending appointments must be signed personally by them, with occupation and address.

We have known Vanessa Rios the candidate named herein for appointment to the office of Commissioner of Deeds, City of Yonkers, for (25) (2) years and we know the applicant to be of good moral character, qualified to perform the duties of Commissioner of Deeds, and we believe that the facts stated in the affidavit as stated above are true.

Debbie Perez
 Address 1500 Noble Ave 186
Bronx, NY 10460

Gabriel Hernandez Dominguez
 Address 55 Crosby Floor 3
New York, NY 10012

INSTRUCTIONS FOR APPLYING FOR COMMISSIONER OF DEEDS APPOINTMENT

1. Commissioner of Deeds appointments are for a two year period and are not automatically renewed. Applicants must obtain another application form and re-file for reappointment. Applicants for Commissioner of Deeds must live or work in the City of Yonkers.
2. Applicants must complete the application form and forward it to the City Clerk at City Hall, 40 South Broadway, Room 107, Yonkers, New York 10701. Please allow several months for processing.
3. All applicants for Commissioner of Deeds appointments must be approved by the City Council.
4. After receiving City Council approval, the list of applicants will be forwarded to the County Clerk's Office. The County Clerk will contact the applicant about fees and additional paperwork needed to complete the process.

Application for the Office of Commissioner of Deeds

Actual place of residence: Street, number & Zip Code 55 Crosby Street, Floor 3, 10012 New York, New York
 Name of Applicant in full Gabriel Hernandez Dominguez
 Occupation Consultant Any other occupation? _____
 With or of the firm of Law Office of Charles Lesnick
 Line of business Law and Real Estate Business address 15 Albemarle Place, Yonkers, N.Y. 10701
 Age 31 When and where born June 1st, 1994 La Habana, Cuba
 If naturalized, when and where? Tampa, Florida May, 2010
 Are you admitted to the Bar? No If so, when and where _____
 Are you associated with any lawyer or firm of lawyers? Yes If so, with whom? Law Office of Charles Lesnick
 Has your application for appointment as Commissioner of Deeds ever been rejected? No
 Have you ever been removed from the office of Notary Public or Commissioner of Deeds? No Give particulars _____
 Are you now a Commissioner of Deeds? No Expiration _____

Do you solicit, undertake, or have been paid for the drawing of any legal papers or documents? No
 If so, what sort? _____

State of New York,
 County of Westchester, } ss.:
 City of Yonkers,

The undersigned, who is an applicant for the office of Commissioner of Deeds for the City of Yonkers, New York, having been duly sworn, says that he is a citizen of the United States, a resident of the City of Yonkers, County of Westchester, State of New York, and over the age of twenty-one years, and that all the statements contained in the foregoing application are true.

Subscribed and sworn to before me this
18th day of November 2025
 by the applicant herein, and who is to me personally known,

(Signature of Applicant)

RABINDRANAATH IKRAN
 Commissioner of Deeds
 City of Yonkers, New York
 Commission Expires, 2027

RECOMMENDATIONS

Names of persons recommending appointments must be signed personally by them, with occupation and address.

We have known Gabriel Hernandez Dominguez the candidate named herein for appointment to the office of Commissioner of Deeds, City of Yonkers, for (12) (12) years and we know the applicant to be of good moral character, qualified to perform the duties of Commissioner of Deeds, and we believe that the facts stated in the affidavit as stated above are true.

Charles Lesnick Charles Lesnick

Address 15 Albemarle Place, Yonkers, N.Y. 10701

Blanca Sanchez
 Address 785 Warburton Ave B, Yonkers NY 10701