

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: 3S-20-01
Filing Date Case#

Please Print or Type Information:

SUBDIVISION INFORMATION:

TITLE OF SUBDIVISION: Glen Lock Subdivision
ADDRESS of subdivision: Solway Road, Jamesville Road - North Street
TOWN of: Dewitt
TAX MAP NUMBER(S): 086-04-01
ZONING DESIGNATION: Hamlet District

APPLICANT INFORMATION:

NAME: D.W. Hannig LSPC PHONE: 315-682-5225

MAILING ADDRESS: The Market Place, BLDG-1

Manlius, N.Y. 13104

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

NAME: Robert M. Porcello, LS PHONE: 315-682-5225

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

2 lot subdivision

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.

Jacqueline Place _____ *12/9/19*
CURRENT PROPERTY OWNER SIGNATURE DATE

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.

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: Glen Lock Subdivision | | | |
| Project Location (describe, and attach a location map): Solway Road, Jamesville Road - North Street | | | |
| Brief Description of Proposed Action: 2 Lot Subdivision | | | |
| Name of Applicant or Sponsor: David W. Hannig LSPC | | Telephone: 315-682-5225 | |
| Address: The Market Place, BLDG-1 | | E-Mail: porcello@dwhannigLSPC.com | |
| City/PO: Manlius | | State: N.Y. | Zip Code: 13104 |
| 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"/> | 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 Dewitt, Onondaga Co. Health dept., City of Syracuse, Syr. Onondaga Co Planning Agency | | NO <input type="checkbox"/> | YES <input checked="" type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? | | 6.01± acres 8± acres 6.01± acres | |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: | | | |
| 5. <input type="checkbox"/> Urban <input checked="" 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 type="checkbox"/> Other(Specify): <input checked="" 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: <u>EX Glen Loch connected to EX Sewer line, lot 2 will be park land</u> | <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: <u>EX Glen Loch connected to EX. WATER Line, lot 2 will be Park Land.</u> | <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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" 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 checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources? | NO | YES |
| If Yes, | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Will storm water discharges flow to adjacent properties? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? | <input type="checkbox"/> | <input 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 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? | 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>David W. Hannig, LS</u> Date: <u>12/04/19</u> | | |
| Signature: <u>[Signature]</u> Title: <u>PRESIDENT</u> | | |

PROPOSED NAME REQUEST FORM

I. APPLICANT

Name D. W. Hannig LS PC
Mailing Address The Market Place, BLDG-1
Manlius, N.Y. Zip Code 13104
Phone Number: 315-682-5225

II. DATE OF APPLICATION 12/04/19

III. NAMES FOR COUNTY PLANNING BOARD REVIEW

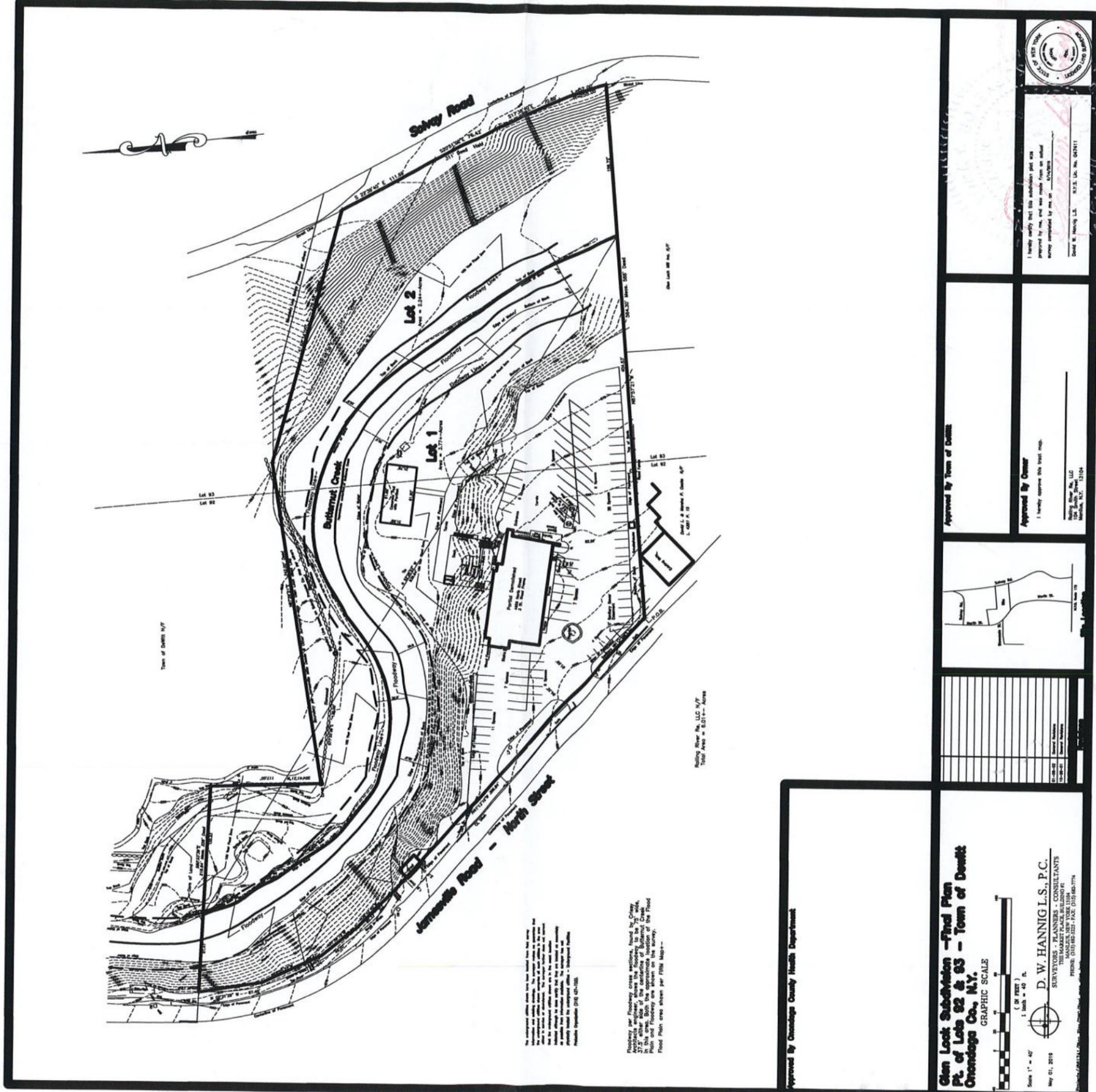
| <u>Proposed Name</u> | <u>Type</u> (street, subdivision, apartment, etc.) | <u>Municipality</u> (town/village) |
|--------------------------------|--|---------------------------------------|
| <u>Glen Lock Subd.</u> | <u>Subdivision</u> | <u>Town of DeWitt</u> |
| <u>Jamesville Rd-North St.</u> | <u>ex Road Name</u> | <u>" "</u> |
| <u>Solvay Road</u> | <u>" "</u> | <u>" "</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IV. CASE NO. _____ (for office use only)

V. DATES FOR ACTION (for office use only)

Submitted to County Planning Board _____
Notification of Reserve to Applicant _____
File Update Procedure _____

DEC 1 2 532



Town of De Witt N/T

Lot 93

Lot 92

Jaramath Road - North Street

Sakoy Road

Lot 2

Lot 1

Bathurst Creek

Property per Deed...
 The undersigned...
 Dated this 21st day of May, 2019.
 D. W. Hannigls, P.C.

Property per Deed...
 The undersigned...
 Dated this 21st day of May, 2019.
 D. W. Hannigls, P.C.

Rating River No. LLC N/T
 Total Area = 6.014 Acres

Approved By Onondaga County Health Department

Glen Lock Subdivision - Final Plan
 P.L. of Lots 92 & 93 - Town of De Witt
 Onondaga Co., N.Y.



Scale 1" = 40'
 (1/8" = 5')
 D. W. HANNIGLS, P.C.
 SURVEYORS & ENGINEERS CONSULTANTS
 1111 MARKET PLACE, BUILDING 10
 FINGER LAKES UNIVERSITY CENTER
 FINGER LAKES UNIVERSITY
 STATE UNIVERSITY OF NEW YORK
 CANTON, NY 13617-0001
 PHONE: (315) 487-2100 FAX: (315) 487-2174



Approved By Town of De Witt

Approved By Owner

I hereby approve the final map.
 Rating River No. LLC
 1111 Market Place, Building 10
 Finger Lakes University Center
 Canton, NY 13617-0001

I hereby certify that this subdivision map was prepared by me, and was made from an actual survey conducted by me on 5/21/2019.
 Date of Survey: 5/21/2019
 Date of Map: 5/21/2019

