

For Unlisted Actions only

**PART 1: PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

<b>1. APPLICANT/SPONSOR:</b> OMRDD/Women's League
<b>2. PROJECT NAME:</b> (1) 9 Bed ICF
<b>4. PRECISE LOCATION</b> (Street address and road intersections, prominent landmarks. etc., or provide map): 798 East 8 <sup>th</sup> Street, Brooklyn, NY
<b>5. IS PROPOSED ACTION</b> (x) New ( ) Expansion ( ) Modifications/alterations
<b>6. DESCRIBE PROJECT BRIEFLY</b> Demolish the existing two family dwelling and propose a 9-bed I.C.F.
<b>7. AMOUNT OF LAND AFFECTED:</b> Initially <u>4186</u> sq. ft      Ultimately <u>1689.5</u> sq. ft.
<b>8 WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE ?</b> <b>RESTRICTIONS?</b> (x)Yes ( )No ( )If No. describe briefly.
<b>9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?</b> (x) Residential ( ) Industrial( ) Commercial( ) Agricultural ( ) Park/Forest/Open Space ( ) Other Describe: two-dwelling Residential
<b>10. DOES ACTION INVOLVE A PERMIT APPROVAL OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE, OR LOCAL)?</b> (x) Yes No ( ) If Yes, list agency(s) and permit/approvals. NYC DOB OMRDD Regulation
<b>11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OF APPROVAL?</b> ( ) Yes (x) No If Yes, list agency(s) and permit/approvals.
<b>12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?</b> ( ) Yes (x) No
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor Name: _____  Date: _____ Signature: _____
<p style="text-align: center;">if the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.</p>

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**PART II: ENVIRONMENTAL ASSESSMENT (To be completed by Agency)**

<b>A. DOES THE ACTION EXCEED ANY TYPE 1 THRESHOLD IN NYCRR- PART 817.127 NO If Yes; coordinate the review process and use the FULL EAF.</b> ( ) yes (x) no
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**B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN NYCRR- PART 817.57.**

If No, a negative declaration may be superseded by another agency.

( ) yes (x) no

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

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

**This project will not affect any of the areas mentioned above and should be considered as a continuation of current use in terms of air, water or noise. Traffic patterns will not be affected**

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

**This project is to be considered a dwelling as is existing. An ICF for developmentally disabled persons will not present adverse effects related to resources or community character.**

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

**There will not be adverse effects associated with vegetation, fauna, fish, wildlife or endangered species.**

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

**This project does not change the community's plans for land use as it is considered as a residence**

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

**No growth or development will be induced by the proposed action.**

C6. Long term, short term, cumulative, or other affects not identified in C1-C37. Explain briefly:

**None**

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

**There will be no change in quantity or type of energy**

**D. IS THERE OR IS THERE LIKELY TO BE CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONNIENTAL IMPACTS? ( )Yes (x) 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 impacts have been identified and adequately addressed.

( ) Check this box if you have identified one ore 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' sufficient adverse environmental impacts AND provide on attachments as necessary', the reasons supporting this determination:

Name of Lead Agency:.....Title of Responsible Officer:.....

Print or Type Name of Responsible Officer in Lead Agency: .....

Signature of Responsible Officer in Lead Agency:.....

Signature of Preparer (if different from responsible officer):.....

Date:.....