

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 1/30/20
DATE

Ryan Cabiles Property owner

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.

11/2017

JAN 30 2020

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 | | | |
| 601 Church St. | | | |
| Name of Action or Project: 601 & 655 Church St. Lot Consolidation | | | |
| Project Location (describe, and attach a location map): 601 Church St. Syracuse, NY 13209 | | | |
| Brief Description of Proposed Action: Combining home lot 601 Church St. with vacant lot 655 Church St. | | | |
| Name of Applicant or Sponsor: Ryan Cabiles | | Telephone: 315-406-9678 | |
| | | E-Mail: cabilesrd@yahoo.com | |
| Address: 601 Church St. | | | |
| City/PO: Syracuse | | State: NY | Zip Code: 13209 |
| 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 Geddes, Onondaga County | | NO <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? | | 0.35 acres | |
| b. Total acreage to be physically disturbed? | | 0 acres | |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? | | 0.35 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 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 type="checkbox"/> Parkland | | | |

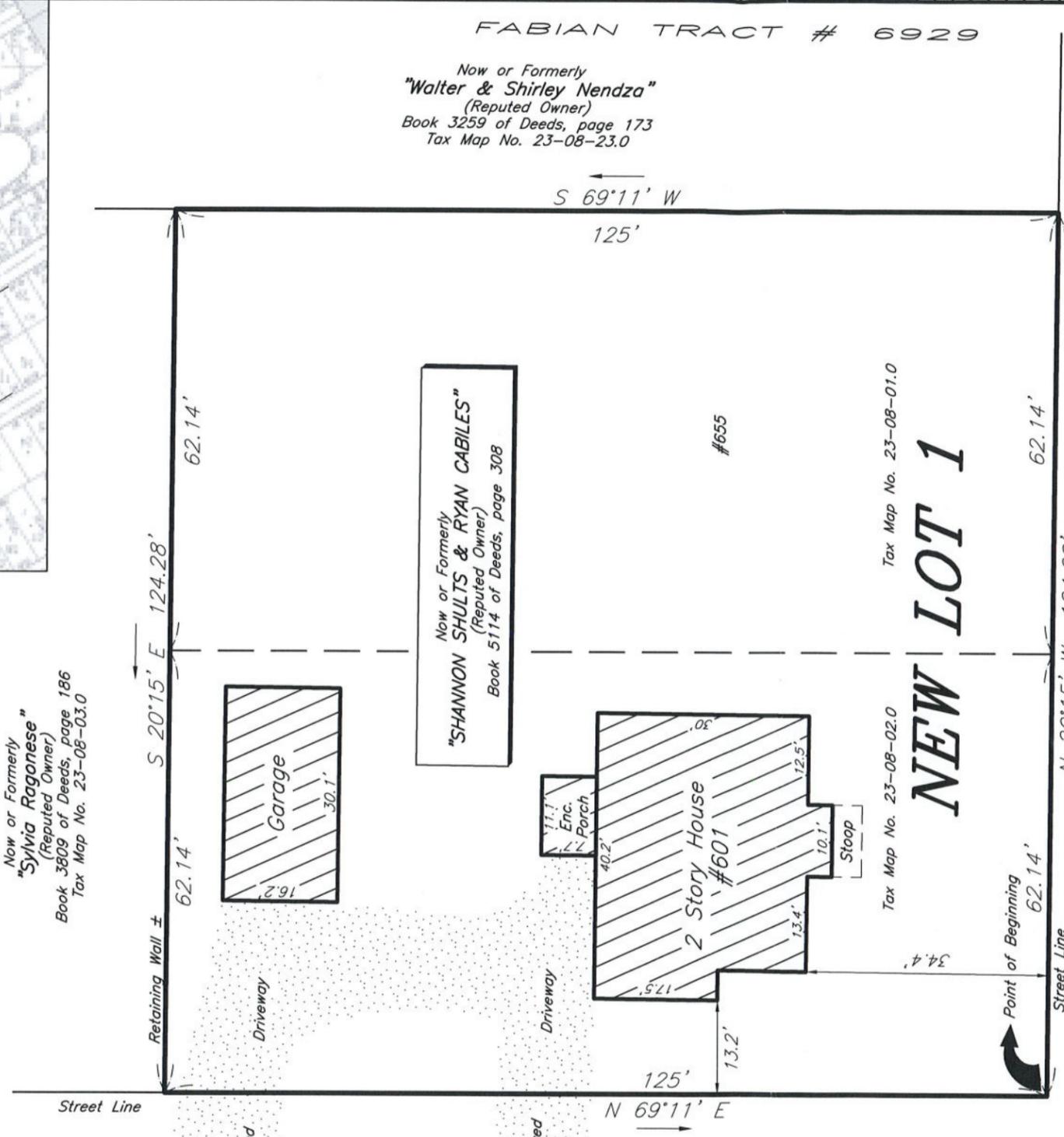
| | | | |
|--|--|--|---|
| <p>5. Is the proposed action,</p> <p>a. A permitted use under the zoning regulations?</p> <p>b. Consistent with the adopted comprehensive plan?</p> | <p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>YES</p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>N/A</p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> |
| <p>6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?</p> | <p>NO</p> <p><input type="checkbox"/></p> | <p>YES</p> <p><input checked="" type="checkbox"/></p> | |
| <p>7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</p> <p>If Yes, identify: _____</p> | <p>NO</p> <p><input checked="" type="checkbox"/></p> | <p>YES</p> <p><input type="checkbox"/></p> | |
| <p>8. a. Will the proposed action result in a substantial increase in traffic above present levels?</p> <p>b. Are public transportation services available at or near the site of the proposed action?</p> <p>c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?</p> | <p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> | <p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | |
| <p>9. Does the proposed action meet or exceed the state energy code requirements?</p> <p>If the proposed action will exceed requirements, describe design features and technologies:</p> <p>_____</p> <p>_____</p> | <p>NO</p> <p><input type="checkbox"/></p> | <p>YES</p> <p><input checked="" type="checkbox"/></p> | |
| <p>10. Will the proposed action connect to an existing public/private water supply?</p> <p>If No, describe method for providing potable water: _____</p> <p>_____</p> | <p>NO</p> <p><input checked="" type="checkbox"/></p> | <p>YES</p> <p><input type="checkbox"/></p> | |
| <p>11. Will the proposed action connect to existing wastewater utilities?</p> <p>If No, describe method for providing wastewater treatment: _____</p> <p>_____</p> | <p>NO</p> <p><input checked="" type="checkbox"/></p> | <p>YES</p> <p><input type="checkbox"/></p> | |
| <p>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?</p> <p>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?</p> | <p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> | <p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | |
| <p>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?</p> <p>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?</p> <p>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____</p> <p>_____</p> <p>_____</p> | <p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> | <p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | |



Now or Formerly
"Sylvia Ragonese"
(Reputed Owner)
Book 3809 of Deeds, page 186
Tax Map No. 23-08-03.0



DUBIEL AVENUE



Now or Formerly
"Walter & Shirley Nendza"
(Reputed Owner)
Book 3259 of Deeds, page 173
Tax Map No. 23-08-23.0

Now or Formerly
"SHANNON SHULTS & RYAN CABILES"
(Reputed Owner)
Book 5114 of Deeds, page 308

Tax Map No. 23-08-01.0

Tax Map No. 23-08-02.0

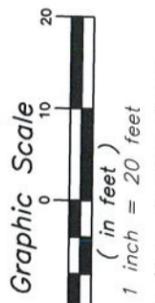
NEW LOT 1

SAMPLE SUBDIVISION

APPROVED BY:

[Signature]
Code Enforcement Officer
Town of Geddes, NY

Date: 1/16/2020



Reference Map: Dussing Survey
Subject to a Current Abstract of Title
Not To Be Used For Construction Purposes.

CERTIFIED TO:

Town of Geddes

Certifications are not transferable to additional institutions or subsequent owners. Certifications shall run only to the person for whom the survey is prepared, and on his behalf to the title company, governmental agency and lending institution listed hereon, and to the assignees of the lending institution. This Certification shall be null & void if a Re-Survey/Update of Survey Map is done by others, except by the undersigned surveyor or his successor. Utilities & Underground Structures Not Certified. Property corner stakes, if any (found or set) as noted above, it is a violation of Article 145 of the N.Y.S. Education Law to alter this map without the direct consent of the undersigned surveyor or his successor. I hereby certify that this is and accurate subdivision plat prepared by me on 10/18/2019. This subdivision plat meets the current standards stated in the NYSAPLS Code of Practice for Land Surveys pertaining to All Boundary/Title Surveys. The subdivision closure is 1:100,000. This map is not valid without the original seal of the surveyor.

(VOID UNLESS SIGNED)

[Signature]
Professional Land Surveyor

Edge of Pavement

CHURCH STREET

(Cross Street)

Re-Subdivision Plan Of Tax Parcels Into

Approved:

[Signature] Dated: 1/14/20
SHANNON SHULTS - CABILES

[Signature] Dated: 1/14/20
RYAN CABILES

Dated:

TOWN OF GEDDES

NEW LOT 1

"CABILES TRACT"

Part of Farm Lot 22

Town of Geddes

County of Onondaga

State of New York

Known As: #601 & 655 Church Street

CHRISTOPHERSON
LAND SURVEYING

Syracuse, New York
Tully, New York

Phone: (315)437-9848 Phone: (315)696-5956

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Re-Certified:

Made By: PJT
Date: 10/18/2019
Scale: 1"=20'

File: 19244C
Disk: CD 1631