

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: 11/15/19 3S-91-06 MH
Filing Date Case#

Please Print or Type Information:

SUBDIVISION INFORMATION:

TITLE OF SUBDIVISION: Resubdivision of Lot SE - Brittonfield 3rd Amendment
ADDRESS of subdivision: 5008 Brittonfield Parkway, East Syracuse NY 13057
TOWN of: DeWitt
TAX MAP NUMBER(S): 021-01-05.6 021-01-12.0
ZONING DESIGNATION: Hi-Tech (H-T)

APPLICANT INFORMATION:

NAME: Hematology-Oncology Associates of NY, P.C. PHONE: 315-472-7504
MAILING ADDRESS: 5008 Brittonfield Parkway
East Syracuse NY 13057
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.)*

Re-Subdivision of Lot SE-1 and SE-2 to combine the
lots into one lot, Lot SE.

APPROVAL INFORMATION:

APPROVED by Town or Village as a Preliminary Plan

Final Plan

on Date: August 28, 2014

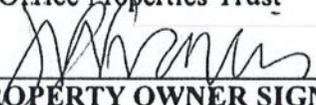
DECLARATION:

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.

SNH Medical Office Properties Trust



10/17/2019
DATE

CURRENT PROPERTY OWNER SIGNATURE

Jennifer F. Francis, President and Chief Operating Officer

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.

**SITE PLAN REVIEW APPLICATION
TOWN OF DEWITT PLANNING BOARD**

INTERNAL USE:

Project Name _____ Project # _____ SUBM Date: _____
CHKD By: _____

SPR fee: _____ Rcpt.# _____
Check# _____
ENG fee: _____ Rcpt.# _____
Check# _____

_____	_____
Name/Date	Name/Date
_____	_____
Name/Date	Name/Date

INFORMATION:

- Name of Applicant (*Principal Contact*): Maria Grice
Title: Chief of Radiation and Ancillary Services Email: mgrice@hoacny.com Phone: 315-472-7504
- Project Address: 5008 Brittonfield Parkway City/ST/Zip East Syracuse, NY 13057
- Property Owner's Name: SNH Medical Office Properties Trust Phone: 617-839-2363
- Property Owner's Address: 255 Washington Street, Suite 300 City/ST/Zip Newton, MA 02458
- Tax Map No.: 021.-01-05.6, 021.-01-12.0 Bldg. size 64,400 sf Zoning Dist.: COM 1 Total Lot Area: 5.35 acres
- Licensed Designer: William Ferraldo Email: bill@harmonyarch.com
- Attorney (if applicable) _____ Email: _____
- Is property in floodplain or floodway? Yes _____ No: X Or is property in Federal or State Wetland? Yes: _____ No: X
- BRIEFLY DESCRIBE THE PROJECT: Include intended use(s) and facilities and proposed site modifications:
The intent of this project is to enhance patient experience through cancer treatment, and to provide workspace for staff who are currently working on mobile stations.
In order to archive this, 35 administrative staff has been relocated to an off-site office and a 1594 sf addition (in-fill of the interior courtyard, 1055 sf on the 1st floor and 539 sf on the 2nd floor) is required.
We are proposing 10 additional parking spaces for future parking although we believe the current parking accommodations on the site are adequate.

SUBMISSION: In general, all information is required. Check yes/no to indicate information included with application. Insert "NA" if item is not applicable. (Please refer to the Town of DeWitt Site Plan Review Design Guidelines on our website.)

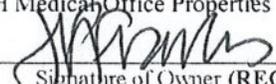
- Yes _____ No X **CURRENT, COMPLETE SURVEY** showing all site/legal modifications to the property signed by a NYS licensed surveyor.
- Yes X No _____ **ARCHITECTURAL PLANS** of the structure to be added or modified.
- Yes X No _____ **SITE PLANS** and associated details of property and its modification & CID.
- Yes _____ No X Transportation permits and/or applications. (**include copies**)
- Yes _____ No X Copies of application, licenses, and/or permits from other governmental agencies which have jurisdiction or funding interest. Specify agency(s): _____

6. ZONING - GENERAL REQUIREMENTS:

	<u>ORDINANCE</u>	<u>PROPOSAL</u>		<u>ORDINANCE</u>	<u>PROPOSAL</u>
Parking Spaces	<u>430</u> #	<u>329</u> #	Front Yard Setback	<u>35</u> FT	<u>EXG</u> FT
Lot Coverage	<u>80</u> %	<u>71.27</u> %	Side Yard Setback	<u>25</u> FT	<u>EXG</u> FT
Building Coverage	<u>30</u> %	<u>16.75</u> %	Rear Yard Setback	<u>20</u> FT	<u>EXG</u> FT
Maximum Height of Building	_____ FT	<u>EXG</u> FT			

7. I am familiar with Town of DeWitt zoning and planning requirements and all NYS & Federal regulations for land disturbance and development. To the best of my knowledge this application and accompanying documents are an accurate and complete description of intended changes in the subject property. I understand that the *Principal Contact* will be the person contacted by the Town and the Town will rely on this person to communicate with applicant and his/her agents and will coordinate all submissions to the Town Planning & Zoning office.

Signature of Applicant/Date

SNH Medical Office Properties Trust
 10.17.2019
By: _____
Title: President and Chief Operating Officer

NOTE: SUPERSEDES ALL PRIOR APPLICATION FORMS
Thank You, Department of Planning & Zoning Staff

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part I - Project Information. The applicant or project sponsor is responsible for the completion of Part I. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part I 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 I. 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 I - Project and Sponsor Information			
Name of Action or Project: Hematology Oncology Associates			
Project Location (describe, and attach a location map): 5008 Brittonfield Parkway, East Syracuse, NY 13057			
Brief Description of Proposed Action: The intent of this project is to enhance patient experience through cancer treatment, and to provide workspace for staff who are currently working on mobile stations. In order to archive this, 35 administrative staff have been relocated to an off-site office and a 1594 sf addition (in-fill of the interior courtyard, 1055 sf on the 1st floor & 539 sf on the 2nd floor) is required. We are proposing 10 additional parking spaces for future parking.			
Name of Applicant or Sponsor: Maria Grice		Telephone: 315-472-7504 E-Mail: mgrice@hoacny.com	
Address: 5008 Brittonfield Parkway			
City/PO: East Syracuse		State: NY	Zip Code: 13057
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 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 Dewitt Planning Board			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		5.35 acres	
b. Total acreage to be physically disturbed?		0.07 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		5.35 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 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			

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>Maria Grice</u>		Date: _____
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?"

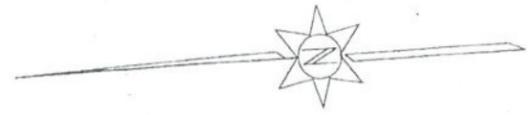
	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use 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.

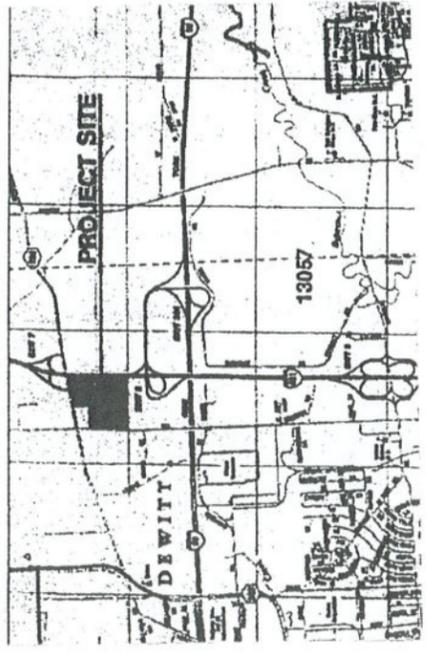
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input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



EXISTING BUILDING/IMPROVEMENTS NOT SHOWN.

NOTE
 POSSIBLE NMO UNDERGROUND LINE EASEMENT OF UNKNOWN WIDTH AND LOCATION PER SKETCH FILED WITH DEED (B.3578 AT P.125) APPEARS TO AFFECT NORTHERLY, EASTERLY AND SOUTHERLY LINES OF THE PREMISES.



FILING NOTE:
 THIS MAP IS THE SAME AS FILE MAP #8970 (...BRITTONFIELD 2ND AMD) EXCEPT THAT LOTS 5E-1 AND 5E-2 ARE NOW RECOMBINED INTO ORIGINAL LOT 5E

AREA = 5.35± ACRES



GRAPHIC SCALE - FEET
 G00XXXXXX000 RESUB L5E BRITTONFIELD 3RD AMD (BRITTON) @ 19960311BDY @ 20140812SUB.TIF

- FINAL PLAN -

**RESUBDIVISION OF LOT 5E - BRITTONFIELD 3RD AMD.
 TOWN OF DEWITT - ONONDAGA CO., N.Y.**

I.D: BRITTS0V FILE: ROLL 21-1-5
 DATE: AUG. 12, 2014 SCALE: 1" = 50' B/P: 364/41

REVISIONS	

COTTRELL LAND SURVEYORS, P.C.
 7308 JAMESVILLE ROAD
 MANLIUS, N.Y. 13104 PHONE (315) 682-8121

THE UNDERSIGNED CERTIFIES THAT THIS MAP WAS MADE FROM AN ACTUAL SURVEY ON 3-10-96. VOID WITHOUT SIGNER'S EMBOSSED SEAL.



NOT A VALID SUBDIVISION WITHOUT RECORDING DATA OF THE MAP FILING WITH THE ONONDAGA COUNTY CLERK'S OFFICE.