

**HUDSON RIVER GREENWAY WATER TRAIL
SITE DESIGNATION REQUEST**

Site Location and Contact Person

Date: _____ Site Name: _____

Location: Address: _____

Community: _____ County: _____

Latitude: _____ Longitude: _____

Contact Name: _____ Alternate: _____

Phone: _____ Fax: _____

E-Mail: _____

Contact Organization: _____

Address: _____

City/State/Zip: _____

Site Type and Features (check all that apply)

___ **Launch:** ___ Hand/Cartop ___ Trailered ___ Separate Hand/Trailered

Capacity _____ Operating Hours: _____

Parking: ___ On-Site ___ Off-Site

Capacity: _____ Cars _____ Cars with Trailers

Seasons of Operation: ___ Spring ___ Summer ___ Autumn ___ Winter

___ Other Facilities (Restrooms, Picnic Tables, Etc.): _____

___ **Campsite:** # of Campsites: _____ Campsite Surface _____

Capacity/Site _____ Operating Hours _____

___ Fires Allowed, ___ Yes ___ No: Restrictions _____

___ Other Facilities (Potable Water, Sanitary, Etc.) _____

___ **Day Use Attraction:** ___ Natural ___ Cultural ___ Historic ___ Swimming

___ Picnic/Grills ___ Fishing ___ Trapping ___ Hunting

___ Visitor Center ___ Trails

___ Other Facilities _____

Maintained by: _____

Please attach a copy of a topographic map that highlights the site and any connections points.

Setting: ___ urban ___ suburban ___ rural

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Public Restrooms: ___ yes ___ no

Is the site accessible by public transportation? ___ yes ___ no If yes, please list types:

Distance from public transportation stop to site: ___ >1 mile or ___ <1 mile

Applicable Greenway Characteristics

___ The Water Trail site has connections to segments of the Greenway Trail System or other trails in the community. (Please list the trail name and locations where the trail intersects with other trails and please show locations on the map.)

___ Site is restricted to non-motorized use

___ Site connects to Community Center/Downtown/Main Street

___ Site highlights or links existing parks, urban cultural parks and historic sites

___ Site provides interpretive signage and opportunities to experience the unique natural and cultural heritage of the Hudson River Valley

___ Management plans for the site assure uniform maintenance and upkeep

Compliance with SEQR (check all that apply)

___ Not Applicable

___ Unlisted action with: ___ Short EAF ___ Coastal Assessment ___ Negative Declaration

___ Type 1 action with: ___ Short EAF ___ Coastal Assessment ___ Negative Declaration

___ Type 2 action with: ___ Short EAF ___ Coastal Assessment ___ Negative Declaration

Right-of-way /Ownership

(please provide the name of each owner(s) and use additional space as needed)

___ Governmental Unit ___ Not-for-profit organization ___ Private Owner(s):

Letter requesting designation received from ___ all landowners ___ all easement holders
___ trail manager ___ local elected official(s) *(please enclose copies of letters)*

Site Description (please provide a brief description of the site)

Management Plan (briefly describe)

Site Development History (briefly describe and list persons/organizations involved)

Directions to the Site

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Thank you for taking the time to complete this form. If you have any questions please contact Scott Keller, Trails and Special Projects Director at 518-473-3835.

Please return the completed form to:
Hudson River Valley Greenway
Attn: Scott Keller
625 Broadway – 4th Floor
Albany, NY 12207-2995