

**NORTH GREENBUSH PLANNING BOARD
DOCUMENTATION OF APPLICATION PACKET DISTRIBUTION**

Applicants for new or revised Site Plan applications, Minor or for Major Subdivision, must submit this completed checklist with application. Information needs to be sent to the agencies below: Mark the method it was sent to each agency.

PROJECT NAME: _____ CONTACT PERSON: _____
 PHONE: _____ E-MAIL: _____

ELECTRONIC DOCUMENTS ARE PREFERRED

CHECK ONE FOR EACH	Hand Delivery	Electronic Delivery	Mail	Date
1. Laberge Group (only at the direction of the Building Department) 4 Computer Drive West, Albany, NY 12205 Rflaberge@labergegroup.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. North Greenbush Police: 133 Bloomingrove Drive, Troy, NY 12180 Info@NorthGreenbushPolice.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
3. North Greenbush Fire Dist # 1 350 North Greenbush Road, Troy, NY 12180 adminassistant@ngfd.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
4. North Greenbush Ambulance 409 Main Avenue, Wynantskill, NY 12198 president@northgreenbushambulance.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

WHEN NECESSARY – If permits or approvals from these departments will be needed as part of the project, please send to:

5. North Greenbush Highway Dept. mmartinez@northgreenbush.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Renss. County Highway Dept. klangley@renesco.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. NYS DOT (Region 1) 50 Wolf Road, Albany, NY 12232. Attn: Guy Tedesco PE Gaetano.Tedesco@dot.ny.us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. NYSDOT (Renss. County Residency) 288 Troy Road, Rensselaer, NY 12144, Attn: Mark Saunders PE Resident Engineer Mark.Saunders@dot.ny.us	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
9. Renss. County Health Dept. Relder@renesco.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
10. Renss. County Sewer Dept. dgardner@renesco.com Water Street, Troy, NY 12180. Attn: Derrick Gardner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

BY: Michael Rice  3/5/26
 PRINT NAME SIGNATURE DATE

Proposed use(s) of site: Animal Hospital

Total site area (square feet or acres): 2.8 +/- Ac

Anticipated construction time: Summer 2026

Will development be staged? No

Current land use of site (agriculture, commercial, undeveloped, etc.): The parcel is partially developed with an existing building and accessory structures used for an Animal Hospital

Current condition of site (buildings, brush, etc.): Building, parking , woods and grass

Character of surrounding lands (suburban, agriculture, wetlands, etc.): Commercial, woods

Estimated cost of proposed improvement: \$ 75,000

Anticipated increase in number of residents, shoppers, employees, etc. (as applicable):

Describe proposed use, including primary and secondary uses; ground floor area; height; and number of stories for each building:

- for residential buildings include number of dwellings units by size (efficiency, one-bedroom, two-bedroom, three or more bedrooms) and number of parking spaces to be provided.
- for non-residential buildings, include total floor area and total sales area; number of automobile and truck parking spaces.
- other proposal structures

(Use separate sheet if needed)

Site plan modification to add a 510 sf addition on the existing building to the previously approved site plan.

TOWN OF NORTH GREENBUSH
BUILDING DEPARTMENT
2 DOUGLAS STREET, WYNANTSKILL, NY 12198-7561
TELEPHONE (518) 283-2714
FAX (518) 286-2261

APPLICATION FOR SITE PLAN REVIEW

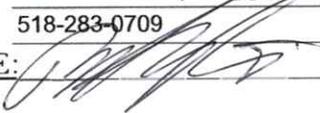
**The North Greenbush Planning Board Cover Page must be attached & submitted with this application.
The Application documentation packet distribution list cover sheet is on the website with the applications.**

Modification to existing plan
 New Site Plan

Name of proposed development: Miller Animal Hospital - Site Plan Modification

Applicant:

Name: Miller Animal Hospital (Michael & Evelynr
Address: 380 N Greenbush Road
Troy, NY 12180
Telephone: 518-283-1166
E-Mail: milleranimalhospital@gmail.com
Fax#: 518-283-0709

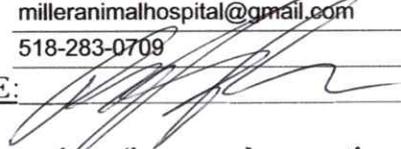
SIGNATURE: 

Plans Prepared by:

Name: Hart Engineering
Address: 1969 Ferndale Road
Castleton, NY 12033
Telephone: 518-365-6572
E-Mail: steven.hart@hartengineer.com
Fax#: _____

Owner (if different)

Name: North Greenbush Holdings, LLC
Address: 380 N Greenbush Road
Troy, NY 12180
Telephone: 518-283-1166
E-Mail: milleranimalhospital@gmail.com
Fax#: 518-283-0709

SIGNATURE: 

Person Authorized to Represent:

Name: Steven P. Hart, P.E.
Address: 1969 Ferndale Road
Castleton, NY 12033
Telephone: 518-365-6572
E-Mail: steven.hart@hartengineer.com
Fax#: _____

Ownership intentions (i.e., purchase options): Property is owned by applicant: North Greenbush Holdings, LLC (Evelyn & Michael Rice)

Location of site: 380 North Greenbush Road, Troy, NY 12180

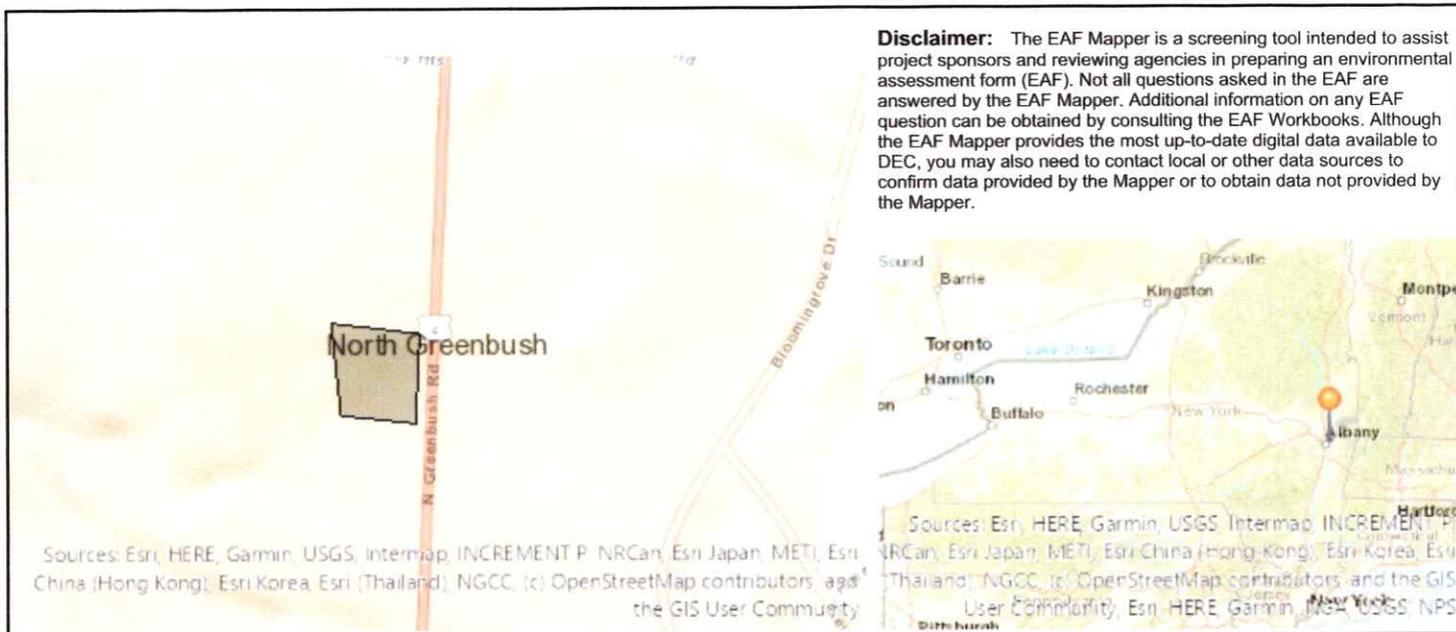
Tax map description: 134-1-12
Section: 134 Block: 1 Lot: 12

Current zoning classification: BG

Water District: #12 **Sewer District:** #1

State and federal permits needed (list type and appropriate department): NYSDOT Driveway Permit

Current use(s) of site: Animal Hospital



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
Part 1 / Question 20 [Remediation Site]	No

Short Environmental Assessment Form

Part 1 - Project Information

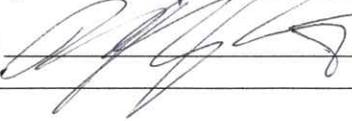
Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. 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.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: Miller Animal Hospital - Site Plan Modification			
Project Location (describe, and attach a location map): 380 North Greenbush Road			
Brief Description of Proposed Action: Site plan modification to add a 510 sf addition on the existing building. This site previously received a site plan approval for a 7000 SF new building and a 1000 SF addition.			
Name of Applicant or Sponsor: Evelyn & Michael Rice		Telephone: 518-283-1166 E-Mail: milleranimalhospital@gmail.com	
Address: 380 North Greenbush Road			
City/PO: Troy		State: NY	Zip Code: 12180
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: Town of North Greenbush Planning Board, NYS DOT - curb cut			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		_____ 2.8 acres	
b. Total acreage to be physically disturbed?		_____ 0.9 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ 2.8 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Michael Rice Miller Animal Hospital</u> Date: <u>3/5/26</u>		
Signature: <u></u> Title: <u>Owner</u>		