

Syracuse Zoning Administration

Application for Resubdivision/Lot Alteration

City Hall Commons \* Room 101 \* 201 East Washington Street \* Syracuse, NY 13202-1426 \* 315-448-8640

For office use only: District: R-A1 Filing Date: 5/19/19 Case #: R-19-34  
 Resubdivision  Lot Alteration

SUBJECT PROPERTY ADDRESS(ES):

93, 94, 95, 96, 97, 101, 103, 105, 107, 131, 135, 139, 161, 165, 169, 173 XAVIER CIRCLE,  
Syracuse NY 13210

TAX MAP NUMBERS: (of each property involved)

Section: 059 Block: 07 Lot: 22 Section: 059 Block: 07 Lot: 20  
Section: 059 Block: 07 Lot: 21 Section: 059 Block: 07 Lot: 39

See attached FOR ADDITIONAL LOTS

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

NAME: ~~XXXX~~ MORNING VIEW LLC.  
MAILING ADDRESS: 108 W. Jefferson St., Syracuse, NY 13202  
ZIP: 13202 DAYTIME PHONE: 315-422-5381 x13  
HOME PHONE: 315-472-5857 E-MAIL: rdcuse@gmail.com.

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

NAME: ROBERT DOUCETTE  
MAILING ADDRESS: 108 W. Jefferson St., Syracuse, NY 13202  
ZIP: 13202 TELEPHONE: 315-422-5381 E-MAIL: rdcuse@gmail.com.

CURRENT LAND USES ON ALL INVOLVED PROPERTIES:

VACANT LOTS EXCEPT AS NOTED BELOW - ALL RESIDENTIAL USE

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

Houses on Lots 38 and 36.  
FOUNDATION ON LOT 35

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

REQUEST IS TWO FOLD - 1. MEET FIRE CODES FOR  
HOUSES ON LOTS 38 and 36. 2. REDUCE THE NUMBER  
OF HOUSES BY TWO - creating larger lots AND LESS  
DENSITY.

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.

*Robert Doucette*

*4/3/2019*

**CURRENT PROPERTY OWNER SIGNATURE**

**DATE**

*ROBERT DOUCETTE*

**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**

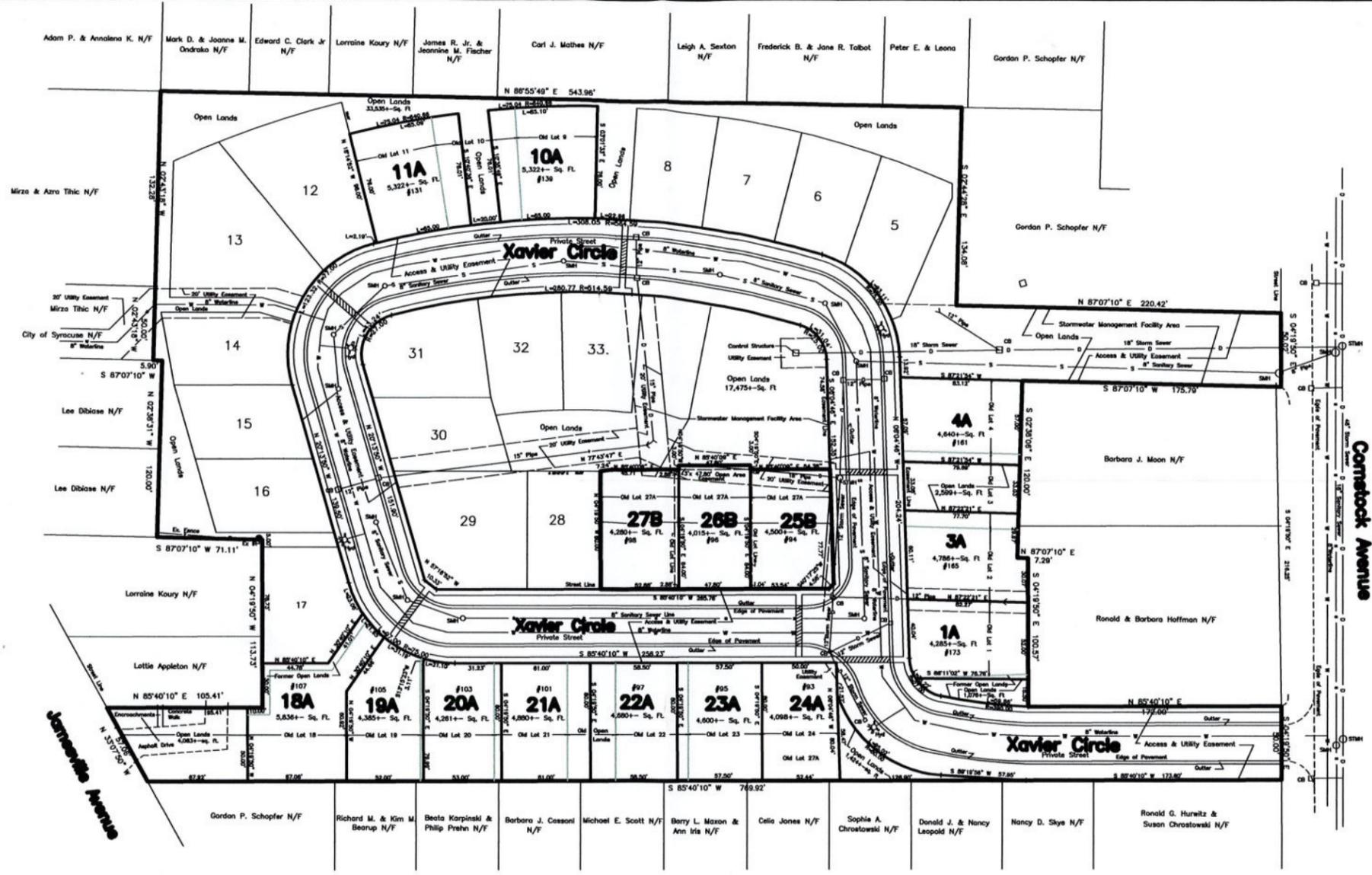
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**REFERRAL NEEDED**

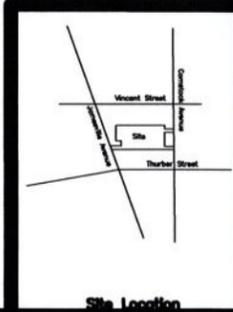
- ONONDAGA COUNTY PLANNING BOARD
- SYRACUSE LANDMARK PRESERVATION BOARD (This project is located within \_\_\_\_\_ Historic District; is listed individually in the National Register of Historic Places; is Eligible for inclusion in the National Register of Historic Places; or is architecturally significant).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

## Additional Lots Affected by Resubdivision

Section	Block	Lot
059	07	37
059	07	36
059	07	35
059	07	34
059	07	33
059	07	32
059	07	31
059	07	15
059	07	14
059	07	13
059	07	12



Open Lands Area	1,078+- sq. ft.
	2,598+- sq. ft.
	33,535+- sq. ft.
	4,083+- sq. ft.
	1,424+- sq. ft.
	17,475+- sq. ft.
<b>Total Area</b>	<b>60,192+- sq. ft.</b>



**Final Plan**  
**Resubdivision of Lots 25A, 26A, 27A, 18-24, 10-12, 1-4 & Open Lands into New Lots 25B, 26B & 27B, 18A-24A, 10A, 12A, 1A, 2A & 3A**  
**Xavier Woods Final Plan**  
**Pt. of Lot 94, City of Syracuse, Onondaga Co., N.Y.**  
 Known as 94, 96, 98, 131, 139, 93, 95, 97, 101, 103, 105, 107, 161, 165 & 173 Xavier Circle

GRAPHIC SCALE  
 ( IN FEET )  
 1 inch = 20 ft.

Scale 1" = 20'  
 March 31, 2019

**D. W. HANNIG L.S., P.C.**  
 SURVEYORS - PLANNERS - CONSULTANTS  
 THE MARKET PLACE, BUILDING #1  
 MANLIUS, NEW YORK 13104  
 PHONE: (315) 682-5225 - FAX: (315) 682-7774

**Revisions**

5/15/19	Lots & Open Lands
5/06/19	Lot no. 11A
4/29/19	Lot 26A
4/24/19	Lot 27A

**Approved By Owner**  
 I hereby approve this tract map.  
 \_\_\_\_\_  
 Morning View LLC  
 108 West Jefferson Street  
 Syracuse, N.Y. 13202

I hereby certify that this subdivision plat was prepared by me, and was made from an actual survey completed by me on 3/20/18.  
 \_\_\_\_\_  
 David W. Hannig L.S. N.Y.S. Lic. No. 047411

**Approved by Onondaga County Health Department**

**Approved by City of Syracuse Finance Dept.**

**Approved by City of Syracuse Planning Commission**

**Approved by City of Syracuse Dept of Engineering**

**Approved by City of Syracuse Assessment**

# 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.

<b>Part 1 – Project and Sponsor Information</b>			
Morningview, LLC			
Name of Action or Project: Resubdivision			
Project Location (describe, and attach a location map): Xavier Woods, Xavier Circle			
Brief Description of Proposed Action: Resubdivide 33 building lots into 31 lots			
Name of Applicant or Sponsor: Morningview, LLC (Robert Doucette Representative)		Telephone: 315-422-5381	
		E-Mail: rdcuse@gmail.com	
Address: 108W. Jefferson Street			
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 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: City of Syracuse, Zoning Office			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		_____ 2.5 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?		_____ 6.5 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			

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

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	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"/>
_____		
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor/name: <u>Robert Doucette</u> Date: <u>4/24/2019</u> Signature: <u>[Signature]</u> Title: <u>Member, LLC</u>		