

Syracuse Planning Commission

Application for THREE-MILE LIMIT SUBDIVISION REVIEW

City Hall Commons • Room 101 • 201 E. Washington Street • Syracuse, NY 13202-1426 • 315-448-8640

For Office Use:
Filing Date Case#

Please Print or Type Information:

SUBDIVISION INFORMATION:

TITLE OF SUBDIVISION:
ADDRESS of subdivision:
TOWN of:
TAX MAP NUMBER(S):
ZONING DESIGNATION:

APPLICANT INFORMATION:

NAME: PHONE:
MAILING ADDRESS:

CONTACT PERSON: (If someone other than applicant is to be contacted to answer questions)

NAME: PHONE:

REASON FOR REQUEST: (Please be specific regarding use of each lot; i.e. two-family house, yard area, grocery store, etc.)

APPROVAL INFORMATION:

APPROVED by Town or Village as a Preliminary Plan
 Final Plan on Date:

DECLARATION:

I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct. I also understand that any false statements and/or attachments presented knowingly in connection with this application will be considered null and void.

CURRENT PROPERTY OWNER SIGNATURE

As listed on the City of Syracuse Tax Assessment Roll. If not listed as the owner on the current rolls, please include a proof of ownership, for example, a copy of the deed. Attorney's signing on behalf of the owner must include a one page letter describing the legal representative arrangement. Architects, engineers, contractors, tenants, etc. cannot sign on behalf of the property owner. If property owner is a Corporation or an Organization, then the person signing must provide verification they are a member of such, and can sign on the owners' behalf.



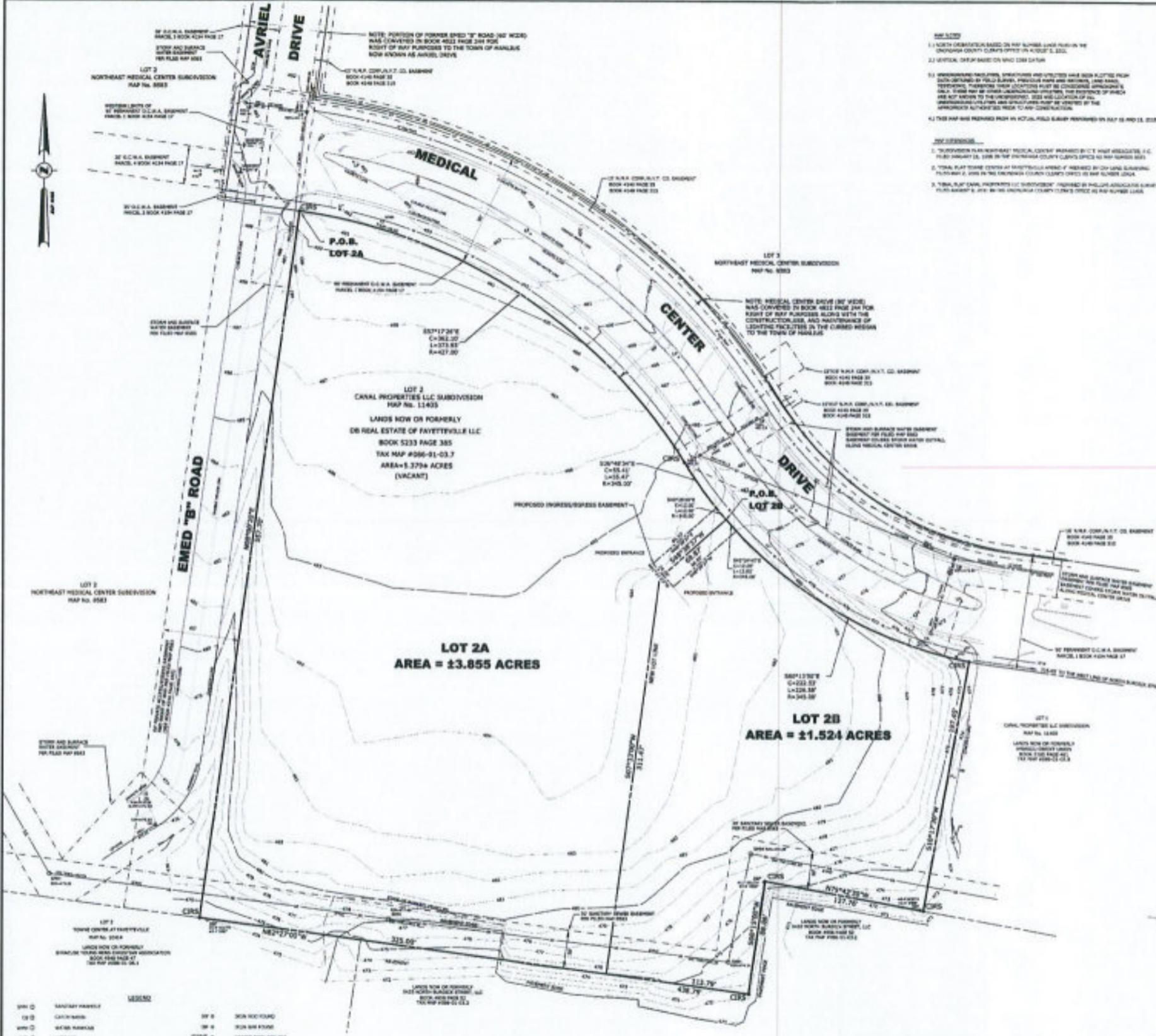
CURRENT PROPERTY OWNER SIGNATURE JUNE 3, 2019
DATE
JOHN DELLAS MEMBER

Please legibly PRINT SIGNATURE NAME and TITLE

REQUIRED SUBMITTALS FOR THREE MILE LIMIT APPLICATIONS

NOTE: All applications must contain the following information before being considered complete. Any incomplete applications will be returned.

- APPLICATION: Completely filled out
- SHORT ENVIRONMENTAL ASSESSMENT FORM: Completely filled out and signed
- SUBDIVISION MAPS: Five (5) copies drawn by a licensed land surveyor (indicating existing and proposed lots along with their addresses and new lot numbers) Map must show complete parcel owned by applicant. *Have your land surveyor contact the County Health Department (435-6600 x 8235) prior to the drawing of your Subdivision/Resubdivision Map to find out what is required on the map.*
 - Reduced copy (11"x17") must also be submitted if original maps are larger than (11x17)
- APPROVAL RESOLUTION or letter from governing municipality
- Stormwater Pollution Prevention Plan (SWPPP) must be submitted which is in accordance with NYSDEC regulations if proposed subdivision is tributary to a watershed within the City of Syracuse.



- NOTES:**
1. NORTH CENTRAL FAYETTEVILLE MAP NO. 2064 WAS FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE ON 03/07/13, 2013.
 2. VERTICAL CURVE BASED ON V.C. 1284.24.5M.
 3. UNDESIGNED PAVEMENT, UTILITIES AND UTILITIES HAVE BEEN PLOTTED FROM SURVEYING PLANS AND RECORDS. THE EXISTENCE OF SUCH UTILITIES AND UTILITIES SHOULD BE CHECKED BY THE APPLICANT BEFORE CONSTRUCTION. THE EXISTENCE OF SUCH UTILITIES AND UTILITIES SHOULD BE CHECKED BY THE APPLICANT BEFORE CONSTRUCTION.
 4. THIS MAP WAS PREPARED FROM AN ACTUAL FIELD SURVEY CONDUCTED ON 04/11/19 AND 05/13/19.
- PROVISIONS:**
1. THIS SUBDIVISION PLAN FOR MEDICAL CENTER DRIVE (BY VEDE) WAS CONVEYED TO BOOK 4922 PAGE 244 FOR THE RIGHT OF WAY PURPOSES ALONG WITH THE CONSTRUCTION USE AND MAINTENANCE OF LEVITING FACILITIES IN THE CURBED MEDIAN TO THE TOWN OF HANLUIS.
 2. TOTAL PLAT THESE CENTER OF MEDICAL CENTER DRIVE IS 120' WIDE. THE CENTER OF MEDICAL CENTER DRIVE IS 120' WIDE. THE CENTER OF MEDICAL CENTER DRIVE IS 120' WIDE.
 3. TOTAL PLAT THESE CENTER OF MEDICAL CENTER DRIVE IS 120' WIDE. THE CENTER OF MEDICAL CENTER DRIVE IS 120' WIDE. THE CENTER OF MEDICAL CENTER DRIVE IS 120' WIDE.

APPROVED BY OWNER: DE REAL ESTATE OF FAYETTEVILLE LLC
 [Signature] DATE: June 3, 2019

APPROVED BY TOWN OF HANLUIS PLANNING BOARD
 [Signature] DATE:

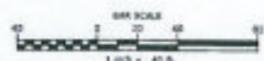
BY: CHAIRMAN DATE:

LEGEND

SPR	SAVING SERVICE	SP #	SEWER HOODLINE
CR	CURB MARK	SP #	SEWER MAIN
SPR	SEWER SERVICE	CRS #	SEWER MAIN HOOD SET
SPR	SEWER		STOP LINE
SPR	SEWER		SEWER BOUND LINE
SPR	SEWER		UNDERGROUND ELECTRIC LINE
SPR	SEWER		UNDERGROUND TELEPHONE LINE
SPR	SEWER		WATER LINE

I certify that this subdivision plat was prepared from an actual field survey and has been prepared in accordance with the Code of Practice for Land Surveys adopted by the N.E.S. Association of Professional Land Surveyors as set forth.

David J. Larkin, P.L.S. #06062



DATE	REVISIONS RECORD DESCRIPTION	DRAWN	CHECK	APPR.
04/11/19	Revised west side of Center Drive, along P.O.B.			

DAVID J. LARKIN, P.L.S. #06062

STATE OF NEW YORK
 COUNTY OF ONONDAGA
 SURVEYOR

APPROVED: [Signature]
 DRAFTED: [Signature]
 CHECKED: [Signature]
 PROJ. NO: 19-0208
 SCALE: 1"=40'
 DATE: 02/11/19

SUBDIVISION PLAN
LOT 2 CANAL PROPERTIES LLC SUBDIVISION
 INTO
LOT 2A AND 2B CANAL PROPERTIES LLC SUBDIVISION

TOWN OF HANLUIS
 ONONDAGA COUNTY, NEW YORK

C.T. MALE ASSOCIATES
 Engineering, Surveying, Architecture, Landscape Architecture, & Ecology, S.P.C.

300 SPANAWAY DRIVE, SUITE 200, NEW YORK, NY 10001
 212-490-1000 • FAX 212-490-1001

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 C.T. MALE ASSOCIATES

SHEET 1 OF 1
 DWG. NO: 19-0208

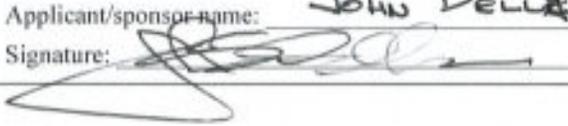
617.20
Appendix B
Short Environmental Assessment Form

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: Lot 2 Canal Properties LLC Subdivision			
Project Location (describe, and attach a location map): Medical Center Drive, Town of Manlius, Onondaga County (Tax Parcel 086.-01-03.7)			
Brief Description of Proposed Action: Subdivide a 5.38-acre parcel into two lots (3.855 acres and 1.524 acres). Larger parcel will be used for a residential memory care facility. Smaller parcel has no proposed no use at this time.			
Name of Applicant or Sponsor: DB Real Estate of Fayetteville, LLC		Telephone: (315) 476-1711 E-Mail: jsdellman@gmail.com	
Address: 802 Crouse Ave			
City/PO: Syracuse		State: NY	Zip Code: 13210
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 checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: Town of Manlius Planning Board - Subdivision Approval			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		5.38 acres	
b. Total acreage to be physically disturbed?		3.64 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		5.38 acres	
4. Check all land uses that occur on, adjoining and near the proposed action. <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 type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other (specify): <u>Medical Office</u> <input type="checkbox"/> Parkland			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input 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? If Yes, describe: _____	NO	YES
_____	<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? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>John DeLuz</u>	Date: <u>June 3, 2019</u>	
Signature: 		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	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.
_____	_____
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)

PRINT