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TOWN OF ANDES PLANNING BOARD      Andes, New York 13731

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*"Planned Growth with Preservation of Natural Beauty"*

MAJOR  
SUBDIVISION

OUTLINE  
TOWN OF ANDES  
MAJOR SUBDIVISION

1. Contact the Planning Board Clerk
2. Receive a Major Subdivision Packet
3. Seek advice if necessary
4. Planning Board meets the forth Monday of every month at the Andes Town Hall at 8:00 PM
5. Notify clerk 10 days prior to the meeting in order to be put on the agenda
6. Complete all the forms in the packet and prepare a sketch map of the proposed Major Subdivision prior to the first meeting
7. Submit the forms and sketch map of the proposal
8. Planning Board reviews the material presented
9. Planning Board either approves plans or makes recommendations
10. Planning Board classifies the proposal as a Major Subdivision
11. The Planning Board will approve or disapprove a Survey Waiver at this time - Form in Packet
12. Applicant pays initial fee, payable to The Town of Andes
13. Planning Board Clerk will schedule a Public Hearing and advertise it in the official town newspaper
14. Applicant notifies all adjacent landowners within 300 feet of their boundary line - Certified Mail, Return Receipt requested
15. Applicant needs a surveyors map, of the proposal, done at this time. It should include the following:
  - The Dwelling Unit Rights Allocations - example included in packet
  - The Results of the Soils Test if an alternative septic system is required
16. Applicant needs to have done at this time two deep pit soil tests on each vacant parcel
17. The Planning Board may schedule a field trip at this time
18. Planning Board holds the Public Hearing and receives comments from the public
19. The environmental impacts of the proposed action shall be reviewed according to the State Environmental Quality Review Act ( SEQRA )
20. Planning Board approves or disapproves the application
21. The appropriate fee is paid - check made payable to the Town of Andes
22. The Planning Board Chairman signs the Mylar and copies - Planning Board Clerk needs three copies of the map
23. It shall be the responsibility of the applicant to file the plat with the Delaware County Clerk's Office within sixty (60) days of the date of signature

**\*\*Fees Are Required When An Application Is Submitted\*\***

TOWN OF ANDES PLANNING BOARD

Fees for Review and Approval

Sketch Plan Review .....	None
Minor Subdivision Plat .....	\$50 per application
Preliminary Plat (Major Subdivision) .....	\$50 per application
Final Plat (Major Subdivision) .....	\$100 per application plus \$10 per lot
Inspection Fee (as required) .....	Not to exceed 2% of estimated cost of improvements
Special Permits / Site Plan Review .....	\$50 per application
Additional Public Hearings .....	\$25 each

.....

**Applicant's Receipt**

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Received From: \_\_\_\_\_

Planning Board's Signature: \_\_\_\_\_

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

TOWN PLANNING BOARD  
TOWN OF ANDES, NEW YORK

APPLICATION FOR SKETCH PLAN REVIEW

Name of Property Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

Name of Agent (Applicant) if different from Owner

\_\_\_\_\_

Address \_\_\_\_\_

Land Surveyor \_\_\_\_\_

Address \_\_\_\_\_

Subdivision Information: Minor \_\_\_\_\_ Major \_\_\_\_\_

Location of Subdivision \_\_\_\_\_

Name of Subdivision (If Any) \_\_\_\_\_

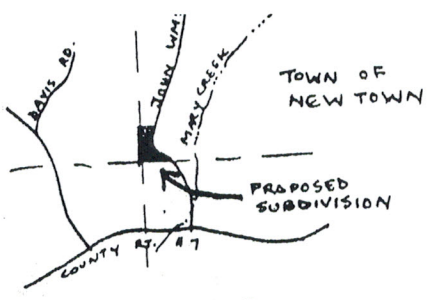
Tax Map Designation: Sheet \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Total Acreage \_\_\_\_\_ Number of Lots \_\_\_\_\_

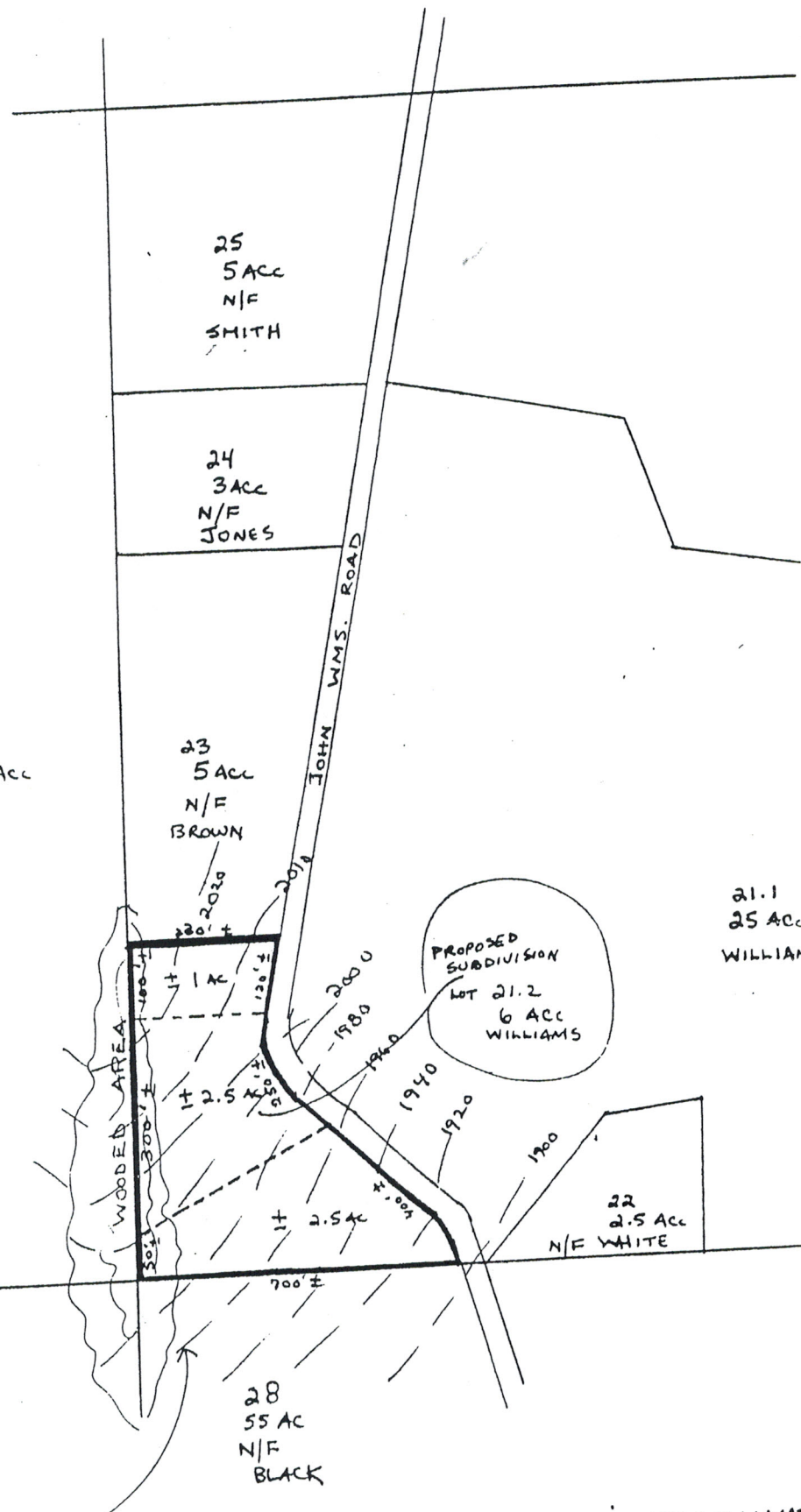
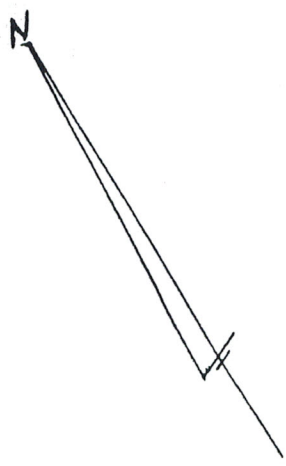
Agricultural District Yes \_\_\_\_\_ No \_\_\_\_\_

Is This Subdivision Located within 500 feet of any Municipal  
Boundary or the Boundary of any State or County Property or  
Easement Yes \_\_\_\_\_ No \_\_\_\_\_

(MAY BE DRAWN ON ...)



VICINITY MAP  
SCALE 1" = 2,000'



SKETCH PLAT  
PROPOSED SUBDIVISION OF PROPERTY  
FOR  
JOHN & MARY WILLIAMS

SCALE 1" = 200'  
TAX MAP 200-BLOCK 1 LOT 21

(20' CONTOURS FROM U.S.G.S. SHEETS)

OWNER/SUBDIVIDER: JOHN & MARY WILLIAMS  
NEW TOWN, NEW YORK

DEED REF:  
AG. DISTRICT: # 3

# SKETCH OR PLOT PLAN



TOWN OF ANDES PLANNING BOARD

DATE: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_

ANDES PLANNING BOARD:

I the above named applicant would like to request a waiver from the Board. I would like to survey only the portion of land affected by the subdivision/boundary line adjustment proposal and not my entire property.

\_\_\_\_\_  
Signature of Applicant

# TOWN OF ANDES PLANNING BOARD

## Letter of Representation

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

Chairperson, Town of Andes Planning Board:

\_\_\_\_\_ is acting on my behalf  
as my agent in this project in the Town of Andes. I am fully aware of the project and in  
agreement with it.

\_\_\_\_\_  
(Landowner/Applicant)

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FOR NOTARY PUBLIC

I, \_\_\_\_\_, hereby depose and say that all the above statements  
contained in the papers submitted herewith are true.

Signature of Landowner or Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public



## DWELLING UNIT RIGHTS ALLOCATION -- WORDING FOR PLAT

Subdivision plats approved by the Town of Andes Planning Board shall include a notation which indicates how many dwelling units are allocated to each lot in the subdivision. The wording for the plat shall be as follows:

"The following lots have dwelling unit rights, pursuant to the Town of Andes Zoning Local Law. The lots of this subdivision are allocated dwelling unit rights as follows:

Lot #1 -- (# of dwelling unit rights)

Lot #2 -- (# of dwelling unit rights)

Lot #3 -- (# of dwelling unit rights)

The Town of Andes Zoning Local Law allocates to each tract of land a maximum number of dwelling units that can not be exceeded. On any given tract of land, site conditions such as topography, soils limitations or other regulations may limit the number of dwelling units to a number less than the maximum allocation."

TOWN OF ANDES  
DELAWARE COUNTY, NEW YORK

# ALLOCATION DISCLOSURE AFFIDAVIT

(Affidavit of grantor specifying to grantee the number of dwelling unit rights allocated to the parcel being conveyed in the Town of Andes)

1. I am the owner of the \_\_\_\_\_ acre parcel of land, tax map # \_\_\_\_\_, described on Page \_\_\_\_\_, Liber \_\_\_\_\_, which is being subdivided pursuant to the Town of Andes Subdivision Regulations.
2. I intend to convey Lot # \_\_\_\_\_ of this subdivision, as shown on the subdivision map dated \_\_\_\_\_.
3. This lot shall have allocated to it \_\_\_\_\_ dwelling unit rights, pursuant to the Town of Andes Zoning Law.
4. The Town of Andes Zoning Local Law allocates to each tract of land, a maximum number of dwelling units that can not be exceeded. On any given tract of land, site conditions such as topography, soils limitations or other regulations may limit the number of dwelling units to a number less than the maximum allocation.
5. I will furnish a copy of this affidavit to the grantee prior to conveyance of the lot described in numerals 1 and 2, above.

STATE OF NEW YORK )

ss:

COUNTY OF \_\_\_\_\_ )

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_

\_\_\_\_\_  
(Grantor Signature)

\_\_\_\_\_  
(Notary Public Signature)

Notary Seal:

Copy to: Town Clerk

NOTICE TO ADJOINING PROPERTY OWNERS

ANDES PLANNING BOARD  
TOWN OF ANDES  
DELAWARE COUNTY, NEW YORK

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

Dear Sir or Madam:

This letter is to notify you of a Public Hearing that will be appearing in the Walton Reporter, the official newspaper of the Town of Andes. The hearing will be to discuss the application of \_\_\_\_\_  
(applicant's name)

for approval of a \_\_\_\_\_ Subdivision or Boundary Line Adjustment plat of property  
(# of lots) (circle one)

that either adjoins or is adjacent to yours. Said proposal is located at \_\_\_\_\_  
\_\_\_\_\_. The hearing will be held at the Andes  
(describe general location along road)

Town Hall, Andes, New York, on \_\_\_\_\_ at 8:00 pm.  
(date)

\_\_\_\_\_  
(applicant's signature)

# AGRICULTURAL DATA STATEMENT

Municipality \_\_\_\_\_ Ag District No. \_\_\_\_\_ Date \_\_\_\_\_

This form must be completed for any application requiring municipal review for Subdivision Approval, Special Use Permit, Site Plan Approval, or Use Variance that would occur on property within 500 feet (500') of a farm operation located in an Agricultural District (Section 283-a of Town Law or 7-739 of Village Law).

**PART I** (completed by Applicant)

Applicant	Owner, if different from Applicant
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

1. Description of Project (purpose, acreages involved, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Provide a Tax map and Tax map number(s) of your Project: \_\_\_\_\_

3. Is your parcel actively farmed? \_\_\_\_\_ If so, how? Pasture Cropland Hayfield (circle those that apply)

4. List all farm operations within 500 feet of your parcel. Farm operations are defined as "... the land used in agricultural production, on-farm buildings, equipment, manure processing and handling facilities and practices which contribute to the production, preparation and marketing of crops, livestock and livestock products as a commercial enterprise. Such farm operation may consist of one or more parcels or owned or rented land, which parcels may be contiguous or noncontiguous to each other." (Section 301, subd. 11, Article 25 AA of the Agriculture and Markets Law). These can be obtained from the local assessor.

Name \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_  
 Address \_\_\_\_\_ Is parcel actively farmed? \_\_\_\_\_

Name \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_  
 Address \_\_\_\_\_ Is parcel actively farmed? \_\_\_\_\_

Name \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_  
 Address \_\_\_\_\_ Is parcel actively farmed? \_\_\_\_\_

Name \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_  
 Address \_\_\_\_\_ Is parcel actively farmed? \_\_\_\_\_

Name \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_  
 Address \_\_\_\_\_ Is parcel actively farmed? \_\_\_\_\_

Name \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_  
 Address \_\_\_\_\_ Is parcel actively farmed? \_\_\_\_\_

Attach a separate sheet if necessary.

- 5. Notice of the Project must be sent to the above farm operations by Return Receipt/Certified Mail. Return receipts must be presented to the Municipal Review Board.

Date Notice(s) Sent: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner

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**PART II** (completed by Municipal Review Board)

Reviewed by:

\_\_\_\_\_  
Signature of Municipal Official

\_\_\_\_\_  
Date

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**PART III** (completed by Municipal Review Board)

All applications requiring an Agricultural Data Statement **must** be referred to the Delaware County Planning Board in accordance with amended Section 239-m and 239-n of the General Municipal Law.

Notice of Referral to County Planning Board – Date Sent: \_\_\_\_\_

**SHEET B**

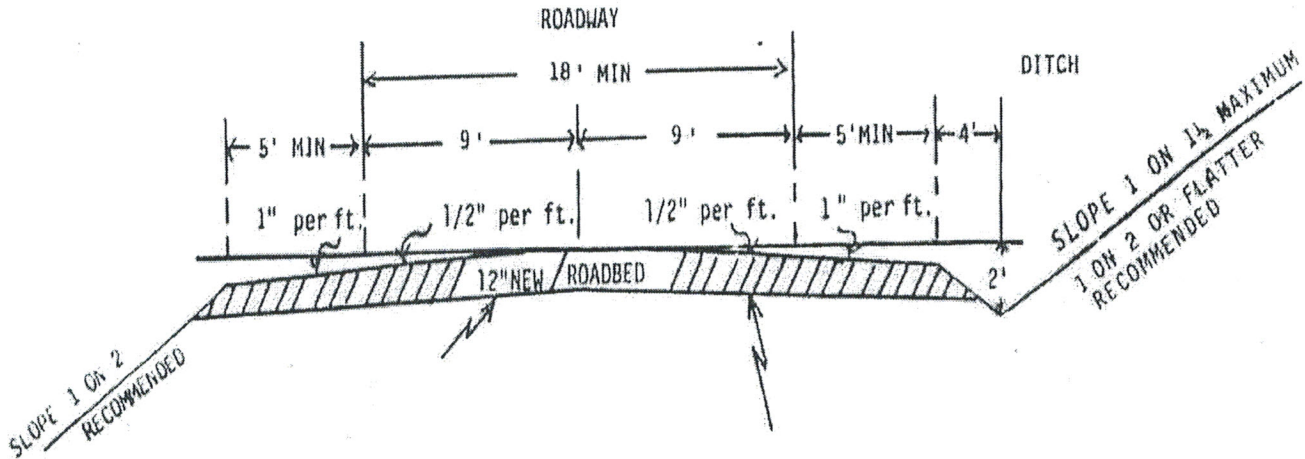
**DESIGN STANDARDS FOR NEW ROADS  
IN MAJOR SUBDIVISIONS**

<p><b><u>MINIMUM RIGHT -OF-WAY</u></b> 60 feet</p>	<p><b><u>TURNAROUND DIAMETER ON DEAD END ROAD</u></b> 90 feet pavement minimum 120 feet right-of-way minimum</p>
<p><b><u>MINIMUM PAVEMENT WIDTH</u></b> 18 feet</p>	<p><b><u>MINIMUM CENTERLINE RADIUS OF CURVE</u></b> 200 feet</p>
<p><b><u>MINIMUM SHOULDER WIDTH</u></b> 5 feet</p>	<p><b><u>MINIMUM RADIUS AT INTERSECTION</u></b> 20 feet right-of-way 30 feet pavement</p>
<p><b><u>MINIMUM DITCH WIDTH</u></b> 4 feet per ditch, form shoulder to opposite or back side of ditch</p>	<p><b><u>MINIMUM TANGENT LENGTH</u></b> 100 feet</p>
<p><b><u>SLOPE GRADE (CUT AND FILL)</u></b> 1 ON 2</p>	<p><b><u>MINIMUM SIGHT DISTANCE</u></b> 150 feet along street 75 feet across corner at intersection</p>
<p><b><u>CROWN SLOPE</u></b> 1/2 inch/foot or more</p>	<p><b><u>MINIMUM LENGTH OF VERTICLE CURVE</u></b> <math>L=50 A</math> L= Lenght of verticle curve in feet A= Algebraic difference in grades</p>
<p><b><u>SHOULDER SLOPE</u></b> 1 inch/foot or more</p>	<p><b><u>SIDEWALKS (IF REQUIRED)</u></b> 1 at 4 feet</p>
<p><b><u>MAXIMUM GRADE</u></b> 10% - Grades up to 12% maynbe allowed for short, straight runs, but will not be permitted within 60' of intersections.</p>	<p><b><u>MINIMUM GRADE</u></b> 1%</p>

## SHEET B (Continued)

### DESIGN STANDARDS FOR NEW ROADS IN MAJOR SUBDIVISIONS

#### RECOMMENDED TYPICAL SECTION FOR ROADS



generally raise  
grade above  
existing surface

6" screened gravel passing 2" screen over 8" of acceptable coarse bank run gravel with no larger than 4" stone, surface to be stabilized by surface treatment (i.e. oil and stone or asphalt); or 6" screened gravel passing 2" screen over 8" of acceptable shot rock or quarry rubble with no larger than 6" stone, surface to be stabilized by surface treatment (i.e. oil and stone or asphalt). Compacted lift thickness not to exceed more than 6".

#### DRAINAGE

1. Use 18" min. & larger culverts as required.
2. Use 13" x 22" pipe arches as equivalent 18" dia.
3. Place one guide post at each end.
4. Run culverts diagonally (45° min.) on hills.
5. Construct dry stone masonry headwalls installing "L" shaped headwalls where appropriate.
6. Culvert pipes to be used shall be polypropylene first; steel second, no galvanized.

#### GENERAL

1. 60' Min. R.O.W. or 5' beyond or toe of slope. Any existing stone walls parallel to the road should be included in the dedicated Right-Of-Way.
2. Remove brush for sight distance and seed and mulch all disturbed areas.

## **SHEET B (Continued)**

### **DESIGN STANDARDS FOR NEW ROADS IN MAJOR SUBDIVISIONS**

#### **NEW ROAD BED**

Compacted 14" minimum - 6" screened gravel passing 2" screen over 8" of acceptable coarse bank run gravel with no larger than 4" stone, surface to be stabilized by surface treatment (i.e. oil and stone or asphalt); or 6" screened gravel passing 2" screen over 8" of acceptable shot rock or quarry rubble with no larger than 6" stone, surface to be stabilized by surface treatment (i.e. oil and stone or asphalt). Compacted lift thickness not to exceed more than 6".

The following materials are not acceptable for final grade or sub-grade: top soil, clay, mud, plain dirt, trees, brush, or stumps. If sub-grade is of poor material, more gravel may be required.

Optional - If the applicant desires to have the new road dedicated to the Town of Andes, a hard road surface shall be constructed in accordance with the provisions of "Resolution No. 1, 1989" of the Town of Andes.

#### **SIDE SLOPES**

Remove brush for sight distance and seed and mulch all disturbed areas. Top soil need not be replaced on road slopes.

#### **SHOULDERS**

Shoulders shall be gravel rather than dirt to permit drainage from road bed.

#### **BRIDGES**

Where a bridge is necessary, it is to be 24' wide, carry a 15-ton minimum load, accommodate the water flow of a 50-year storm, and any wood used in construction shall be pressure treated. Bridge plans shall be prepared by a New York State licensed engineer and shall be submitted to the Town Highway Superintendent for approval in consultation with the County Highway Department prior to the start of construction.

#### **DRIVEWAYS**

At ditch centerline, driveways shall be at least 3" below lowest point of road shoulder. All driveways shall have a landing area of at least 20' in length as measured from the centerline of the highway ditch.

#### **GUARDRAILS AND SIGNAGE**

As determined by the Town's Highway Superintendent.

#### **APPLICATIONS FOR TOWN TAKEOVER**

All applications must conform to Sections 170 and 171 of the Town Highway Law. Boring samples will be required to show that a road's design is of the standard for road takeover. A 2.5" asphalt binder and 1.5" asphalt topping will be required for road takeover. Three (3) houses and an assessed value of one and a half (1.5) million dollars will be required for road takeover. The Town will not takeover roads that have stormwater infrastructure associated with them due to the issues associated with maintenance of the stormwater infrastructure.



Application No. \_\_\_\_\_

Date \_\_\_\_\_

Fee \_\_\_\_\_

TOWN OF ANDES PLANNING BOARD  
APPLICATION FOR FINAL PLAT APPROVAL

Name of Property Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

Name of Agent (Applicant) if different from Owner

\_\_\_\_\_

Address \_\_\_\_\_

Land Surveyor \_\_\_\_\_

Address \_\_\_\_\_

Subdivision Information: Minor \_\_\_\_\_ Major \_\_\_\_\_

Location of Subdivision \_\_\_\_\_

Name of Subdivision (If Any) \_\_\_\_\_

Tax Map Designation: Sheet \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Total Acreage \_\_\_\_\_ Number of Lots \_\_\_\_\_

Agricultural District Yes \_\_\_\_\_ No \_\_\_\_\_

Is This Subdivision Located within 500 feet of any Municipal  
Boundary or the Boundary of any State or County Property or  
Easement Yes \_\_\_\_\_ No \_\_\_\_\_

I, \_\_\_\_\_, hereby depose and say that all the above statements contained in the papers submitted herewith are true.

\_\_\_\_\_  
( Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
(Notary Public)

## Appendix C

## State Environmental Quality Review

**SHORT ENVIRONMENTAL ASSESSMENT FORM**

For UNLISTED ACTIONS Only

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

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres    Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input 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 Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

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

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

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.  
 Yes  No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?  
 Yes  No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?  
 Yes  No If Yes, explain briefly:

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
Signature of Preparer (If different from responsible officer)

**Reset**