

MAY 23 2019

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: 6/5/2019 Case #: R-19-40  
 Resubdivision  Lot Alteration

SUBJECT PROPERTY ADDRESS(ES):

307 Dewitt Road, Syracuse, NY 13214  
307 Dewitt Road \* REAR \* Syracuse, NY 13214

TAX MAP NUMBERS: (of each property involved)

Section: 040.0 Block: 05 Lot: 10.0 Section: [ ] Block: [ ] Lot: [ ]  
Section: 040.0 Block: 05 Lot: 10.1 Section: [ ] Block: [ ] Lot: [ ]

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

NAME: Tana L. Osada  
MAILING ADDRESS: 307 Dewitt Road, Syracuse, NY  
ZIP: 13214 DAYTIME PHONE: (315) 877-4660  
HOME PHONE: (315) 877-4660 E-MAIL: tosada2@twcny.rr.com

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: Residential Use  
(Used as a yard for a residence)

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

Single family Dwelling on 307 Dewitt Rd.  
2 structures on 307 Dewitt Rd Rear (Just Grass lot)

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

I purchased the small lot of land (307 Dewitt Rd. Rear) to make my yard bigger. I would like to have them combined as one as I submitted a request to get a permit to put in a pool.

IS THIS RESUBDIVISION/LOT ALTERATION PART OF A LARGER OVERALL PROJECT?  
 YES  NO To put in a pool in my backyard.

\*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.

*Lana L. Osada* 5/1/19  
**CURRENT PROPERTY OWNER SIGNATURE** **DATE**  
Lana L. Osada Property 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**

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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) \_\_\_\_\_



# 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: <b>Resubdivision -</b> <i>Combine the two properties as one listed below. I would like the properties</i>			
Project Location (describe, and attach a location map): <b>307 Dewitt Road</b> <b>307 Dewitt Road * REAR *</b> <span style="float: right;"><i>Combined to put in a pool.</i></span>			
Brief Description of Proposed Action: <b>Resubdivide the property @ 307 Dewitt Rd, Syracuse 13214 &amp; 307 Dewitt Rd Rear, Syracuse, NY 13214, in order to install a swimming pool.</b>			
Name of Applicant or Sponsor: <b>Tana L. Osada</b>		Telephone: <b>(315) 877-4660</b>	
		E-Mail: <b>tosada2@twennyrr.com</b>	
Address: <b>307 Dewitt Road,</b>			
City/PO: <b>Syracuse</b>		State: <b>New York</b>	Zip Code: <b>13214</b>
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 government Agency? If Yes, list agency(s) name and permit or approval: <b>A Pool Permit from the City of Syracuse</b>		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres		<i>307 Dewitt Rd property is:</i>	
b. Total acreage to be physically disturbed? <b>Pool is 14' x 28'</b> _____ acres		<i>65' x 136'</i>	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres		<i>307 Dewitt Rd Rear, Property is: 45' x 58.4'</i>	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input 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			

	NO	YES	N/A
5. Is the proposed action,			
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?	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, identify: _____			
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<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"/>	
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"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____			
10. Will the proposed action connect to an existing public/private water supply? if No, describe method for providing potable water:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<i>The House on 307 Dewitt Rd is Already Connected to a public water supply. 307 Dewitt Rd. Rear is just enlarging the backyard.</i>			
11. Will the proposed action connect to existing wastewater utilities? if No, describe method for providing wastewater treatment:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<i>The House on 307 Dewitt Rd is already Connected to Public Utilities. 307 Dewitt Rd. Rear is just enlarging the backyard.</i>			
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?	<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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<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?      NO YES  
  

16. Is the project site located in the 100-year flood plan?      NO YES  
  

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?      NO YES  
     
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?      NO YES  
     
If Yes, briefly describe:  
\_\_\_\_\_  
\_\_\_\_\_

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)?      NO YES  
If Yes, explain the purpose and size of the impoundment: \_\_\_\_\_  
\_\_\_\_\_

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?      NO YES  
If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?      NO YES  
If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

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

Applicant/sponsor/name: Tana L. Osada      Date: 5/5/19  
Signature: Tana L. Osada      Title: Property Owner