

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: RA-1 Filing Date: 5/21/19 Case #: R-19-36
Resubdivision Lot Alteration

SUBJECT PROPERTY ADDRESS(ES):

825 Comstock Avenue & 123 Stratford Street

TAX MAP NUMBERS: (of each property involved)

Section: 52 Block: 01 Lot: 20.1 Section: 52 Block: 01 Lot: 19.1
Section: Block: Lot: Section: Block: Lot:

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

NAME: Isaac R. Benishai
MAILING ADDRESS: 242 West 103rd Street - Suite B-1, New York, New York
ZIP: 10025 DAYTIME PHONE: 917-539-5619
HOME PHONE: 917-539-5619 E-MAIL:

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

NAME: James Knittel, AIA, NCARB
MAILING ADDRESS: 239 W. Water Street- 2nd Floor, Syracuse, NY
ZIP: 13202 TELEPHONE: 315-728-9458 E-MAIL: JKnittel@in-architects.com

CURRENT LAND USES ON ALL INVOLVED PROPERTIES: Vacant

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

None

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

Subdivision of (2) existing parcels into 4 separate parcels for the purpose of building 4 single family residences with associated driveways, sidewalks, landscaping, and stormwater manangement areas.

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

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

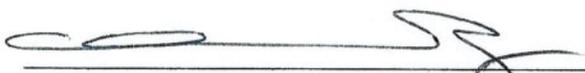
**DECLARATION**

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** 4/30/2019  
\_\_\_\_\_  
**DATE**

ISAAC Benishai, owner  
\_\_\_\_\_  
**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.

| <b>Part 1 – Project and Sponsor Information</b>  |  |                                     |                          |
|--|--|-------------------------------------|--------------------------|
| Name of Action or Project:<br>Stratford Housing  |  |                                     |                          |
| Project Location (describe, and attach a location map):<br>825 Comstock Avenue   |  |                                     |                          |
| Brief Description of Proposed Action:<br>Subdivision of (2) existing parcels into 4 separate parcels for the purpose of building 4 single family residences with associated driveways, sidewalks, landscaping, and stormwater management areas.  |  |                                     |                          |
| Name of Applicant or Sponsor:<br>Isaac Benishai  |  | Telephone: 917-539-5619             |                          |
| Address:<br>242 West 103rd Street - Suite B-1  |  | E-Mail:                             |                          |
| City/PO:<br>New York   |  | State:<br>New York                  | Zip Code:<br>10025       |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?<br>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                                  | YES                      |
|  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other government Agency?<br>If Yes, list agency(s) name and permit or approval:   |  | NO                                  | YES                      |
|  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ 0.394 acres  |  |                                     |                          |
| b. Total acreage to be physically disturbed? _____ 0.394 acres   |  |                                     |                          |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 0.394 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 checked="" 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 checked="" type="checkbox"/> |                          |
|  | <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 checked="" type="checkbox"/> |                          |
|  | <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:  |                                     |                                     |                          |
| _____  | <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 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?   | 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____   |                                     |                                     |                          |
| _____  |                                     |                                     |                          |
| _____  |                                     |                                     |                          |

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

Shoreline    Forest    Agricultural/grasslands    Early mid-successional

Wetland    Urban    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?

Northern Long-eared Bat

| NO                       | YES                                 |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" 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,

a. Will storm water discharges flow to adjacent properties?

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

If Yes, briefly describe:

| NO                                  | YES                                 |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <input checked="" 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"/> |

**I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Applicant/sponsor/name: ISAAC Benishai Date: 4/30/2019

Signature: [Signature] Title: Owner

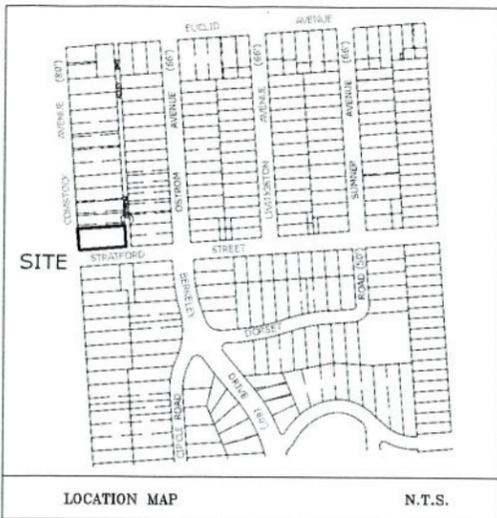
# EAF Mapper Summary Report

Friday, April 26, 2019 9:40 AM

302

**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

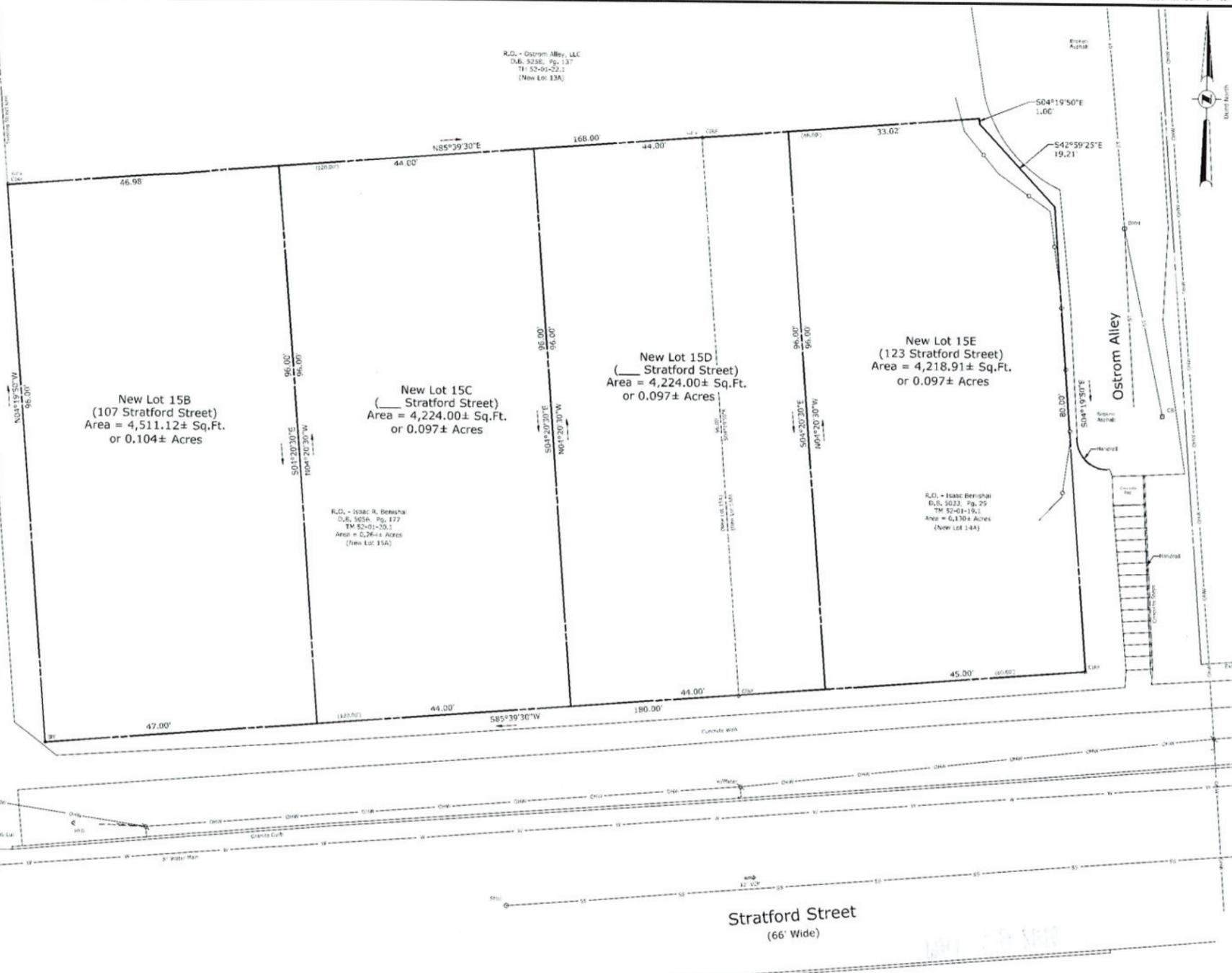
|   |                         |
|---|-------------------------|
| Part 1 / Question 7 [Critical Environmental Area]   | No                      |
| Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites] | No                      |
| Part 1 / Question 12b [Archeological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



Miscellaneous Notes

1. NORTH ORIENTATION IS BASED ON DEED NORTH.
2. VERTICAL DATUM BASED ON NAVD 1983 DATUM PER 4TH-ORDER OBSERVATIONS.
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF AN ABSTRACT OR UP TO DATE TITLE REPORT AND IS THEREFORE SUBJECT TO ANY EASEMENTS, RESTRICTIONS, COVENANTS OR ANY STATEMENT OF FACTS THAT SUCH DOCUMENTS MAY DISCLOSE.
4. UNDERGROUND FACILITIES, STRUCTURES AND UTILITIES HAVE BEEN PLOTTED FROM DATA OBTAINED BY FIELD SURVEY, PREVIOUS MAPS AND RECORDS, AND PLANS, TESTS AND PROBES. THESE LOCATIONS MUST BE CONFIRMED BY THE OWNER. ONLY THOSE THAT ARE OF THE UNDERGROUND UTILITIES, THE STREETS AND ALL OTHER INFORMATION TO THE UNDERGROUND UTILITIES AND LOCATIONS OF ALL UNDERGROUND UTILITIES AND STRUCTURES MUST BE VERIFIED BY THE APPROPRIATE AUTHORIZED PERSON TO ANY CONSTRUCTION.
5. SURVEY WAS PERFORMED IN THE FIELD ON FEBRUARY 17, 2017.
6. TOGETHER WITH ALL OF THE RIGHTS, TITLE AND INTEREST IN COMMON WITH OTHER, IN AND TO AN ALLEY, 20 FEET WIDE RUNNING BETWEEN EUCLED AVENUE AND STRATFORD STREET PER D.B. 8033, PAGE 01.
7. REFERENCE MAPS:
  - A. UNDERSECT HEIGHTS AMENDED MAP OF BLOCK 560 BY ALLEN & FARRINGTON DATED MARCH 15, 1903 AND RECORDED AS MAP 3090.
  - B. MAP OF RESUBDIVISION OF PART OF LOTS 12-15 & ALL OF LOT 16 BLOCK 560 CITY OF SYRACUSE INTO NEW LOTS 12A, 14A & 15A BY STEVEN EMMERT DATED 07/21/2000 AND RECORDED AS MAP 3361.

Comstock Avenue (80' Wide)



Stratford Street (66' Wide)

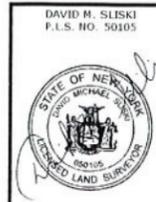
**LEGEND**

|     |                        |
|-----|------------------------|
| HT  | WIREFAST               |
| CB  | SQUARE CATCH BASIN     |
| SM  | STEEL MANHOLE          |
| SMH | SAVITARY MANHOLE       |
| UT  | UTILITY POLE - LIGHT   |
| UTL | UTILITY POLE - LIGHT   |
| DR  | DRIP PIPE FOUND        |
| DRP | CAPPED DRIP PIPE FOUND |
| GV  | GAS VALVE              |
| WF  | WATER VALVE            |
| SL  | SANITARY SEWER LINE    |
| STL | STORM SEWER LINE       |
| OH  | OVERHEAD WIRES         |
| WL  | WATER LINE             |
| GL  | GAS LINE               |



I HEREBY CERTIFY THAT THIS SUBDIVISION PLAT WAS PREPARED BY ME AND WAS MADE FROM AN ACTUAL FIELD SURVEY COMPLETED BY US ON FEBRUARY 17, 2017.

*David M. Sliski*  
 DAVID M. SLISKI, P.L.S. #50105      MAY 6, 2019      DATE



| DATE | REVISIONS RECORD/DESCRIPTION | DRAFTER | CHECK | APPR. |
|------|------------------------------|---------|-------|-------|
|      |                              |         |       |       |
|      |                              |         |       |       |
|      |                              |         |       |       |
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|      |                              |         |       |       |
|      |                              |         |       |       |
|      |                              |         |       |       |
|      |                              |         |       |       |

**RESUBDIVISION PLAT**  
 LOTS 14A & 15A OF CITY BLOCK 560 - SYRACUSE, N.Y.  
 INTO NEW LOTS 15B, 15C, & 15D & 15E  
 TO BE KNOWN AS #107, #117, & #123 STRATFORD STREET  
 LOTS 14A & 15A OF CITY BLOCK 560

ONONDAGA COUNTY, NEW YORK

**C.T. MALE ASSOCIATES**  
 Engineering, Surveying, Architecture, Landscape Architecture & Geology, D.P.C.

300 GATEWAY PARK DRIVE, SUITE 200, SYRACUSE, NY 13202-3244  
 315.462.6400 FAX: 315.462.4417

SHEET 1 OF 1  
 DWG. NO: 17-0176

The data and drawings contained on this plan, as well as the topographic map of said property under division of registered professional engineers of C.T. Male Associates, D.P.C. as a condition of their contract, are provided for informational purposes only and do not constitute a warranty of any kind. The user of this plan is advised that the user is responsible for the accuracy of the data and drawings and that the user is advised to verify the accuracy of the data and drawings before using them for any purpose.

CAD DRAWING FILE NAME: 17-1127\Survey\171127\Survey\Comstock Sub.dwg