

For office use only: District: FAA 7/31/1964 Filing Date: 1/23/19 Case #: R-19-10
 Resubdivision Lot Alteration

SUBJECT PROPERTY ADDRESS(ES):

231-33 Colvin St W, Syracuse NY 13205; 119 Cannon Street, Syracuse NY 13205
229 Colvin Street W, Syracuse NY 13205 115 Cannon Street, Syracuse NY 13205 223-25 Colvin St W, Syracuse

TAX MAP NUMBERS: (of each property involved)

Section: 077 Block: 02 Lot: 01.0 Section: 077 Block: 02 Lot: 48.0
Section: 077 Block: 02 Lot: 02.0 Section: 077 Block: 02 Lot: 49.0
Section 077 Block 02 Lot 03.0

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

NAME: Greater Syracuse Property Development Corporation
MAILING ADDRESS: 431 East Fayette Street, Suite 375, Syracuse NY
ZIP: 13202 DAYTIME PHONE: 315-422-2301 x 18
HOME PHONE: _____ E-MAIL: tluckett@syracuselandsbank.org

REPRESENTATIVE: Attorney or Other contact:

(Complete only if a representative is involved with this application)

NAME: _____
MAILING ADDRESS: _____
ZIP: _____ TELEPHONE: _____ E-MAIL: _____

CURRENT LAND USES ON ALL INVOLVED PROPERTIES:

231-33 W Colvin St - Residential Vacant Land; 119 Cannon Street - Residential Vacant Land
229 Colvin St W - Single-Family Residential; 115 Cannon St Res Vacant Land; 223-25 Colvin St W - Res Vacant Land

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

229 COLVIN St W - 2 1/2 story frame house with 2,048 sf of living space ;

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

The owner of 229 West Colvin Street would like to expand her yard and fence it in for more defensible green space.

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.



1/23/19
DATE

CURRENT PROPERTY OWNER SIGNATURE

Katelyn Wright, Executive Director

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) _____

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| | |
|---|---------|
| <i>Jennifer O'Selmo</i> | 1-13-19 |
| CURRENT PROPERTY OWNER SIGNATURE | DATE |
| <i>Jennifer O'Selmo</i> | 1-13-19 |
| Please legibly PRINT SIGNATURE NAME and TITLE | |

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Short Environmental Assessment Form

Part 1 - Project Information

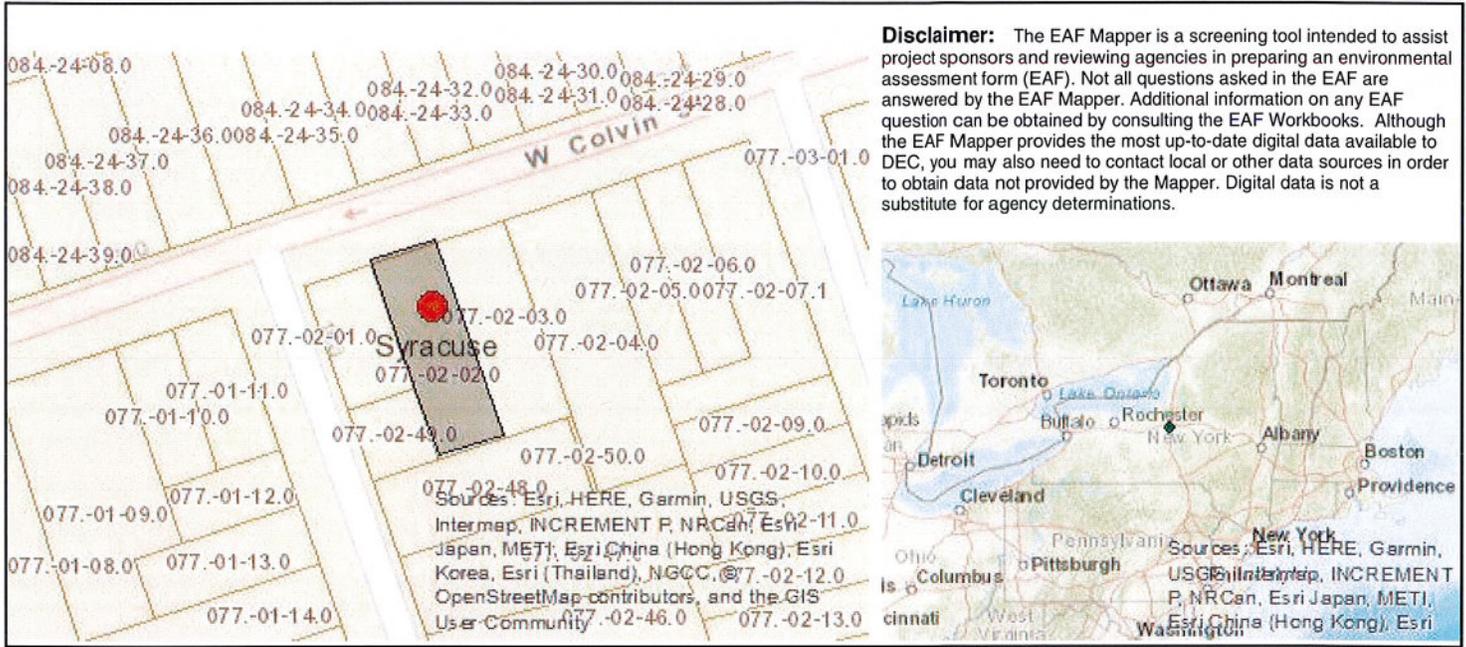
Instructions for Completing

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 four vacant parcels and an occupied single-family family home | | | |
| Project Location (describe, and attach a location map): Four properties at the intersection of West Colvin and Cannon Streets | | | |
| Brief Description of Proposed Action: Applicant intends to combine two vacant lots owned by the Land Bank with an occupied parcel and two vacant lots owned by the homeowner. Applicant wants to expand her yard and fence in the property for more defensible space. This fulfills part of the mission of the Land Bank by putting the property back into productive use. In addition, the property will return to the tax roles, increase surrounding property values and improve the entire neighborhood. | | | |
| Name of Applicant or Sponsor: Greater Syracuse Property Development Corporation | | Telephone: 315-422-2301 x18 E-Mail: tluckett@syracuselandbank.org | |
| Address: 431 East Fayette Street, Suite 375 | | | |
| City/PO: Syracuse | | State: New York | 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 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: | | | YES <input type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ .569 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? _____ .569 acres | | | |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: | | | |
| 5. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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 | | | |

| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | |
| c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? | <input type="checkbox"/> | <input checked="" 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: N/A _____ _____ | <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: _____ _____ | <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: _____ _____ | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____ | | | |



| | |
|---|----|
| Part 1 / Question 7 [Critical Environmental Area] | No |
| Part 1 / Question 12a [National Register of Historic Places] | No |
| Part 1 / Question 12b [Archeological Sites] | No |
| Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies] | No |
| Part 1 / Question 15 [Threatened or Endangered Animal] | No |
| Part 1 / Question 16 [100 Year Flood Plain] | No |
| Part 1 / Question 20 [Remediation Site] | No |