

For office use only: District: CBD-R Filing Date: 10/19/2018 Case #: R-18-55
Resubdivision Lot Alteration

SUBJECT PROPERTY ADDRESS(ES):

482 South Salina Street, Syracuse; 484-498 South Salina Street, Syracuse; and 130-144 West Onondaga Street, Syracuse

TAX MAP NUMBERS: (of each property involved)

Section: 101 Block: 10 Lot: 7.1 Section: 101 Block: 10 Lot: 9.1
Section: 101 Block: 10 Lot: 8.1 Section: Block: Lot:

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

NAME: Syracuse Urban Partnership, Inc.
MAILING ADDRESS: 11 Fennel Street, Suite 1, Skaneateles, New York
ZIP: 13152 DAYTIME PHONE: (315) 685-5059
HOME PHONE: E-MAIL: moconnell@allynfoundation.org

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

NAME: Frederick W. Marty
MAILING ADDRESS: Mackenzie Hughes LLP, 440 South Warren Street, Suite 400, Syracuse, New York
ZIP: 13202 TELEPHONE: (315) 233-8219 E-MAIL: fmarty@mackenziehughes.com

CURRENT LAND USES ON ALL INVOLVED PROPERTIES:

The property is currently used as a parking lot.

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

There is a movable shed which is not affixed to the ground located on Tax Map Number 101.-10-08.1.

DESCRIBE THE REASON FOR YOUR REQUEST and YOUR OVERALL PROJECT IN DETAIL:

Syracuse Urban Partnership, Inc. desires to merge Tax Map Number 101.-10-07.1, Tax Map Number 101.-10-08.1, and Tax Map Number 101.-10-09.1 into one tax parcel and subsequently develop the one tax parcel.

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.

Margaret H. O'Connell Oct. 3, 2018
CURRENT PROPERTY OWNER SIGNATURE DATE

Margaret H. O'Connell, Secretary
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) _____

OCT 19 2018

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: Resubdivision of 482 South Salina Street, 484-498 South Salina Street, and 130-144 West Onondaga Street, City of Syracuse, New York			
Project Location (describe, and attach a location map): 482 South Salina Street, 484-498 South Salina Street, and 130-144 West Onondaga Street, City of Syracuse, New York			
Brief Description of Proposed Action: Syracuse Urban Partnership, Inc. owns 482 South Salina Street, City of Syracuse, New York (Tax Map Number 101.-10-07.1), 484-498 South Salina Street, City of Syracuse, New York (Tax Map Number 101.-10-08.1), and 130-144 West Onondaga Street, City of Syracuse, New York (Tax Map Number 101.-10-09.1). Tax Map Number 101.-10-07.1, Tax Map Number 101.-10-08.1, and Tax Map Number 101.-10-09.1 comprise a single parking lot. Syracuse Urban Partnership, Inc. desires to merge Tax Map Number 101.-10-07.1, Tax Map Number 101.-10-08.1, and Tax Map Number 101.-10-09.1 into a single tax parcel.			
Name of Applicant or Sponsor: Syracuse Urban Partnership, Inc.		Telephone: (315) 685-5059 E-Mail: moconnell@allynfoundation.org	
Address: 11 Fennel Street, Suite 1			
City/PO: Skaneateles		State: New York	Zip Code: 13152
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:			YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		1.667 acres	
b. Total acreage to be physically disturbed?		0.00 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1.667 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 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)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</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?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</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?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input 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>Syracuse Urban Partnership, Inc.</u></p>		<p>Date: <u>Oct. 3, 2018</u></p>
<p>Signature: <u><i>Raymond Ornel</i></u></p>		