

Town Of Lansing Planning Board
Application for Review and Approval of Subdivision

Check One: ☐ Subdivision Plat Fee Paid \$ _____ Date _____
☒ Boundary Change Receipt No. _____

1. Name or Identifying Title _____
2. Tax Parcel No. 39-1-13.23 Zoning District _____
3. Subdivider: (if owner, so state: if agent or other type of relationship,
state details on separate sheet)

Name & Title Michael Moravcsik - Owner
Signature Michael Moravcsik Date 9/19/23
Address 129 Farwell Rd Ithaca
Phone 607-592-4448 Fax _____ E-Mail michael.moravcsik@gmail.com
Other Contact information _____

4. Licensed Land Surveyor:

Name: Williams + Edsall Land Surveyors PC
Address The Turner House Site 101 74 NYS Rte 96-Owego
Phone 607-687-8151 Fax _____ E-Mail www.williamsedsall.com
Other Contact information _____

5. Engineer:

Name: _____
Address _____
Phone _____ Fax _____ E-Mail _____
Other Contact information _____

6. Easements or other restrictions on property: (Describe generally)

None

7. Names of abutting owners and owners directly across adjoining streets, including those
in other towns (Available at Tompkins County Assessor's Office. Attach
additional sheets if necessary)

8. Requested exceptions: The planning Board is hereby requested to authorize the
following exceptions to or waivers of its regulations governing subdivisions
(attach list of exceptions with the reason for each exception set forth):

*** Note: Application, Fee and required documents must be received in the Code
Enforcement Office 14 days prior to the scheduled Planning Board meeting.**

State Environmental Quality Review Act
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

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

1. APPLICANT/SPONSOR: <u>Michael Moravec</u>	2. PROJECT NAME: <u>NA</u>
3. PROJECT LOCATION: Municipality <u>Lansing</u> County <u>Tompkins</u>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map): <u>129 Farrell Road, Ithaca</u>	
5. IS PROPOSED ACTION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: <u>Land to be conveyed to Michael Moravec + consolidated with tax parcel 39-1-13.23</u>	
7. AMOUNT OF LAND AFFECTED: Initially <u>1.7</u> acres Ultimately <u>3.1</u> acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OF LOCAL)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency(s) and permits/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit/approval:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: <u>Michael Moravec</u>	Date: <u>9/19/23</u>
Signature: <u>Michael Moravec</u>	