

Date received:

# Town of Hamilton

38 Milford Street  
Hamilton, NY 13346

Phone: (315) 824-3380 Fax: (315) 366-3054  
[www.TownofHamiltonNY.org](http://www.TownofHamiltonNY.org)

## Application for Zoning Permit

Please fill out form **completely** and submit to Code Enforcement Officer along with any attachments.

### Applicant Information:

Name: Town of Hamilton

Mailing Address: 38 Milford St. Hamilton Ny 13346  
Street Town State Zip

Phone: 315-824-3380 Email: s.reymers@townofhamiltonny.org

Applicant is:  Owner ( ) Agent  
( ) Lessee ( ) Contractor

### Owner Information:

Name: Town of Hamilton Signature: \_\_\_\_\_

Mailing Address: 38 Milford St. Hamilton Ny 13346  
Street Town State Zip

Phone: 315-824-3380 Email: s.reymers@townofhamiltonny.org

### Proposed Use/ Project Information:

Intended use: ( ) Residential ( ) Commercial  
( ) Agricultural  Other Public park

Describe proposed use or project: This parcel will be used as a public park with a kayak launch, pavilion, trails & parking.

### Property Information:

Property Tax Map # 111-1-8 Size of parcel: 7.34 acres

Property location: South east corner of Wickwire Rd & Sangerfield River

Has this property been subject to any previous variance, special use permit, zoning permit, subdivision or any other action by the Town of Hamilton?

( ) YES  NO

If yes, please give dates, file numbers and a brief description of action:

\_\_\_\_\_  
\_\_\_\_\_

**District Information:**

Please list the following districts for the project property.

Town: Hamilton Fire: Hubbardsville  
Village: none. Hamlet: Hubbardsville Water/Sewer: \_\_\_\_\_  
School: Hamilton Other: \_\_\_\_\_

**Attachments:**

Please attach a **sketch plan** showing where proposed use/project will be located on parcel and attach any other information as appropriate in order to fully describe proposal.

I affirm that the statements herein are true to the best of my knowledge and belief.

Signature Sue Reymers Date May 30, 2023

*Please note: The Codes Enforcement Officer has up to 10 working days after receiving a completed application to make a determination on the application, per Town of Hamilton Zoning Law.*

**OFFICE USE ONLY**

<p>Project Status:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Referred Reason: _____</p> <p><input type="checkbox"/> Denied Reason: _____</p> <p>Permits needed:</p> <p><input type="checkbox"/> Building Permit</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Special use Permit</p> <p><input type="checkbox"/> Variance: Use ( ) Area ( )</p> <p>Other Action: _____</p> <p>Zoning Permit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>C.E.O. Signature _____ Date: ____/____/____</p>
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Phone (315) 824-3380  
Fax (315) 824-0246

## Agricultural Data Statement

**Instructions:** Per Town of Hamilton Zoning Law Section 8.3-6 (A) An agriculture data statement is required where the proposed use is located in, or within 500 feet of, the boundaries of an agricultural district. (B) If an agricultural data statement has been submitted, the Secretary of the Planning Board shall, upon receipt of the application, mail written notice of the Special Permit application to the owners of land identified by the applicant in the agricultural data statement. Such notice shall include a description of the proposed project and its location. The cost of mailing the notice shall be borne by the applicant.

Date: 5/19/2023

Applicant Name: Town of Hamilton

Mailing Address: 38 Milford Street  
Hamilton NY 13346

Phone Number: 315-824-3380 Email: s.reymers@townofhamiltonny.org

### Agricultural Data Statement Requirements

#### 1. Type of Application

Special Use Permit    ( ) Site Plan Approval  
( ) Variance                      ( ) Subdivision            ( ) Other \_\_\_\_\_

#### 2. Owner (if different from applicant)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### 3. Location of proposed project

Address: Southeast corner of Widewire Rd & Sangerfield  
River.

Tax Map #: 1711-1-8

#### 4. Description of proposed project

Parcel Acre(s): 7.34

The Town of Hamilton owns the parcel and seeks to make improvements to access to the kayak launch, parking, egress and a pavilion. This property will be used as a public park.

5. Is this parcel within an Agricultural District?  Yes ( ) No

Agricultural District # 5

6. Is any part of this parcel being actively farmed?  Yes ( ) No

**OVER**

**Agricultural Data Statement** page 2

**7. List all properties that are part of the New York State Agricultural District program within 500 feet of this parcel. Attach additional sheets if necessary**

Name: Rolling Hills Madison Co, LLC  
Address: Green Road  
Tax Map #: 170.-1-50.1

Name: Rolling Hills Madison Co, LLC  
Address: Green Road  
Tax Map #: 170.-1-50.2

Name: Peter J. Laura & Jennifer Paradine  
Address: 32 Bruce Ln. N. Kings Park, NY 11754  
Tax Map #: 171.-1-27

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tax Map #: \_\_\_\_\_

\*\*\*A tax map must be included showing all of the above properties\*\*\*

**Applicant**  
**Signature:** Sue Reymers **Date** May 30, 2023  
**Print:** \_\_\_\_\_

**Owner (if different than applicant)**  
**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Print:** \_\_\_\_\_

**OFFICIAL USE ONLY**

**Reviewed by:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**NOTE TO REFERRAL AGENCY:** Madison County Planning Board (MCPB) review is **required** for applications for Site Plan Review, Special Use Permit and Variance (General Municipal Law §239-1, 239-m). A Copy of the Agricultural Data Statement must be submitted along with the referral to the MCPB. Subdivisions are not referable actions as the MCPB is not authorized to review subdivisions pursuant to General Municipal Law §239-n.



**REAL PROPERTY MAP**  
 PREPARED BY: [Name]  
 DATE: [Date]

THIS MAP WAS PREPARED FOR REAL PROPERTY TAX PURPOSES ONLY. IT IS NOT TO BE REPRODUCED OR USED FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN PERMISSION OF THE TOWN OF HAMILTON.

**REVISION TABLE**

NO.	DATE	DESCRIPTION
1	01/01/2024	INITIAL RELEASE

**SPECIAL DISTRICTS**

DISTRICT	AREA	DATE
1	[Area]	[Date]

**LEGEND**

SYMBOL	DESCRIPTION
[Symbol]	[Description]

**TAX MAP**

AREA	TAX VALUE
[Area]	[Value]

**TOWN OF HAMILTON**

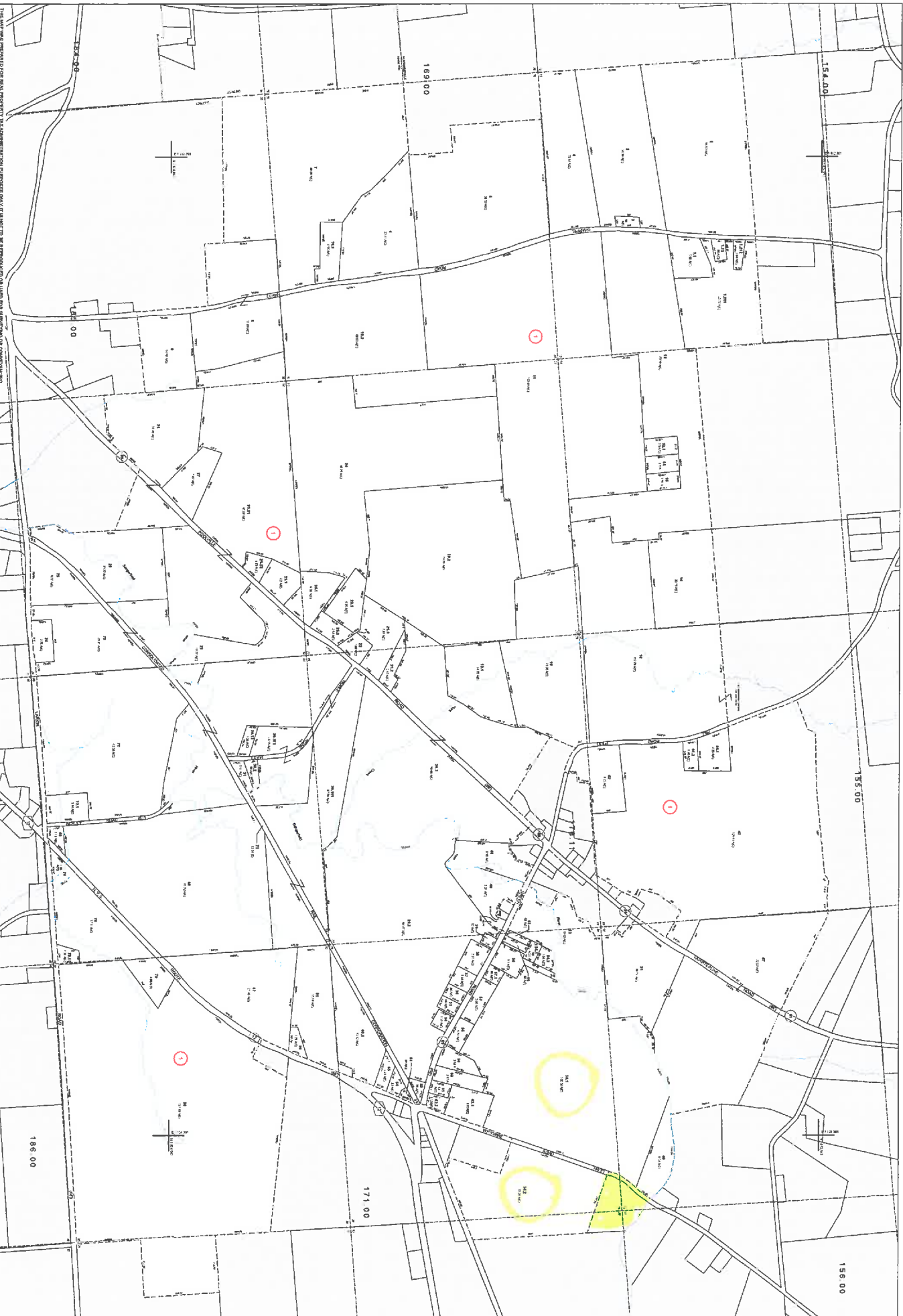
AREA	TAX VALUE
[Area]	[Value]

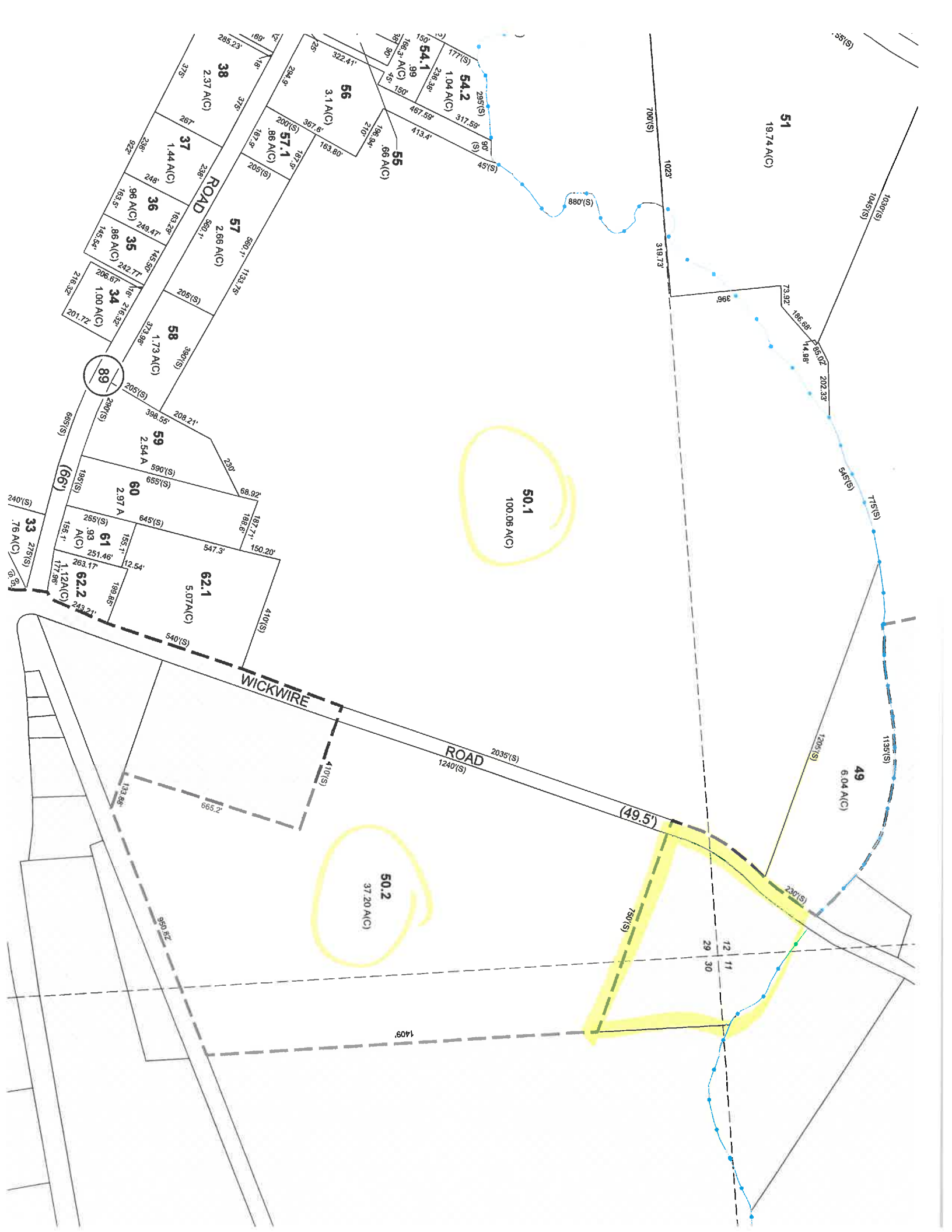
**TOWN OF HAMILTON**

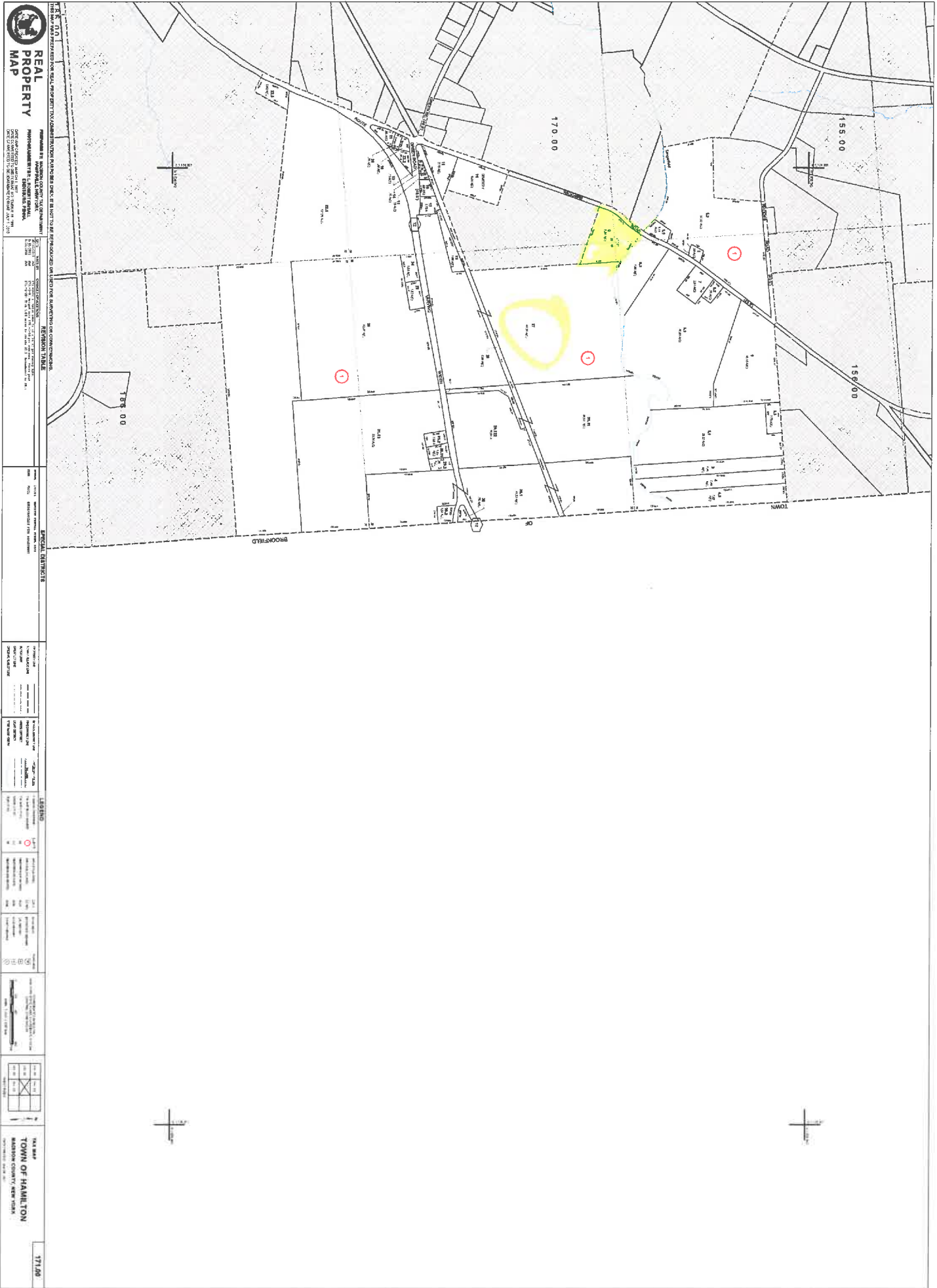
AREA	TAX VALUE
[Area]	[Value]

**TOWN OF HAMILTON**

AREA	TAX VALUE
[Area]	[Value]







**REAL PROPERTY MAP**

Prepared by the Hamilton County Tax Assessor's Office for the Hamilton County Board of Commissioners. This map is prepared for informational purposes only and does not constitute an offer of insurance or any other financial product. For more information, please contact the Hamilton County Tax Assessor's Office at (513) 241-1234.

**SPECIAL DISTRICTS**

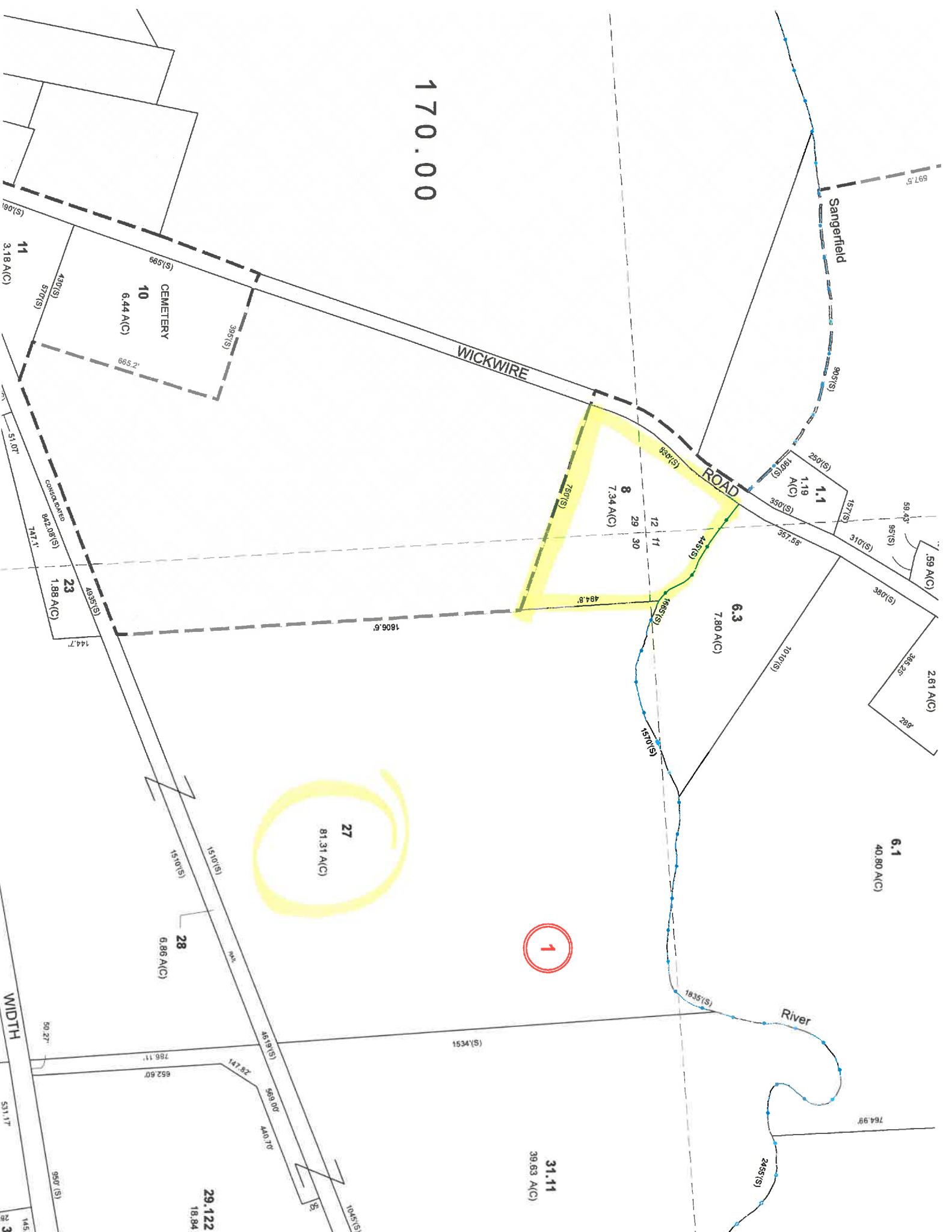
DISTRICT NAME	TYPE	STATUS
...	...	...

SYMBOL	DESCRIPTION
(Red circle with '1')	...
(Yellow shaded area)	...



**TOWN OF HAMILTON**  
 HAMILTON COUNTY, OHIO

170.00



WIDTH 531.17

31



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Clerk use only

Tax map #: \_\_\_\_\_

Zone District: \_\_\_\_\_

## Application for Sign Approval

Please fill out form completely and submit to the Code Enforcement Officer along with attachments.

Date: 5/19/2023

### Applicant Information:

Name: Town of Hamilton

Mailing Address: 38 Milford St. Hamilton NY 13346  
Street Town State Zip

Phone: 315-824-3380 Email: s.reymers@townofhamilton.org

Applicant is:  Owner  Agent  Lessee  Contract vendee

### Property Owner Information:

Name: Town of Hamilton Date: 5/19/2023

Mailing Address: 38 Milford St. Hamilton NY 13346  
Street Town State Zip

Phone: 315-824-3380 Email: s.reymers@townofhamilton.org

### Property Information:

Location: southeast corner of Wickwire Rd & Sangerfield River.

Size of Parcel: 7.34 acres

### Sign Information:

Type:  Wall  Freestanding  Other: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Color: \_\_\_\_\_ Illuminated?  Yes  No

Briefly describe the type of lighting to be used:

Will construction be needed?  Yes  No

**TURN OVER**

**Contractor Information:** (surveyors, engineers, etc.)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Town State Zip

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Attach additional pages if necessary

**Adjacent Property Owners:**

**Names:**

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add additional pages as necessary.

**Additional supporting documents required as appropriate: Plans showing sign location relative to the face of the building, design including wording, fabrication, sign elevation, lighting fixtures and wiring, illumination intensity. If applicant is not property owner, consent for this application is granted.**

**Property Owner's**

**Date:** May 30, 2023

**Signature:** Sue Reymers

**Applicant's**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For more information regarding signs please see the Town of Hamilton Zoning Law Article 5; Sections 5.10, 5.10-1, 5.10-2, 5.10-3, 5.10-4, 5.10-5, 5.10-6 (pages 18-21). Copies of the Zoning Law are available at the town office or online at [www.townofhamiltonny.org](http://www.townofhamiltonny.org).**

**FOR OFFICIAL USE ONLY**

**Date Application was received:** \_\_\_\_\_

**Permit is:** \_\_\_\_\_ **Approved.**

**Permit #:** \_\_\_\_\_

**Issuance Date:** \_\_\_\_\_

**Permit is:** \_\_\_\_\_ **Denied.**

**Reason for denial:** \_\_\_\_\_

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Phone (315) 824-3380  
Fax (315) 824-0246

Clerk use only  
Date filed:

## Application for Special Use Permit

Please fill out form completely and submit to the Code Enforcement Officer along with attachments.

Date: 5/19/2023

New  
 Amendment

### Applicant information

Name Town of Hamilton

Address 38 Milford St. Hamilton NY 13346  
(P.O. Box, Street, etc.) (City, State, Zip Code)

Phone 315-824-3380

Email s.reymers@townofhamiltonny.org

### THE FOLLOWING NEEDS TO BE COMPLETED ONLY IF THEY APPLY

Owner of Record of property (if different from applicant)

Name: \_\_\_\_\_

Address \_\_\_\_\_  
(P.O. Box, Street, etc.) (City, State, Zip Code)

Relationship of applicant to property (if different from the owner of record)

As owner of record, I hereby give my consent for this application:

\_\_\_\_\_  
*Owner's Signature*

### General information:

Address of Property Wickwire Rd. Hamilton NY 13346

Location of Property South east corner of Wickwire Rd & Sangerfield River

Zoning Description Ag District Tax Map # 171.-1-8  
34-Rural Vacant

**Amendment**

When was the original Special Use Permit issued? \_\_\_\_\_

What activities or uses were permitted?

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Please list any and all conditions that were placed on your previously issued Special Use Permit (please attach additional pages if necessary)

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What changes or modifications would you like?

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**Town of Hamilton Zoning Law**

**Article 8 Special Permits section 8.3-1 page 56**

**The following materials will be needed for your application to be considered by the Planning Board.**

- A. A Town of Hamilton Special Permit application form. (this form)
- B. A plot plan drawn to scale with accurate dimensions providing information sufficient to enable the Board to make an informed decision, and an agricultural data statement. (This may be hand drawn at this point, however a more detailed site plan may be required in the future. The Agricultural Data Statement form can be obtained from the Clerk's office.)
- C. A narrative describing the proposed use and operation. (This should be a very detailed description of what activities the applicant wishes to conduct on the premises as well as hours of operation, number of employees, etc.)
- D. A short-form or long-form SEQRA Environmental Assessment Form (EAF) with Part 1 fully completed by the applicant (a long-form EAF is required for all SEQRA Type I actions, but the Zoning Board of Appeals may require a long-form EAF for unlisted actions if the Board deems that the additional information contained on the long-form would be helpful and appropriate under the circumstances of the project proposal).

- E. The application fee as established by the Town Board, and an escrow deposit for reimbursement of cost of Town consultants (if required, see below).
- F. The Planning Board may waive or add any requirements for an application submission if it deems appropriate in order to accomplish the purposes set forth herein.

Sue Reymers

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*Applicant's Signature*

**Please be aware of the following provision in the Town of Hamilton Zoning Law:**

**Article 2 ADMINISTRATION AND ENFORCEMENT  
Section 2.8 Fees**

...In certain instances where the reviewing Board deems the application, or any aspect thereof, requires a legal, engineering, planning or other professional consultant to assist the reviewing Board, said Board may require as part of the fee, a deposit in an amount sufficient to reimburse the Town for reasonably estimated costs of a consultant to be retained by the reviewing Board in order to assist the Board in reviewing the application. Said amount shall be based on the specific fee schedule of the particular consultant or consultants retained as well as the scope of services to be provided by such consultant(s). The Town shall hold such deposit in escrow for the sole purpose of paying the costs and fees of the consultant(s) retained for review of the application. The consultant retained shall provide the Town with detailed invoices showing the services rendered for the time-period billed and the Town shall provide the applicant with an opportunity to review said invoices prior to payment. Additional deposits may be required as the review process continues. Any deposit amounts that remain at the end of the process shall be returned to the applicant.

Please see the Zoning Law for the Town of Hamilton for more detailed information.

A copy of the Zoning Law is available to borrow at any time.

**Please sign to indicate that you have read and understand the above paragraph**

Signature Sue Reymers

Date May 30, 2023

(revised 2/2019)

# Site Plan Review Checklist

Project Name \_\_\_\_\_

- A. Title of Drawing**
  - Name of applicant
  - Address of applicant
  - Preparer of drawing
- B. North Arrows**
  - Scale
  - Date
- C. Boundaries of property**
  - Plotted to scale
- D. Existing watercourses**
- E. Grading and drainage plan**
  - Existing contours
  - Proposed contours
- F. All Buildings**
  - Location
  - Design
  - Type of construction
  - Proposed use
  - Exterior dimensions
- G. Parking and loading areas**
  - Location
  - Design
  - Type of construction
  - Access and egress
- H. Provisions for pedestrian access - If necessary**
- I. Location of outdoor storage – if any**
- J. Site improvements including drains, culverts, retaining walls and fences**
  - Location
  - Design
  - Construction materials
- K. Sewage disposal**
  - Method
  - Location
  - Design
  - Construction materials
- L. Water**
  - Public or private
  - Location
  - Design
  - Construction materials
- M. Fire and emergency zones**
  - Location
  - Location of fire hydrants

?

# Site Plan Review Checklist

Project Name \_\_\_\_\_

- N. Energy distribution**
  - Electrical, Gas, Solar
  - Location
  - Design
  - Construction materials
- O. Signs**
  - Location
  - Design
  - Size
  - Materials
- P. Buffer areas**
  - Location
  - Design
  - Materials
- Q. Outdoor Lighting**
  - Location
  - Design
- R. Retail sales or Commercial activity**
  - Location
  - Amount of building area
- S. Landscaping**
  - General plan
  - Planting schedule
- T. Estimated project construction schedule**
- U. Record of application for and status of all necessary permits from State and County**
- V. Identification of any county or state permits required for project's execution**
- W. Description of proposed uses**
  - Hours of operation
  - Number of employees
  - Expected volume
  - Impact on traffic
- X. Storm Water Pollution Prevention Plan (SWPPP) - if necessary**
- Y. Other elements integral to the proposed project deemed necessary by the Planning Board**

Is this checklist is complete?

- YES
- NO

# Checklist for Special Use Permit Submittals

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Applicant: \_\_\_\_\_ Tax Map# \_\_\_\_\_

Project: \_\_\_\_\_

- Application- Date received \_\_\_\_\_
- Plot plan - received \_\_\_\_\_
  - Drawn to scale
  - Accurate dimensions
- Agricultural data statement - received \_\_\_\_\_
- Narrative - received \_\_\_\_\_
- Site Plan (see Checklist)- received \_\_\_\_\_
- SEQRA – received \_\_\_\_\_
  - Long form
  - Short form
- Application fee – received \_\_\_\_\_
  - Escrow fee – amount \_\_\_\_\_

Is this Application Complete? \_\_\_\_\_ Date: \_\_\_\_\_

Additional requirements:

\_\_\_\_\_

\_\_\_\_\_