

**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: 8/22/19

Case #:

R-19-62

Resubdivision

Lot Alteration

**SUBJECT PROPERTY ADDRESS(ES):**

4877 Salina Street South (Rear)

4845-65 Salina Street South

**TAX MAP NUMBERS: (of each property involved)**

Section: 068 Block: 02 Lot: 71.0

Section:  Block:  Lot:

Section: 068 Block: 02 Lot: 72.2

Section:  Block:  Lot:

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

NAME: Greater Syracuse Property Development Corporation

MAILING ADDRESS: 431 East Fayette Street, Syracuse NY

ZIP: 13202

DAYTIME PHONE: 315-491-4655 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:**

4877 South Salina St Rear - Residential Vacant Land

4845-65 South Salina Street - Religious

**CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:**

4845-65 South Salina St - Masonry Building - (Our Lady of Hope Church)

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

The projected use at this time is for Church activities

**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.

*Katelyn Wright* 8/15/19  
CURRENT/PROPERTY OWNER SIGNATURE DATE  
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**

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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**

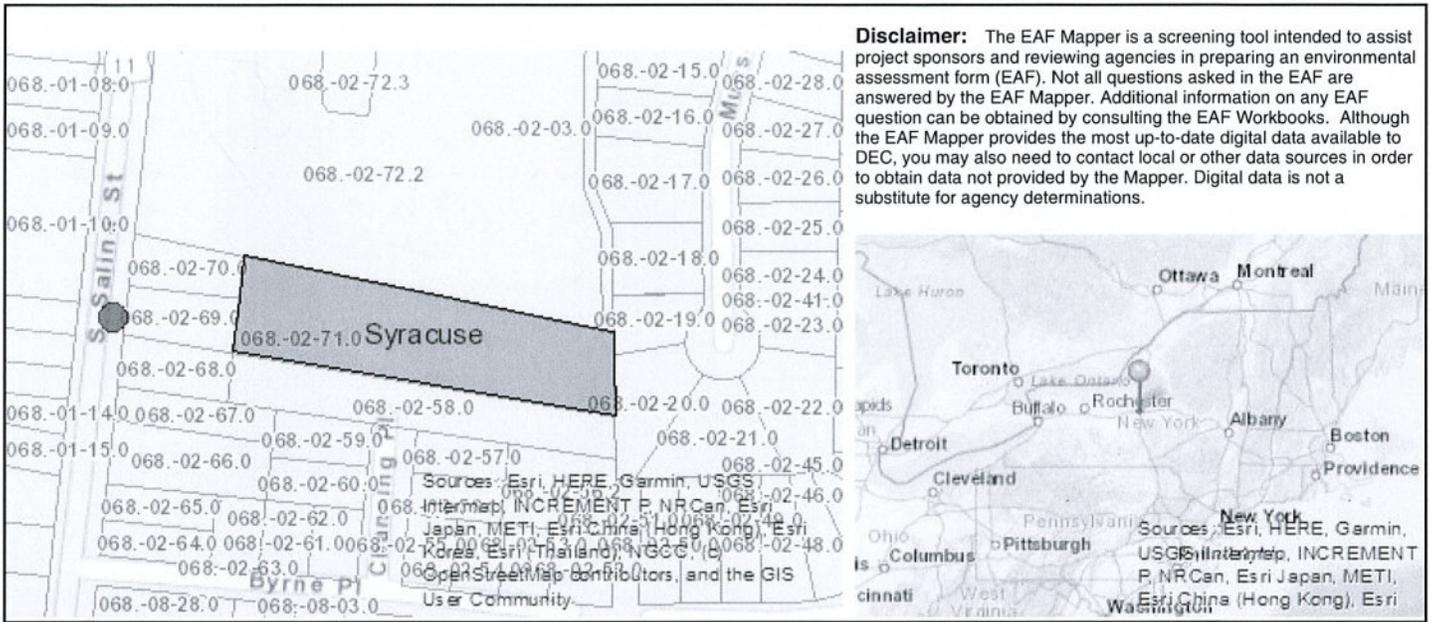
**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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.

| <b>Part 1 – Project and Sponsor Information</b>  |  |  |   |
|--|--|--|---|
| Name of Action or Project:<br>Resubdivision of a vacant parcel and an occupied religious structure   |  |  |   |
| Project Location (describe, and attach a location map):<br>4845-65 South Salina Street and 4877 South Salina Street Rear in Syracuse NY  |  |  |   |
| Brief Description of Proposed Action:<br>Applicant intends to combine a land locked vacant lot with an occupied parcel. Our Lady of Hope Parish wants additional land for Church activities. 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:<br>Greater Syracuse Property Development Corporation   |  | Telephone: 315-422-2301<br>E-Mail: tluckett@syracuselandbank.org |   |
| Address:<br>431 East Fayette Street, Suite 375   |  |  |   |
| City/PO:<br>Syracuse   |  | State:<br>NY   | Zip Code:<br>13202                        |
| 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<br><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:   |  |  | YES<br><input type="checkbox"/>           |
| 3. a. Total acreage of the site of the proposed action? _____ 6 acres<br>b. Total acreage to be physically disturbed? _____ 0 acres<br>c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 6 acres  |  |  | NO<br><input checked="" type="checkbox"/> |
| 4. Check all land uses that occur on, are adjoining or near the proposed action:<br>5. <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)<br><input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):<br><input checked="" type="checkbox"/> Parkland |  |  |   |

|   | NO                                  | YES                                 | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 5. Is the proposed action,<br>a. A permitted use under the zoning regulations?<br>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?   | <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?<br>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?<br>b. Are public transportation services available at or near the site of the proposed action?<br>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 type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| 9. Does the proposed action meet or exceed the state energy code requirements?<br>If the proposed action will exceed requirements, describe design features and technologies:<br>Resubdivision only N/A _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| 10. Will the proposed action connect to an existing public/private water supply?<br>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?<br>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?<br>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"/>            |                          |
|   | <input type="checkbox"/>            | <input checked="" 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?<br>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?   | <input type="checkbox"/>            | <input checked="" 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: _____<br>_____<br>_____  |                                     |                                     |                          |





|   |   |
|---|---|
| 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]   | Yes   |
| Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]                               | Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook. |
| Part 1 / Question 15 [Threatened or Endangered Animal]  | Yes   |
| Part 1 / Question 15 [Threatened or Endangered Animal - Name]                                 | Indiana Bat, Northern Long-eared Bat  |
| Part 1 / Question 16 [100 Year Flood Plain]   | No  |
| Part 1 / Question 20 [Remediation Site]   | No  |

Address

Owner

Address

4877 Salina St S Rear

Greater Syracuse Property Dvmt Cp

431 East Fayette St  
Syracuse, NY 13202

4845-65 Salina St S

Our Lady of Hope

4845 S Salina St  
Syracuse NY 13205

Syracuse Zoning Administration

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YES  NO

