



October 31, 2018

Syracuse Zoning Administration
City Hall Commons
201 East Washington Street
Syracuse, New York 13202

RE: Lot Alteration Application
Proposed Stoop Kitchen Bakery
629 W. Fayette & 105 Tioga Street
CHA Project No. 34794

Dear Syracuse Zoning Administration:

CHA, on behalf of the applicant, is pleased to submit the following Lot Alteration Application for the above reference project. The proposed project includes combining the two existing lots at 629 W. Fayette and 105 Tioga Street which includes parcels 100-04-1.0 and 100-04-17.0. The lot consolidation is proposed as to allow Stoop Kitchen production bakery to occupy the site and utilize both parcels under a special permit.

A Special Permit application is being submitted under separate cover for required approvals.

The following materials are provided in this submission:

- Lot Alteration Application
- One (1) copy - Short EAF
- Seven (7) copies – Lot Alteration Plat (Plus One (1) ½ Size)

Should you have any questions related to the submission or require any additional copies, please do not hesitate to contact me at 315-471-3920 or Zplonka@chacompanies.com

Very truly yours,

A handwritten signature in black ink that reads 'Zachary T. Plonka'. The signature is written in a cursive style with a large initial 'Z'.

Zachary T. Plonka, PE
Project Engineer IV

ZTP

Enclosures

Cc: Eric Alderman (Stoop Kitchen)

V:\Projects\ANY\K4\34794\Corres\Applications\2018-10-31-Resubdivison\0 - Lot Alteration App-Cover_10-31-18.doc

For office use only: District: TA Filing Date: 11/6/18 Case #: R-18-54
 Resubdivision Lot Alteration

SUBJECT PROPERTY ADDRESS(ES):

629 W. Fayette & Tioga Street, 105 Tioga Street

TAX MAP NUMBERS: (of each property involved)

Section: 100 Block: 04 Lot: 1.0 Section: 100 Block: 04 Lot: 17.0
Section: Block: Lot: Section: Block: Lot:

PROPERTY OWNER(S): (If more than one owner, attach additional pages)

NAME: COTA Development Corp. / Lauren Cohen
MAILING ADDRESS: 415 E. Brighton Ave.
ZIP: 13210 DAYTIME PHONE:
HOME PHONE: E-MAIL:

REPRESENTATIVE: Attorney or Other contact:
(Complete only if a representative is involved with this application)

NAME: CHA Consulting, Inc. (C/O James Trasher, P.E.)
MAILING ADDRESS: 300 S. State Street, Suite 600
ZIP: 13202 TELEPHONE: 315-471-3920 E-MAIL: JTrasher@Chacompanies.com

CURRENT LAND USES ON ALL INVOLVED PROPERTIES:
Used Auto Sales / Detailing/Repair Facility

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:
Garage Bay and office type structure

DESCRIBE THE REASON FOR YOUR REQUEST and YOUR OVERALL PROJECT IN DETAIL:
To combine the two lots associated with proposed Stoop Kitchen Bakery Project for parking/access use.

IS THIS RESUBDIVISION/LOT ALTERATION PART OF A LARGER OVERALL PROJECT?
 YES NO

*NOTE: IF THE PROPOSED USE DOES NOT COMPLY WITH APPLICABLE ZONING LAWS
ADDITIONAL APPLICATIONS MAY BE NECESSARY.

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 are 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 DATE

Samia Torric to Corp Supervisor

Please legibly PRINT SIGNATURE NAME and TITLE

REQUIRED SUBMITTALS

- APPLICATION** – Must be **completely filled out** including tax map numbers, and current and proposed uses of property/properties and must be signed by the property owner(s) or legal representative(s).
- SHORT ENVIRONMENTAL FORM** – Must be completely filled out (side one only) and signed.
- MAPS – RESUBDIVISION/LOT ALTERATION MAPS –**
 - a. **7 COPIES** – Drawn by a licensed land surveyor on paper. If maps are larger than 11 x 17, then a reduced copy must also be submitted.
 - b. Must show existing and proposed lot lines along with addresses and new lot numbers (see attached example). Must also illustrate all existing and any proposed physical features on the property (i.e. driveways, walkways, retaining walls, fences, etc.)
 - c. Must also contain a location map for the subject property.
 - d. Please have your land surveyor contact the Onondaga County Health Department at 315-435-6600 prior to drawing your resubdivision/lot alteration map for map requirements.

***Please note that if referrals are necessary for this application, additional copies of all required materials will be requested.**

FOR STAFF USE ONLY

REFERRAL NEEDED

- ONONDAGA COUNTY PLANNING BOARD
- SYRACUSE LANDMARK PRESERVATION BOARD (This project is located within _____ Historic District; is listed individually in the National Register of Historic Places; is Eligible for inclusion in the National Register of Historic Places; or is architecturally significant).
- OTHER CITY/COUNTY/STATE AGENCY OR DEPARTMENT(S) _____

Short Environmental Assessment Form

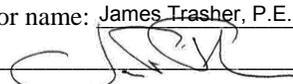
Part 1 - Project Information

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: Proposed Stoop Kitchen Bakery Fitout			
Project Location (describe, and attach a location map): 629 W. Fayette & Tioga Street, 105 Tioga S.			
Brief Description of Proposed Action: Proposed project includes remodel of existing building for use by Stoop Kitchen as production bakery with a small retail sales area. Site improvements include modifications to existing driveways and paving of a small gravel parking area next to building.			
Name of Applicant or Sponsor: CHA Consulting, Inc. (James Trasher, P.E.) Engineer on behalf of Applicant		Telephone: 315-471-3920	
		E-Mail: jtrasher@chacompanies.com	
Address: 300 S. State Street, Suite 600			
City/PO: Syracuse		State: NY	Zip Code: 13202
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 governmental Agency? If Yes, list agency(s) name and permit or approval:		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		_____ 0.225 acres	
b. Total acreage to be physically disturbed?		_____ 0.1 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ 0.225 acres	
4. Check all land uses that occur on, adjoining and near the proposed action. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" 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			

<p>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: _____ _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>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: _____ _____ _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>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: _____ <u>734022(Former Rockwell Plant on Marcellus St), 734042(Old Tip-top Bakery on Shonnard St, 734060 (National Grid site on Erie Boulevard) All within vicinity of Site but no remediation on Site</u></p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: <u>James Trasher, P.E. (CHA Consulting, Inc.)</u> Date: <u>9/26/18</u></p> <p>Signature: <u></u></p>		

