

TOWN OF ROCHESTER PLANNING BOARD ULSTER COUNTY, NEW YORK

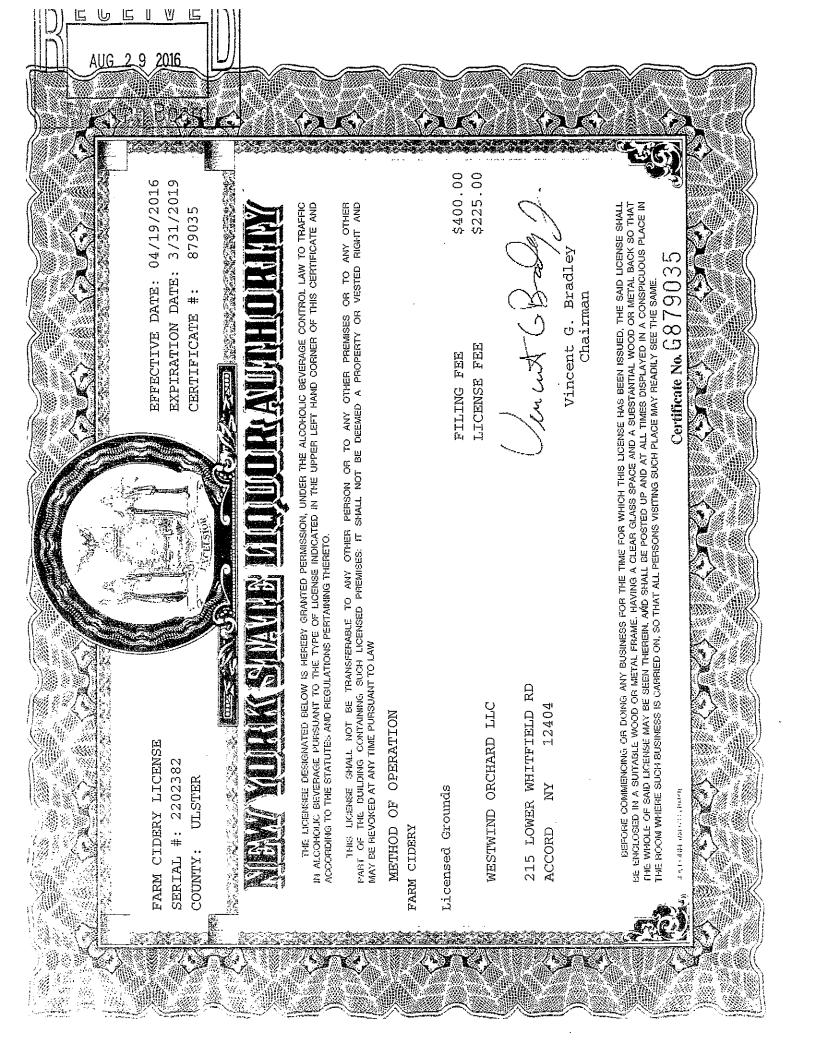
ldi	anning board	nnlication	#- <i>[lg-05-SPA</i>
		ate	08/29/16
	Fee	e Paid	300- dr + 132
	Ty	pe: Site I	lan X SUP
	SITE PLAN and SPECIAL USE PERMIT APPLIC	ATION	
1.	1. Name of Project: Westwind Orchard Cidery		
2.	2. Property Owner: Fabio Chi22ola		
	Address: 215 Lower whiteield ().		
	Primary Phone Secondary Phone ()		
	E-Mail Address		
3.	3. Applicant Name (if other than Owner): Lowell Deutschlander		
	Address: 144 Sportling Ridge 13.		
	Primary Phone Secondary Phone ()		
	E-Mail Address		
4	4. Site Location: Name of Public/Private Road project is accessed by Loc	um cul	40.1
••	Tax Map Section: 068-004 Block 4	_ Lot	7719 7
	Town of Rochester Zoning District(s): AQ3		
	Acreage of parcel(s)acres [Include all acreage of Currolls this project proposed to be completed in multiple phases?	ent parcel	(s) involved]
	is this project proposed to be completed in multiple phases?	_	
5.	5. This project is (check one): [] Expansion of existing use [] Change of	of Use [>	() New construction
6.	5. Will this project require permits or approval from any Federal, State, or	County ag	encies? Val
	If yes, Name? County Planning board.	County ag	
7	7. Existing use and facilities (indicate each existing building, approximate	_:	
•	parking lots, etc.) Residuce 2500 Ft ² , Storage Base 1800 Ft	size, use, a	end other facilities,
	parking lots, etc.) Residence 2500 Ft2, Storage Barn 1800 Ft Storage Shed 800 Ft2, Store 800 Ft2, Pavilion 400 Ft	1,5	
8.	type	es of uses]	
	Examples: Vacant land, Residential, Commercial, Farm, Industrial, etc	Resi	atial, tarm

Town of Rochester Planning Board Site Plan/Special Use Permit Application Feb. 2011

).	Describe proposed use and scope of project: \$ 4500 ft building for production, Storage and Taythy of hard citer. 1750 ft for production, 13,00 ft for storage, 250 ft kitchen, 1300 ft for tasking Room
	Storage and Taything of hard citer 1750 ff for production,
	13,00 Pt for storage, 250 ft2 kitchen, 1300 Ft2 for tasking Room
0.	Proposed construction – MUST INCLUDE A MAP TO SCALE – (Describe type and size of building and show location on map with setback dimensions on all property lines and other buildings). List any physical restrictions to the project such as waterways, flood plains, wetlands, steep slopes, rock outcroppings etc. [Locations of these must also be notated on the map provided by the applicant]
1.	Will the project require water supply and/or involve the disposal of sewage? If Yes, describe and give
	amounts. Well, 800 gal/Day Max. Scotil Box gal/Day Max.
2.	Is the property located within or contiguous to a NY State Certified Agricultural District?
3.	Does the property contain land located within a 100 year flood plain or Federal or NYS identified wetlands?
4.	Is project substantially contiguous to, or contain a building, site, of district, listed on the State or National Registers of Historic Places?
5.	Is the applicant requesting any waivers in procedure or submittal requirements from the Zoning (Chapter 140) regulations? (See 140-47 for details)
	If answered yes, then the applicant shall provide these requests to the Planning Board separately in written form and include all reasoning for such requests.
	Deponent, being duly sworn, states that he/she is the owner or authorized agent of the owner for which the foregoing work is proposed to be done, and that he/she is duly authorized to perform such work, and that all work will be performed in accordance with all applicable State, County, and Local Ordinances.
	Sworn by me this 24 day of August, 2016
	Signature of Applicant/ Agent
	Witnessed by

If an agent is representing applicant, a signed letter by applicant authorizing named individual to act as his/her agent must accompany the application.

TOWN VILLAGE CITY OF	Application #
Agricultural Data Statem	ent Date
Instructions: This form must be completed for any application variance or a subdivision approval requiring feet of a farm operation located in a NYS D	ication for a special use permit, site plan approval, us g municipal review that would occur on property wit Dept. of Ag & Markets certified Agricultural District.
Applicant	Owner if Different from Applicant
Name: FABLO GATON Address: 25 JOHN WATROW ACLORD NY 1240h	Name:Address:
. Type of Application: Special Use Permit; Site	
2. Description of proposed project:	WITH TASTING ROOM
Tax Map Number (TMP)	• • • • • • • • • • • • • • • • • • • •
Tax Map Number (TMP) 68 . Is this parcel within an Agricultural District? □NO . If YES, Agricultural District Number 3 . Is this parcel actively farmed? □NO	YES (Check with your local assessor if you do not know)
	YES (Check with your local assessor if you do not know)
Tax Map Number (TMP) 68 Is this parcel within an Agricultural District? No If YES, Agricultural District Number 3 Is this parcel actively farmed? NO Is this parcel within 500 feet of your parcel actively farmed? Name: CHRS KROM Address:	Name:
Tax Map Number (TMP) 68 Is this parcel within an Agricultural District? No If YES, Agricultural District Number 3 Is this parcel actively farmed? NO List all farm operations within 500 feet of your parcel Name: CHR'S KROW Address: Is this parcel actively farmed? NO YES Name: Akkowod TMMS	Name:
Tax Map Number (TMP) 68 Is this parcel within an Agricultural District? No. If YES, Agricultural District Number 3 Is this parcel actively farmed? No. Is this parcel actively farmed? No. Is tall farm operations within 500 feet of your parcel Name: CHR'S KOOM Address: Is this parcel actively farmed? NO. YES	Name:
Tax Map Number (TMP) 68 Is this parcel within an Agricultural District? No If YES, Agricultural District Number 3 Is this parcel actively farmed? NO Name: CHR'S KOOM Address: Is this parcel actively farmed? NO YES Name: ARROWOD TRANS Address:	Name:
Tax Map Number (TMP) 68 Is this parcel within an Agricultural District? No. If YES, Agricultural District Number 3 Is this parcel actively farmed? No. List all farm operations within 500 feet of your parcel actively farmed? Name: CHR'S KOOM Address: Is this parcel actively farmed? NO YES Name: AKROWOD THMS Address: Is this parcel/actively farmed? NO YES	YES (Check with your local assessor if you do not know) YES eel. Attach additional sheets if necessary. Name:



Part 1 - Project and Setting

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Sponsor Information.

Name of Action or Project: Westwind Orchard Cidery	1 200	ECELVED
Project Location (describe, and attach a general location map): 215 Lower Whitfield Rd. Accord NY		AUG 2 9 2016
Brief Description of Proposed Action (include purpose or need): A building for the production and tasting of hard cider		Sanzing Board
Name of Applicant/Sponsor:	Telephon	
Fabio Chizzola	E-Mail	
Address: 215 Lower Whitfield rd.		
City/PO: Accord	State: NY	Zip Code: 12404
Project Contact (if not same as sponsor; give name and title/role): Lowell Deutschlander (Designer)	Telephon	
	E-Mail	
Address: 144 Sparkling Ridge rd		-
City/PO: New Paliz	State: NY	Zip Code: 12561
Property Owner (if not same as sponsor):	Telephone:	·
	E-Mail:	
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals

B. Government Approvals, Funding, or Sponassistance.)	nsorship. ("Funding" includes grants, loans, ta	x relief, and any other	forms of financial
Government Entity	If Yes: Identify Agency and Approval(s) Required	Application (Actual or p	
a. City Council, Town Board, ☐Yes✔No or Village Board of Trustees			
b. City, Town or Village ✓Yes No Planning Board or Commission	Site Plan Approval	08/29/16	
c. City Council, Town or Yes No Village Zoning Board of Appeals			
d. Other local agencies ☐Yes☑No			
e. County agencies Yes No	County planning board		
f. Regional agencies ☐Yes☑No			
g. State agencies ☐Yes☑No			
h. Federal agencies ☐Yes☑No			
i. Coastal Resources.i. Is the project site within a Coastal Area, or	or the waterfront area of a Designated Inland W	aterway?	∐Yes ☑ No
ii. Is the project site located in a communityiii. Is the project site within a Coastal Erosion	with an approved Local Waterfront Revitalizate Hazard Area?	tion Program?	□Yes ☑ No □Yes ☑ No
C. Planning and Zoning			
C.1. Planning and zoning actions.			
 Will administrative or legislative adoption, or a only approval(s) which must be granted to enable. If Yes, complete sections C, F and G. If No, proceed to question C, and continue of the continu	mendment of a plan, local law, ordinance, rule ole the proposed action to proceed? Inplete all remaining sections and questions in E	_	∐Yes ∕ No
C.2. Adopted land use plans.			
a. Do any municipally- adopted (city, town, vil where the proposed action would be located?) include the site	□Yes ☑ No
If Yes, does the comprehensive plan include spewould be located?	ecific recommendations for the site where the p	proposed action	□Yes□No
b. Is the site of the proposed action within any l Brownfield Opportunity Area (BOA); design or other?) If Yes, identify the plan(s):	ocal or regional special planning district (for exacted State or Federal heritage area; watershed		∐Yes ∠ No
c. Is the proposed action located wholly or part or an adopted municipal farmland protection If Yes, identify the plan(s):		ipal open space plan,	∐Yes Z No

Ow. Avuing	
a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinal If Yes, what is the zoning classification(s) including any applicable overlay district? AG3	ance. ✓Yes No
In Trade and the state of the s	
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, i. What is the proposed new zoning for the site?	<u></u> Yes ∠ No
C.4. Existing community services.	
a. In what school district is the project site located? Roundout	
a. If what school district is the project site located?	
b. What police or other public protection forces serve the project site? Town of Rochester, Ulster County Sherrif, NYZ Troopers	
c. Which fire protection and emergency medical services serve the project site? Accord Fire District	
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, recreation components)?	eational; if mixed, include all
b. a. Total acreage of the site of the proposed action? 29.5 acres	
b. Total acreage to be physically disturbed? .076 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 29.5 acres	
 c. Is the proposed action an expansion of an existing project or use? i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (square feet)? %	☐ Yes ☑ No e.g., acres, miles, housing 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.)	pes)
ii. Is a cluster/conservation layout proposed?	□Yes □No
iii. Number of lots proposed?	
e. Will proposed action be constructed in multiple phases?	□Yes☑No
i. If No, anticipated period of construction:ii. If Yes:	
Total number of phases anticipated	
· · · · · · · · · · · · · · · · · · ·	year
 Anticipated completion date of final phase month 	year
 Generally describe connections or relationships among phases, including any contingend determine timing or duration of future phases: 	sies where progress of one phase may

	n menade new residuals propositions of units propositions.				∏ τ esl ⊼]τ∡ο
1 1 05, 510 W Hall		Two Family	Three Family	Multiple Family (four or more)	
Initial Phase At completion of all phases					
g. Does the propo	sed action include	new non-residentia	l construction (inch	uding expansions)?	✓ Yes No
If Yes, i Total number	of structures	1			
ii. Dimensions (in feet) of largest pr	roposed structure:	24 height;	width; and square feet	
					TXZ TANT.
				Il result in the impoundment of any agoon or other storage?	□Yes ☑ No
If Yes,					
i. Purpose of theii. If a water imp	oundment, the princ	cipal source of the	water:	Ground water Surface water stream	ams Other specify:
iii. If other than v	vater, identify the ty	pe of impounded/o	contained liquids an	d their source.	
in Approximate	size of the proper	d immoundment	Yalımaı	million colland gurface area.	noros
v. Dimensions o	size or the proposed f the proposed dam	a impoundment. or impounding str	ucture:	million gallons; surface area: height; length	acres
vi. Construction	method/materials f	or the proposed da	m or impounding st	ructure (e.g., earth fill, rock, wood, con	icrete):
		,			
D.2. Project Op					
				furing construction, operations, or both s or foundations where all excavated	? □Yes☑No
materials will r		mon, grading or m	stanauon of ummes	of foundations where an excavated	
If Yes:	um aga af tha arraarra				
ii. How much ma	rpose or the excava terial (including roo	ition or dreaging? ck, earth, sediments	s, etc.) is proposed t	to be removed from the site?	
 Volume 	(specify tons or cul	oic yards):			
Over wh iii Describe natur	at duration of time?	es of materials to h	e evcavated or dred	ged, and plans to use, manage or dispo	se of them
			e excavated of died	ged, and plans to use, manage of dispo	se of mem.
iv. Will there be	onsite dewatering	or processing of ex	cavated materials?		Yes No
If yes, descri	be.		×		
	tal area to be dredg			acres	
	aximum area to be	worked at any one	time?	acres	
	pe the maximum de wation require blas		or dredging?	feet	Yes No
					197-14-14-14-14-14-14-14-14-14-14-14-14-14-
	· · · · · · · · · · · · · · · · · · ·				
				ecrease in size of, or encroachment	Yes ✓ No
into any existi If Yes:	ng wetland, waterb	ody, shoreline, bea	ch or adjacent area	?	
i. Identify the w				water index number, wetland map nun	iber or geographic
description):		4***		4-12-1-2-1	

alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square and additions and additions in square and additions and additions are also and additions and additions and additions are additional and additions and additions are additional additions.	uare feet or acres:
iii. Will proposed action cause or result in disturbance to bottom sediments? If Yes, describe:	∐Yes No
iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation? If Yes:	☐ Yes ☐ No
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
f Yes:	
i. Total anticipated water usage/demand per day: ### document ### gallons/day ### gallons/day ### document ### gallons/day ### document ### gallons/day ### document ### gallons/day ### document ### document ### gallons/day ### document ### do	∐Yes ∠ No
f Yes:	TI tes Aivo
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
ii. Will line extension within an existing district be necessary to supply the project? Yes:	Yes No
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? f, Yes:	☐ Yes☐No
Applicant/sponsor for new district:	
Date application submitted or anticipated:	
Proposed source(s) of supply for new district:	
v. If a public water supply will not be used, describe plans to provide water supply for the project:	
vi. If water supply will be from wells (public or private), maximum pumping capacity: gallons/mi	inute.
. Will the proposed action generate liquid wastes?	✓ Yes No
Yes:	
 i. Total anticipated liquid waste generation per day:	11
approximate volumes or proportions of each): Approximate volumes or proportions of each	
Will the proposed action was any aristics and the second action was any aristic and the second action action and the second action act	
i. Will the proposed action use any existing public wastewater treatment facilities? If Yes:	∐Yes ∠ No
Name of wastewater treatment plant to be used:	
Name of district:	···_
 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

•	Will line extension within an existing district be necessary to serve the project? If Yes:	□1 es□100 □Yes□No
	Describe extensions or capacity expansions proposed to serve this project:	
	l a new wastewater (sewage) treatment district be formed to serve the project site? Yes:	∐Yes ☑ No
•	Applicant/sponsor for new district: Date application submitted or anticipated:	
•	What is the receiving water for the wastewater discharge?	•
v. If presented to the second second repair repairs to the second repair repair repair repair repair repair re	ublic facilities will not be used, describe plans to provide wastewater treatment for the project, including specification if surface discharge, or describe subsurface disposal plans): yetem	fying proposed
<i>vi</i> . De Septic S	ccribe any plans or designs to capture, recycle or reuse liquid waste:	
e Wil	the proposed action disturb more than one acre and create stormwater runoff, either from new point	∐Yes ⊘ No
sou sou	ces (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point rce (i.e. sheet flow) during construction or post construction?	[1e2 &_ 140
If Yes		
i. Ho	w much impervious surface will the project create in relation to total size of project parcel? Square feet or acres (impervious surface)	
ii. De	Square feet or acres (parcel size) scribe types of new point sources	
iii. W	ere will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent pr oundwater, on-site surface water or off-site surface waters)?	operties,
•	If to surface waters, identify receiving water bodies or wetlands:	
ė Do	Will stormwater runoff flow to adjacent properties?	☐Yes ☐No
	es proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?	☐Yes☐No
con	s the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel bustion, waste incineration, or other processes or operations? identify:	∐Yes ☑ No
	bile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)	
ii. St	tionary sources during construction (e.g., power generation, structural heating, batch plant, crushers)	
iii. St	tionary sources during operations (e.g., process emissions, large boilers, electric generation)	
g. Wil or H If Yes	any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, ederal Clean Air Act Title IV or Title V Permit?	∐Yes ☑ No
i. Is th	e project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ient air quality standards for all or some parts of the year)	□Yes□No
	ddition to emissions as calculated in the application, the project will generate:	
•	Tons/year (short tons) of Nitrous Oxide (N_2O)	
•	Tons/year (short tons) of Perfluorocarbons (PFCs)	
•	Tons/year (short tons) of Sulfur Hexafluoride (SF ₆)	
•	Tons/year (short tons) of Carbon Dioxide equivalent of Hydroflourocarbons (HFCs)	
•	Tons/year (short tons) of Hazardous Air Pollutants (HAPs)	

landfills, composting facilities)? If Yes: i. Estimate methane generation in tons/year (metric): ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to ge electricity, flaring):	enerate heat or
Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust):	∐Yes ⊻ No
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? If Yes: i. When is the peak traffic expected (Check all that apply):	_Yes_No _Yes_No ccess, describe:
 vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site? vii Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? 	Yes No Yes No Yes No
k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? If Yes: i. Estimate annual electricity demand during operation of the proposed action: ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, On site solar	Yes No
iii. Will the proposed action require a new, or an upgrade to, an existing substation?	Yes ✓ No
1. Hours of operation. Answer all items which apply. i. During Construction: Monday - Friday: Saturday: Sunday: Holidays: ii. During Operations: Monday - Friday: Saturday: Saturday: Sunday: Holidays: Holidays: iii. During Operations: Saturday: Saturday: Saturday: Sunday: Holidays:	g g

m. with the proposed action produce noise that will exceed existing amorem noise revers during constituencin, operation, or both?	№ 1 1 62 Г 1140
If yes:	
i. Provide details including sources, time of day and duration: Construction noise such as sawing hammering and operation of heavy machinery from 9am - 5pm for one month	
Constitution noise such as saving nationality and operation of nearly machinery from Sant - Spin for one month	-
ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen?	Yes ✓ No
Describe:	1000110
n. Will the proposed action have outdoor lighting?	✓ Yes No
If yes:	
i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:	
ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen?	☐Yes ☑No
Describe:	
o. Does the proposed action have the potential to produce odors for more than one hour per day?	☐Yes ☑No
If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest	
occupied structures:	
p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons)	∐Yes Z No
or chemical products 185 gallons in above ground storage or any amount in underground storage?	
If Yes:	
i. Product(s) to be stored ii. Volume(s) per unit time (e.g., month, year)	
iii. Generally describe proposed storage facilities:	
q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides,	☐ Yes ☑ No
insecticides) during construction or operation?	103 100
If Yes:	
i. Describe proposed treatment(s):	
ii. Will the proposed action use Integrated Pest Management Practices?	☐ Yes ☐No
r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal	☐ Yes 🗹 No
of solid waste (excluding hazardous materials)?	
If Yes: i. Describe any solid waste(s) to be generated during construction or operation of the facility:	
Construction: tons per (unit of time)	
• Operation: tons per (unit of time)	
Operation: tons per (unit of time) ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste	•
Construction:	
· · · · · · · · · · · · · · · · · · ·	
Operation:	
iii. Proposed disposal methods/facilities for solid waste generated on-site:	
iii. Proposed disposal methods/facilities for solid waste generated on-site:	

If Yes: i. Type of management or handling of waste proposed other disposal activities): ii. Anticipated rate of disposal/processing: •Tons/month, if transfer or other non- •Tons/hour, if combustion or thermal iii. If landfill, anticipated site life:	1 for the site (e.g., recycling of combustion/thermal treatment	or transfer station, composting	z, landfill, or
t. Will proposed action at the site involve the commercia		age or disposal of hazardous	∐Yes ✓ No
waste?	D B	So, or disposar or masar avac	
If Yes:			
i. Name(s) of all hazardous wastes or constituents to b	e generated, handled or man	aged at facility:	
ii. Generally describe processes or activities involving	hazardous wastes or constitu	ents.	
iii. Specify amount to be handled or generated	tons/month		
iv. Describe any proposals for on-site minimization, re-	cycling or reuse of hazardous	s constituents:	
1 A A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
v. Will any hazardous wastes be disposed at an existin	g offsite hazardous waste fac	ility?	Yes No
If Yes: provide name and location of facility:			
If No. dozgaiha managad managa da C. 1	1 1 1 111		
If No: describe proposed management of any hazardous	wastes which will not be set	it to a hazardous waste facility	у:
		· · · · · · · · · · · · · · · · · · ·	
E. Site and Setting of Proposed Action			
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E.1. Land uses on and surrounding the project site			
E.1. Land uses on and surrounding the project site a. Existing land uses.			
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	e project site.	al (non farm)	
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	e project site. dential (suburban)	al (non-farm)	
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 Urban Industrial Commercial Resi Forest Agriculture Aquatic Othe	e project site. dential (suburban)	al (non-farm)	
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	e project site. dential (suburban)	al (non-farm)	
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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 Urban Industrial Commercial Resi Forest Agriculture Aquatic Othe	e project site. dential (suburban)	al (non-farm)	
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 Urban Industrial Commercial Resi Forest Agriculture Aquatic Othe ii. If mix of uses, generally describe: b. Land uses and covertypes on the project site.	dential (suburban)		Change
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 Urban Industrial Commercial Resi Forest Agriculture Aquatic Othe ii. If mix of uses, generally describe:	e project site. dential (suburban)	Acreage After Project Completion	Change (Acres +/-)
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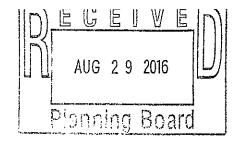
c. is the project site presently used by members of the community for public recreation? i. If Yes: explain:	LI I ENVIRO
 d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? If Yes, i. Identify Facilities: 	∐Yes☑No
e. Does the project site contain an existing dam?	☐Yes Z No
If Yes: i. Dimensions of the dam and impoundment:	
• Dam height: feet	
• Dam length: feet	!
 Surface area: acres Volume impounded: gallons OR acre-feet 	
ii. Dam's existing hazard classification:	
iii. Provide date and summarize results of last inspection:	.,,-
	
f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facil If Yes:	∐Yes ⊻ No ity?
i. Has the facility been formally closed?	☐Yes☐ No
If yes, cite sources/documentation:	
ii. Describe the location of the project site relative to the boundaries of the solid waste management facility:	
iii. Describe any development constraints due to the prior solid waste activities:	
g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? If Yes:	□Yes ∠ No
i. Describe waste(s) handled and waste management activities, including approximate time when activities occurre	ed:
h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site?	∐Yes ∠ No
If Yes:i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental SiteRemediation database? Check all that apply:	□Yes□No
Yes – Spills Incidents database Provide DEC ID number(s):	
Yes – Environmental Site Remediation database Provide DEC ID number(s):	
☐ Neither database	
ii. If site has been subject of RCRA corrective activities, describe control measures:	
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? If yes, provide DEC ID number(s):	□Yes□No
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s):	

The state of the s	
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?	TyzThr.
	Yes No
Explain:	
	
E.2. Natural Resources On or Near Project Site	
a. What is the average depth to bedrock on the project site?	
b. Are there bedrock outcroppings on the project site?	☐Yes ✓ No
If Yes, what proportion of the site is comprised of bedrock outcroppings?	
78. 110doinnant son type(s) present on project site.	
)
d. What is the average depth to the water table on the project site? Average: feet	
e. Drainage status of project site soils: Well Drained:	
Moderately Well Drained: % of site	
Poorly Drained % of site	
f. Approximate proportion of proposed action site with slopes: 0-10%: 95 % of site 10-15%: 5 % of site	
✓ 10-15%:5% of site 15% or greater:% of site	
g. Are there any unique geologic features on the project site?	☐ Yes ✓ No
If Yes, describe:	
h. Surface water features.	
i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers,	∐Yes √ No
ponds or lakes)?	
ii. Do any wetlands or other waterbodies adjoin the project site?	Yes✔No
If Yes to either i or ii, continue. If No, skip to E.2.i.	
iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal,	□Yes□No
state or local agency?	
iv. For each identified regulated wetland and waterbody on the project site, provide the following information:	
• Streams: Name Classification	
Lakes or Ponds: Name Classification	
wettands: 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?	☐Yes ☐No
If yes, name of impaired water body/bodies and basis for listing as impaired:	
2 yes, name of imparred water body/bodies and basis for fishing as imparred.	
i. Is the project site in a designated Floodway?	☐Yes ✓ No
j. Is the project site in the 100 year Floodplain?	∐Yes ✓ No
k. Is the project site in the 500 year Floodplain?	☐Yes ✓No
1. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer?	∐Yes ✓ No
If Yes:	
i. Name of aquifer:	

m. Identity the predominant whome species Deer	nat occupy or use the project site: Song Birds		
Turkey	Rodents		
			,,-,
n. Does the project site contain a designated s If Yes:			☐Yes ✓No
i. Describe the habitat/community (composite	tion, function, and basis for designation	on):	
ii. Source(s) of description or evaluation:			
iii. Extent of community/habitat:			
Currently:		acres	
 Following completion of project as p 	roposed:	acres	
• Gain or loss (indicate + or -):		acres	
o. Does project site contain any species of pla endangered or threatened, or does it contain			∐Yes ∠ No es?
p. Does the project site contain any species of special concern?	f plant or animal that is listed by NYS	s as rare, or as a species of	_Yes ∕ No
q. Is the project site or adjoining area currentl If yes, give a brief description of how the pro		or shell fishing?	□Yes ✓ No
E.3. Designated Public Resources On or N	ear Project Site		
a. Is the project site, or any portion of it, local Agriculture and Markets Law, Article 25-If Yes, provide county plus district name/nur	ed in a designated agricultural district	•	∐Yes ∠ No
b. Are agricultural lands consisting of highly i. If Yes: acreage(s) on project site?	productive soils present?		_Yes ∠ No
ii. Source(s) of soil rating(s):			
c. Does the project site contain all or part of, Natural Landmark? If Yes: i. Nature of the natural landmark: ii. Provide brief description of landmark, in	Biological Community Ge	eological Feature	∐Yes ☑ No
d Tatho project its leasted in a death of the	n a state listed Oddied Fundament	1 4 2	TV INT-
			_Yes ∠ No
ii. Basis for designation: iii. Designating agency and date:			
in resignating agency and date.			

which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places? If Yes: i. Nature of historic/archaeological resource: Archaeological Site Historic Building or District ii. Name: iii. Brief description of attributes on which listing is based:	<u> </u>
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?	□Yes ∠ No
g. Have additional archaeological or historic site(s) or resources been identified on the project site? If Yes: i. Describe possible resource(s): ii. Basis for identification:	∏Yes ✓ No
 h. Is the project site within fives miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource? If Yes: i. Identify resource: 	□Yes ∠ No
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? If Yes: i. Identify the name of the river and its designation: 	∐Yes ∠ No
i. Identify the name of the river and its designation: ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?	□Yes □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 in measures which you propose to avoid or minimize them.	npacts plus any
G. Verification I certify that the information provided is true to the best of my knowledge. Applicant/Sponsor Name FABO CHICAD A Date 8-296 Signature Title DAW	

08/10/16
Westwind Orchard Site Plan Approval Narrative
215 Lower Whitfield rd.
Accord NY



Westwind Orchard is proposing to construct a new building for the purposes of making and tasting hard cider.

This will be in addition to their other Ag-tourism activities; Apple picking and the sale of produce and products from their property.

The business is currently open to the public April to November and the addition of the Cidery will not be changing that schedule.

Hours of operation are 12pm to 630 pm weekends only

Typically the busiest season is Fall

The Business will not be hosting events

Their are currently 12 parking spaces on the north side of Lower Whitfield rd and the Town of Rochester Planning Board is requiring another 24 spaces.

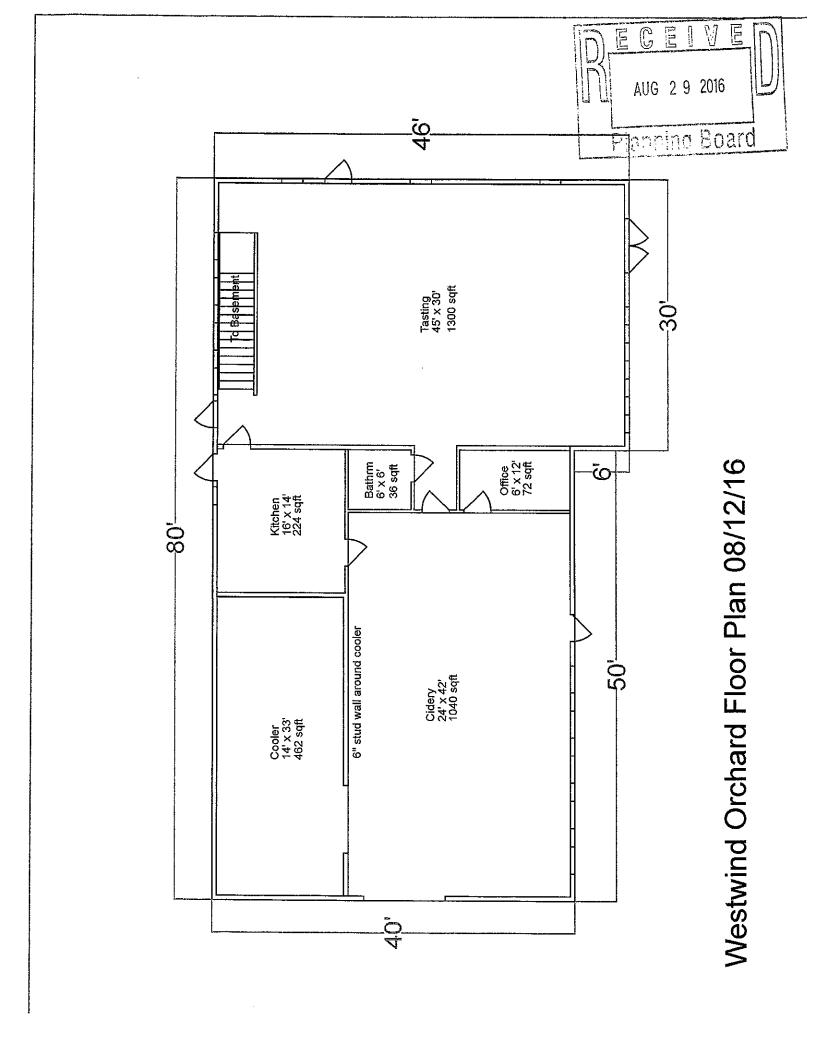
Overflow parking for peak season is located across Lower Whitfield rd and the pedestrian crossing point will have warning signs on both sides for the safety of pedestrians.

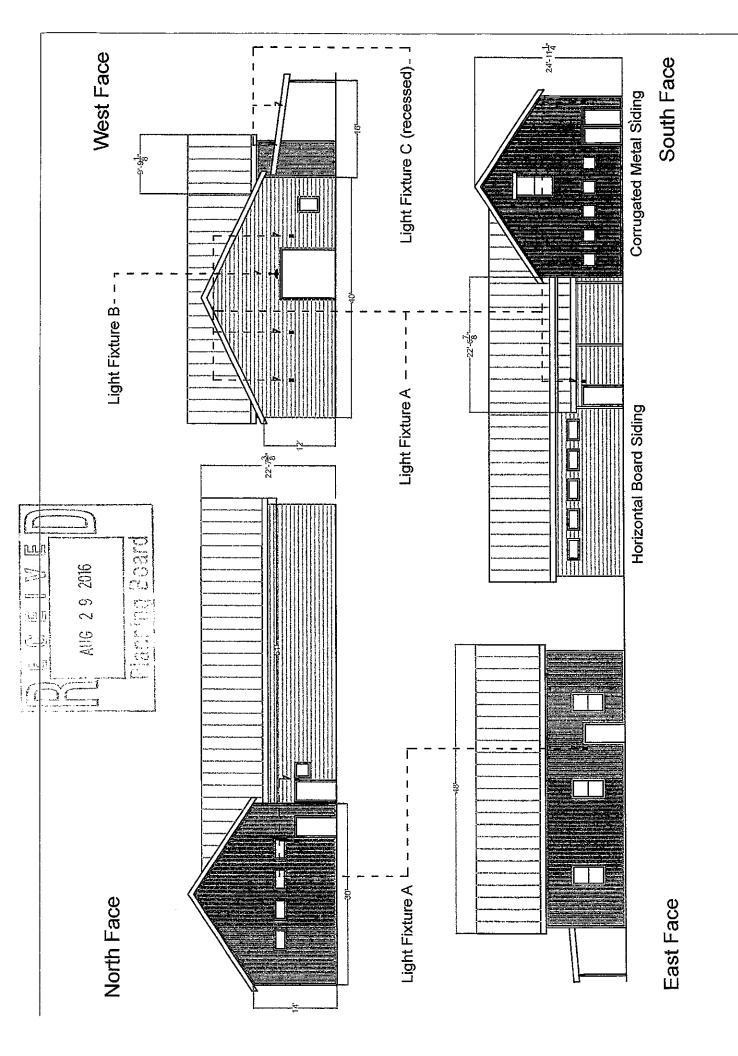
Handicap Parking will be located within the proposed loading zone due to its close proximity to the building. Loading operations will only occur on the weekdays and the business is only open to the public on weekends so the two uses will not overlap.

The existing Westward Orchard sign will not be modified in any way. (see attached photo)

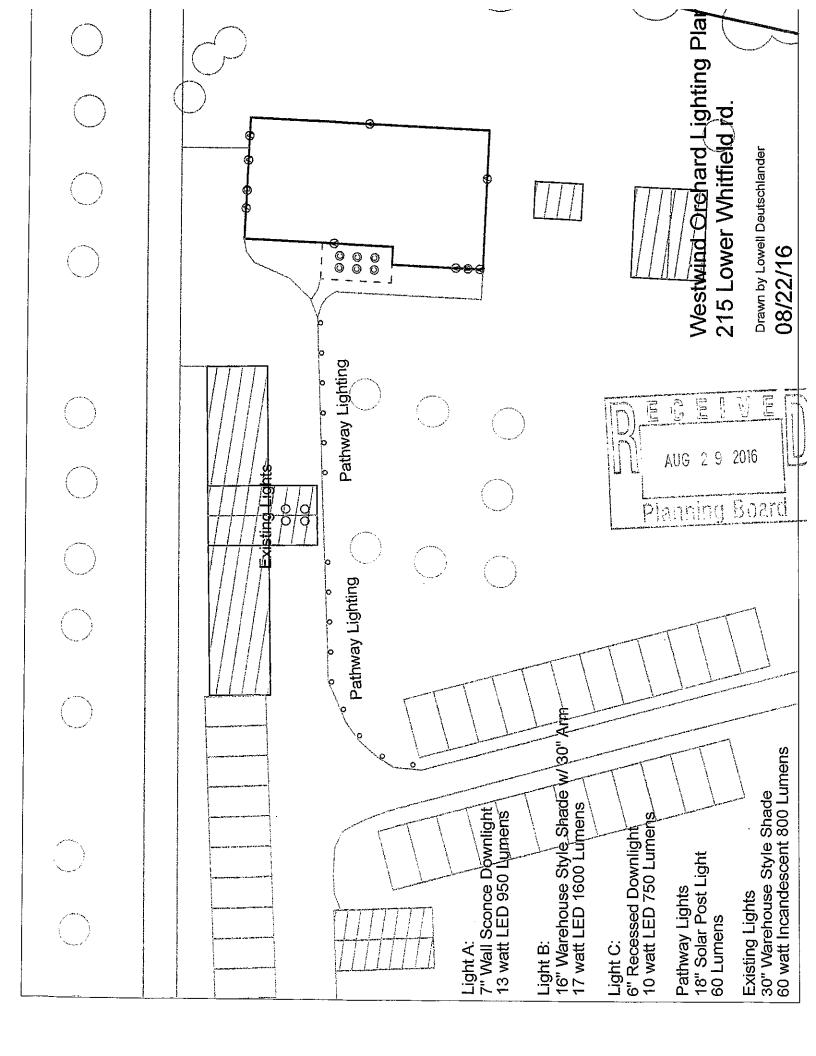
Between the proposed building and the adjacent property there is an existing rock wall and vegetation of trees and scrub that is sufficient for screening. (see attached photo and info.)

The materials of the proposed building will be keeping with the existing style of the property (see attached photos)





1/16" = 1Westwind Orchard Cidery Elevations 08/22/16



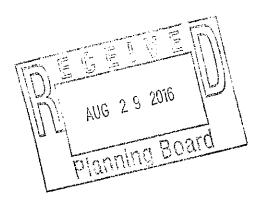
incandescent

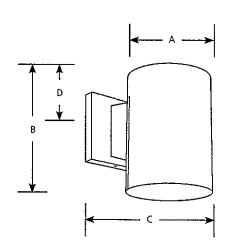
5" **Cylingers** Wall Mount

Outdoor

Westwind Orchard Light A

	Finish								
	Antique		Metallic		Dimensions (Inches)		;)		
Catalog No.	Bronze	White	Black	Gray	Lamping	Α	В	C	D
P5674	-20	-30	-31	-82	1-75w PAR30, 65w BR30	5	7-1/4	8	2-1/2





Specifications:

General

- Extruded aluminum .125 wall thickness one piece cylinder
- Cast aluminum wall bracket
- Down lighting
- Powder coat painted Antique Bronze (-20), White (-30), Black (-31) or Metallic Gray (-82) finishes
- Interior finish matches exterior finish

Mounting

- Covers any outlet box
- Cast mounting bracket is 4-1/2" square
- Outlet box mounting bracket supplied permitting attachment of unit to wall with one almost invisible set screw

Electrical

 Medium base porcelain socket with nickel plated brass screw shell

<u>Labeling</u>

• UL-CUL wet location listed

Progress Lighting 701 Millennium Blvd. Greenville, South Carolina 29607



8 3/4"

Project: **Customer No:** Fixture Type: Quantity:

Westwind Orchard Light B W516

RLM Shades manufactured using 1100 aluminum alloy, typically .08-.125 thickness

W516	M021LD	, N ,	W	40K	RTC	ͺ Ε 6ͺ	,PC,	41
7						\top		
RLM Style	Light Source & Wattage	Dimming#No Dimming) Distribution	CCT	l Driver Housing	Mounting	Accessories	į Finish

1 LIGHT SOURCE & WATTAGES Catalog

GU24 Socket Option 9w M009LD

Wattage

16" Warehouse Shade

M013LD 13w 21w M021LD

DIMMING/NO DIMMING

N (No Dimming) D (Dimming)

\$ (Sunset - Dims smoothly from 2700K to 1800K)

DISTRIBUTION

W (T5 Wide Distribution with Dome LED Lens)

N (T5 Narrow Distribution with Flat LED Lens)

4 COLOR TEMPERATURE (CCT)

CCT Catalog# 2700K 3000K 30K 3500K 35K 4000K 40K

DRIVER HOUSING

RTC (Driver Canopy)

RTCNC (Driver Canopy/No Spun Cover)

Arm Mounts (Come Standard with CB) E1 E2 E3 E4 E5 E6 E7 E8 E9 E10 E11 E12 E13

E15 E16 E17 E18

16"

E18SC E19 E20 E21 E22 E23 E25 E26

Wall Mounts

MOUNTING SOURCES

WM35

WM40 (driver housing not required)

WM55

WM55SC

WM75 (driver housing not required)

WM318 (requires remote driver)

WM85 (requires remote driver)

WM85SC (requires remote driver)

WM85BP (requires remote driver)

WM85SCBP (requires remote driver)

Post Mounts

PM10 PM20 PM30 PM40

PM50

Pendant Mounts

BLC (black cord - includes canopy and 8' cord)

WHC (white cord - includes canopy and 8' cord)

1/2" stems (Comes Standard with STC)

2ST6 2ST12 2ST18 2ST24 2ST36 2ST48 2ST60

2ST72 2ST96

3/4" stems (Comes Standard with STC)

3ST6 3ST12 3ST18 3ST24 3ST36 3ST48

3ST60 3ST72 3ST96

ACCESSORIES

CB (Cast back plate)

CBC (Cast back plate Spun Alum Cover)

GR16 (16" Wire Grill)

PC (Button Photo Cell) Remote Only

SC (Scroll for Arms)

SLC (Sloped Ceiling Mount)

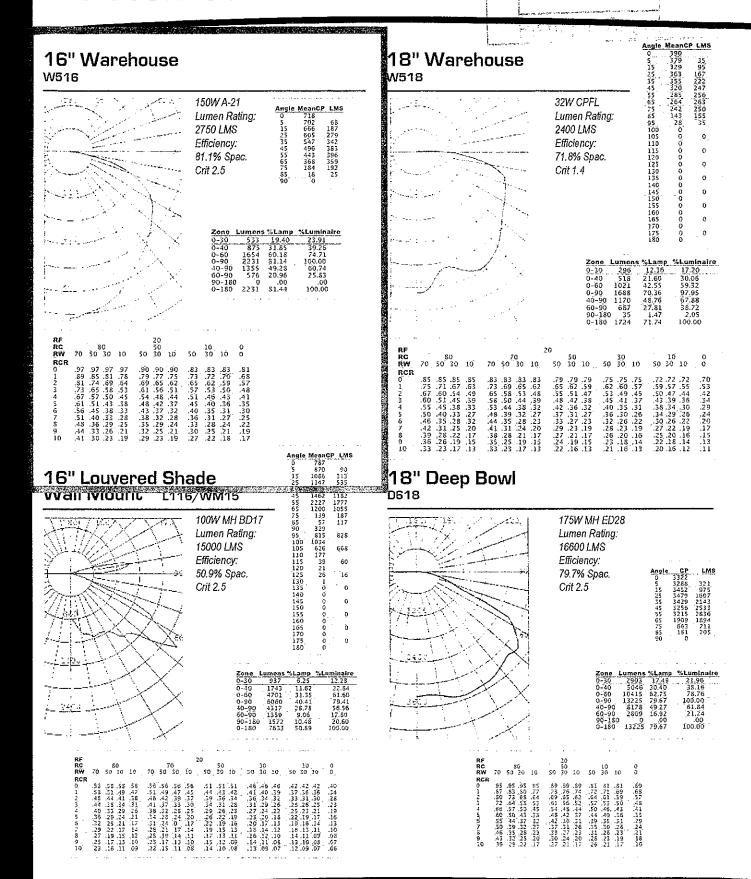
SQ (Square Back Plate)

STC (Flat Ceiling Stem Canopy)

SWL (Swivel)



Photometrics



DESCRIPTION

594 Series LEDTrims - 5-Inch Aperture Directional Eyeballs with Baffle - are integral elements in the Halo ML56 LED Downlighting System, ML56 LED System is a series of modular LED Light Modules for use with dedicated 5" or 6" ML56 LED trims. The ML56 LED trims in 5" and 6" aperture sizes are designed to fit Halo, All-Pro and others 5" or 6" recessed housings. The ML56 system is suitable for new construction, remodel or retrofit installation.

Catalog #	Туре
Project	
Comments	Date
Prepared by	

SPECIFICATION FEATURES

594 Series LED trims are 5-inch aperture Eyeballs with baffles offered in White (Matte White), Satin Nickel, and Tuscan Bronze. The precision spun aluminum eyeball with baffle element delivers the functionality of a directional accent. The directional eyeball can be tilted from 0 to 30 degrees, and the rotational mechanism allows for rotation adjustment up to 360 degrees. The 594 eyeballs may be used in most standard height 5-inch aperture recessed housings; Halo, Ali-Pro, and more (refer to ML56 LED Light Module specifications for details).

- For use with ML56 Series LED light modules
- · Eyeball with baffle and self-flange
- Torsion springs pull trim and light module tight to ceiling
- For use in standard and shallow housings
- Eveball tilts from 0 to 30 degrees
- Rotation adjustment mechanism for rotation capbility up to 360 degrees
- Damp location listed with ML56 LED light modules

Compatible with ML56 LED System of LED Downlight Light Modules

600 Series - 80CRI, 600im

5"/6" LED Retrofit Downlight Engine

ML5606827 - 2700K ML5606830 - 3000K ML5606835 - 3500K

ML5606840 - 4000K

900 Series - 80CRI, 900im

5"/6" LED Retrofit Downlight Engine

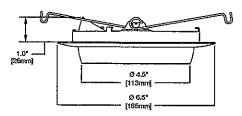
ML5609827 - 2700K ML5609830 - 3000K ML5609835 - 3500K

ML5609840 - 4000K

1200 Series - 80CRI, 1200lm

5"/6" LED Retrofit Downlight Engine

ML5612827 - 2700K ML5612830 - 3000K ML5612835 - 3500K ML5612840 - 4000K



600 Series - 90CRI, 600Im

5"/6" LED Retrofit Downlight Engine

Westwind Orchard

Light C

ML5606927 - 2700K ML5606930 - 3000K ML5606935 - 3500K ML5606940 - 4000K

900 Series - 90CRI, 900im

5"/6" LED Retrofit Downlight Engine

ML5609927 - 2700K ML5609930 - 3000K ML5609935 - 3500K ML5609940 - 4000K

1200 Series - 90CRI, 1200lm

5"/6" LED Retrofit Downlight Engine

ML5612927 - 2700K ML5612930 - 3000K ML5612935 - 3500K ML5612940 - 4000K



ORDERING INFORMATION

SAMPLE NUMBER: 594WB

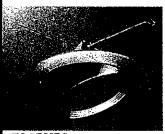
594= 5" Eyebali with Baffle

WB=White Eyeball with Baffle, White Flange SNB=Satin Nickel Eyeball with Baffle, Satin Nickel Flance TBZB=Tuscan Bronze Eyeball with Baffle,

Tuscan Bronze Flance

TRM590WH=5" LED Oversize Trim Ring for use with 59" series trims, White 6.3" I.D., 7.5" O.D. Ring slips over LED trim. Inset design allows 5" trim to fit into oversize ring for an even trim surface

594WB



594SNB*



594TBZB*

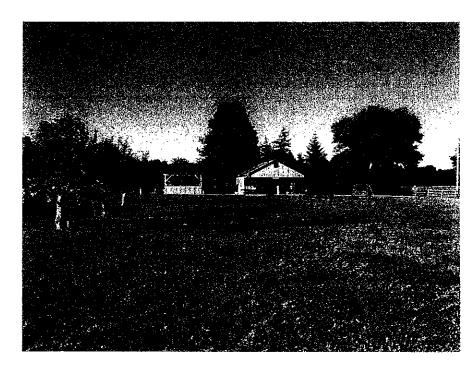
594 Series **LED Trim**

5-Inch Eyeball with Baffle

For use with Halo ML56 **LED System Light Modules**

"SNB & TBZB models for use with 600 & 900 Series ONLY

Westwind Orchard Existing Vegetation Screen behind proposed structure



Aug 29 Mic 12
Planning Board

From existing gravel drive looking at proposed building site

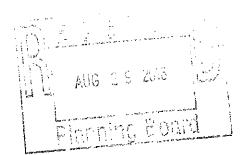


From location of the back wall of proposed building



Westwind Orchard Existing Entrance Sign

Sign to remain unchanged



	•	