

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: CA Filing Date: 2/5/20 Case #: R-20-12
 Resubdivision Lot Alteration

SUBJECT PROPERTY ADDRESS(ES):

631 + 641 S. West St

TAX MAP NUMBERS: (of each property involved)

Section: 101- Block: 22- Lot: 10.0 Section: 101- Block: 22- Lot:
Section: Block: Lot: Section: Block: Lot:

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

NAME: RAYMOND GARZIA

MAILING ADDRESS: 4588 MARYES RD. SYRA-N.Y. (3215) 631 S. WEST ST.
ZIP: HOME ADDRESS DAYTIME PHONE: 315 391-5009 SYRA-N.Y. 13204
HOME PHONE: 315-469-4944 E-MAIL:

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: GARAGE 631 WEST ST. REPAIR SHOP
641 WEST ST. PARKING LOT FOR USED CAR SALES

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:
631 AUTO REPAIR GARAGE, 641 COMBINED AVACANT LOT USED FOR CAR PARKING

DESCRIBE THE REASON FOR YOUR REQUEST and YOUR OVERALL PROJECT IN DETAIL:
WOULD LIKE ACCESS TO MAIN ROAD FROM FRONT OF LOT

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.

RAYMOND GARZIA

Raymond Garzia
CURRENT PROPERTY OWNER SIGNATURE

1-26-20
DATE

RAYMOND GARZIA 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.

Part 1 - Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map): <u>631 S. WEST ST. SYRA. N.Y.</u>			
Brief Description of Proposed Action: <u>ITS A AUTO REPAIR SHOP AND APPROVED CAR DEALER WOULD LIKE TO DISPLAY AND PARK CARS. 631 HAS NEXT TO NONE VERY DIFFICULT TO PARK CARS ON LOT WITH REAR EXIT ONLY</u>			
Name of Applicant or Sponsor:		Telephone:	
<u>RAYMOND GARZIA</u>		E-Mail:	
Address: <u>4588 MAKYES RD.</u>			
City/PO: <u>SYRA.</u>		State: <u>N.Y.</u>	Zip Code: <u>13215</u>
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 checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			-179
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 checked="" 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? 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?	<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? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" 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: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	
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? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	<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 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?	NO	YES
If 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)?	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

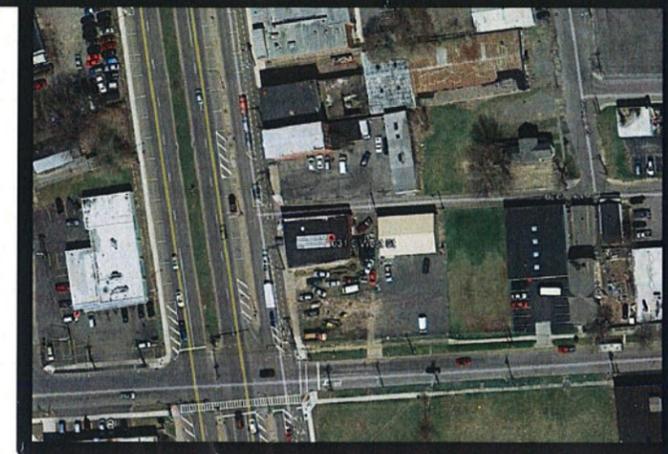
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

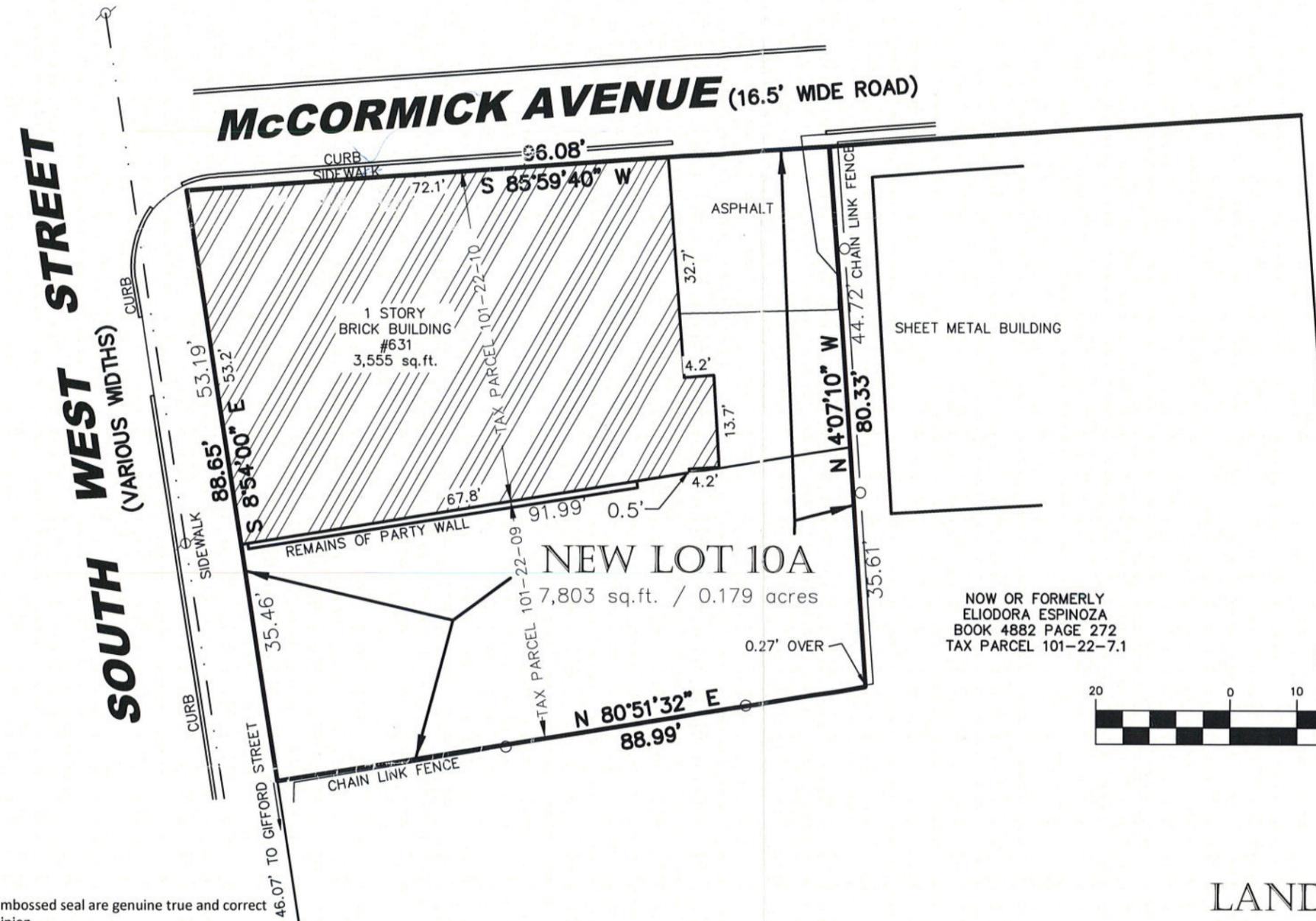
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: RAYMOND GARZIA Date: 1-

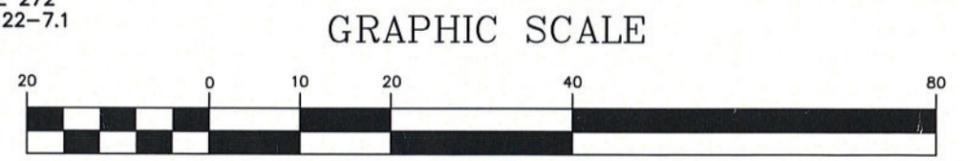
Signature: Raymond Garzia Title: OWNER



VICINITY MAP



NOW OR FORMERLY
ELIODORA ESPINOZA
BOOK 4882 PAGE 272
TAX PARCEL 101-22-7.1



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

LANDS OF RAY GARZIA

Only survey maps with the Land Surveyor's embossed seal are genuine true and correct copies of the surveyor's original work and opinion.

Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of section 7209, sub-division 2, of the New York State Education Law.

Certifications indicated hereon shall apply only to the persons for whom this survey was performed and on their behalf to the title insurance company governing agency and lending institution and to the assignees of the lending institution and/or subsequent owners.

This map may not be used in connection with a "Survey Affidavit" or similar document, statement or mechanism to obtain insurance for any subsequent or future grantees.

Survey prepared without the benefit of an abstract.

Location surveys do not include the staking of the property corners except as shown.

No building construction and/or improvements can be performed until the correct applications have been submitted for approval.

<p>116 SALINA STREET- SUITE 6 LIVERPOOL, NEW YORK 13088 315-451-3333 info@lehrlandsurveyors.com</p>	<p>I HEREBY CERTIFY THAT THIS IS AN ACCURATE MAP MADE FROM AN ACTUAL SURVEY.</p> <p>DOUGLAS R. LEHR LICENSED LAND SURVEYOR NYSL 49223</p>	<p>A RE-SUBDIVISION OF A PART OF LOTS 6 & 7 OF BLOCK #247 IN SYRACUSE, NEW YORK, INTO NEW LOT 10A</p>	
		<p>KNOWN AS No.631 SOUTH WEST STREET, CITY OF SYRACUSE, COUNTY OF ONONDAGA, NEW YORK</p>	
<p>FIELD DATE: 07 NOV 2019 MAP DATE: 02 DEC 2019 SCALE: 1"=20' DRAWN BY: TFS</p>		<p>REVISIONS: DRAWING No. 19-I-114</p>	