

**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: 0A-1 Filing Date: 2/19/20 Case #: R-20-14  
 Resubdivision  Lot Alteration

**SUBJECT PROPERTY ADDRESS(ES):**

712 Summit Avenue, Syracuse, NY 13207

714-716 Summit Avenue, Syracuse, NY 13207

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

Section: 079 Block: 06 Lot: 07.0 Section: 092 Block: 06 Lot: 10.0  
Section: 079 Block: 06 Lot: 08.0 Section:  Block:  Lot:

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

NAME: Greater Syracuse Property Development Corporation

MAILING ADDRESS: 431 E. Fayette Street, Ste. 375, Syracuse NY

ZIP: 13202 DAYTIME PHONE: 315-422-2302

HOME PHONE:  E-MAIL: kwright@syracuselandbank.org

**REPRESENTATIVE:** Attorney or Other contact: NEHDA, Inc.

*(Complete only if a representative is involved with this application)*

NAME: Andrea Wandersee

MAILING ADDRESS: 101 Gertrude Street, Syracuse, New York

ZIP: 13203 TELEPHONE: 315.425.1032 E-MAIL nehda@nehda.org

**CURRENT LAND USES ON ALL INVOLVED PROPERTIES:**

712 Summit Avenue - Single Family Residential

714-716 Summit Avenue - Vacant Property

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

712 Summit Avenue- is a 1 family, 2 story residential structure with 1,400 sq. ft. of living space

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

Applicant will utilize the property for additional greenspace, beautify the property and provide more defensible space

**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.

\_\_\_\_\_  
Signature of CURRENT PROPERTY OWNER(S) (or owners' LEGAL representative) 11/19/19  
Date

Katelyn Wright, GSPDC

PLEASE PRINT NAME of person(s) whose signature is above. If legal representative, also state their relationship to owner(s). Use additional pages if necessary.

**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) \_\_\_\_\_

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Section: 079 Block: 06 Lot: 08.0 Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

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

NAME: Della Smith  
MAILING ADDRESS: 712 Summit Avenue, Syracuse NY  
ZIP: 13207 DAYTIME PHONE: 315-952-7695  
HOME PHONE: \_\_\_\_\_ E-MAIL: dellasmith25@gmail.com

**REPRESENTATIVE: Attorney or Other contact: NEHDA, Inc.**

*(Complete only if a representative is involved with this application)*

NAME: Andrea Wandersee  
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\_\_\_\_\_  
Signature of CURRENT PROPERTY OWNER(s) (or owners' LEGAL representative)

12/13/19  
\_\_\_\_\_  
Date

Della Smith

712 Summit Avenue, Syracuse NY 13207

**PLEASE PRINT NAME** of person(s) whose signature is above. If legal representative, also state their relationship to owner(s). Use additional pages if necessary.

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- OTHER CITY/COUNTY/STATE AGENCY OR DEPARTMENT(S) \_\_\_\_\_



NEHDA  
101 Gertrude Street  
Syracuse, NY 13203  
[www.nehda.org](http://www.nehda.org)  
315-425-1032

## MEMORANDUM

**To:** Syracuse Zoning Administration, City Hall Commons, Room 101, Syracuse, New York 13203

**From:** Northeast Hawley Development Association (NEHDA)

**Re:** Application for Resubdivision/Lot Alteration:  
Lot at 714-16 and 712 Summit Avenue

**Date:** December 19, 2019

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Attached are the addresses and contact information for the Seller and Purchaser of the residential vacant lot; 107 Elliott Street:

**Owner/Seller:**

Greater Syracuse Property Development Corporation  
431 East Fayette Street, Suite 375  
Syracuse, New York 13202  
c/o: Katelyn Wright-GSPDC

**Purchasers:**

Ms. Della Smith  
712 Summit Avenue  
Syracuse, New York 13207  
(315) 952-7695  
Dellasmith25@gmail.com

Enclosed with this submission are the signed applications, short environmental form, 7 copies of the resubdivision maps and aerial maps. Please do not hesitate to contact us with any questions or concerns.

# Short Environmental Assessment Form

## Part 1 - Project Information

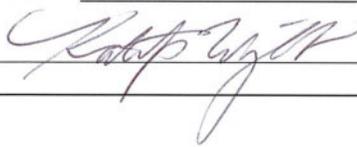
### Instructions for Completing

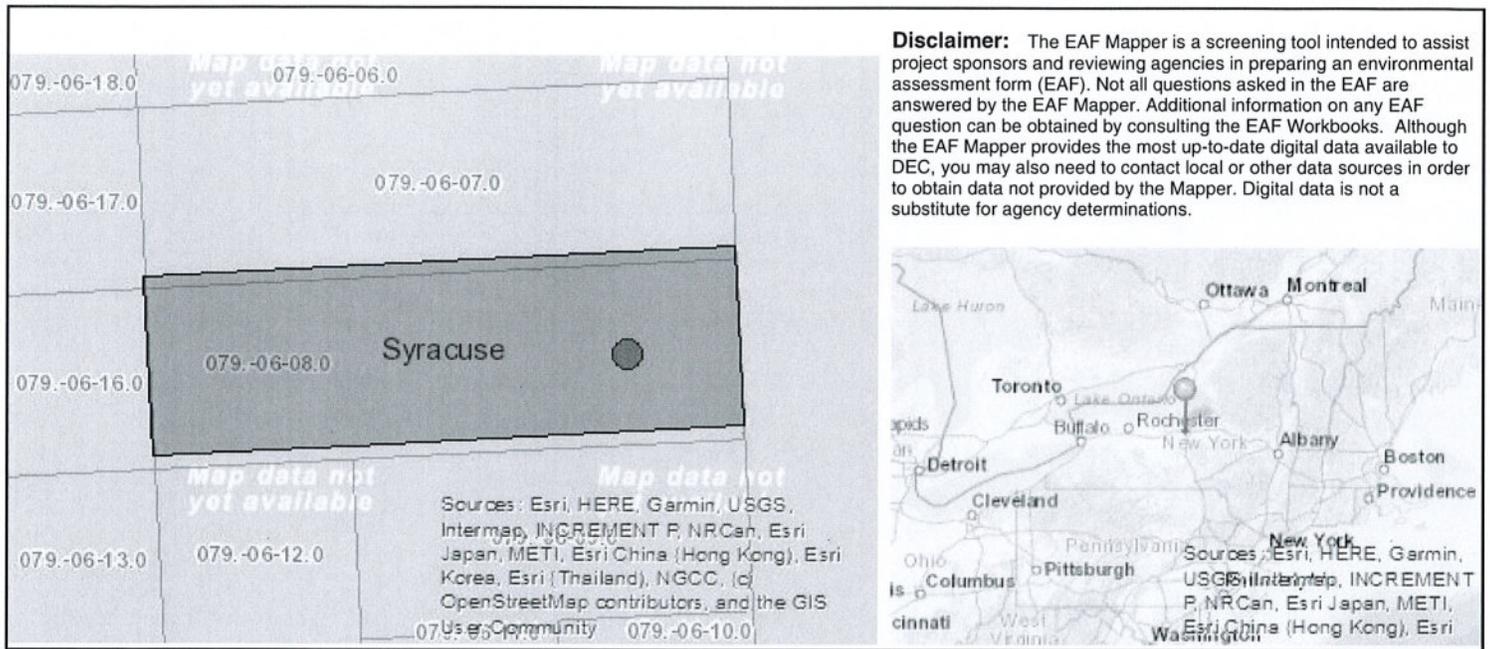
**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part I based on information currently available. 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 lot (714-16 Summit Ave) iwth a Single Family Residential (712 Summit Ave)   |  |   |   |                                 |
| Project Location (describe, and attach a location map):<br>712 and 714-16 Summit Avenue, Syracuse, New York 13207   |  |   |   |                                 |
| Brief Description of Proposed Action:<br>Applicant would like to resubdivide an adjacent vacant parcel (714-16 Summit Avenue) with their owner occupied single family residential (712 Summit). The Land Bank has been leasing the the adjacent lot to the applicant since the Summer of 2015. Applicant would finally like to acquire this vacant lots to expand her yard, beautify her property and provide more defensible space in her neighborhood. This will fulfill the Land Bank's mission as well as generate taxes, increase the property value of the surrounding property and improve the neighborhood. |  |   |   |                                 |
| Name of Applicant or Sponsor:<br>Greater Syracuse Property Development Corporation  |  | Telephone: 315-422-2302<br>E-Mail: kwright@syracuselandbank.org |   |                                 |
| Address:<br>431 E. Fayette Street, Suite 375  |  |   |   |                                 |
| City/PO:<br>Syracuse  |  | State:<br>New York  | 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 checked="" type="checkbox"/> | YES<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:  |  |   | NO<br><input checked="" type="checkbox"/> | YES<br><input type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action?   |  | 0.242424 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?  |  | 0.242424 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)<br><input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):<br><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?<br>If Yes, identify: _____   | NO                                  | YES                                 |                          |
|   | <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?   | NO                                  | YES                                 |                          |
|   | <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>N/A - Resubdivision Only _____   | NO                                  | YES                                 |                          |
|   | <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: _____   | NO                                  | YES                                 |                          |
|   | <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: _____  | 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?<br><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? | 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?<br><br>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?<br>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____   | NO                                  | YES                                 |                          |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
|   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
|   |                                     |                                     |                          |

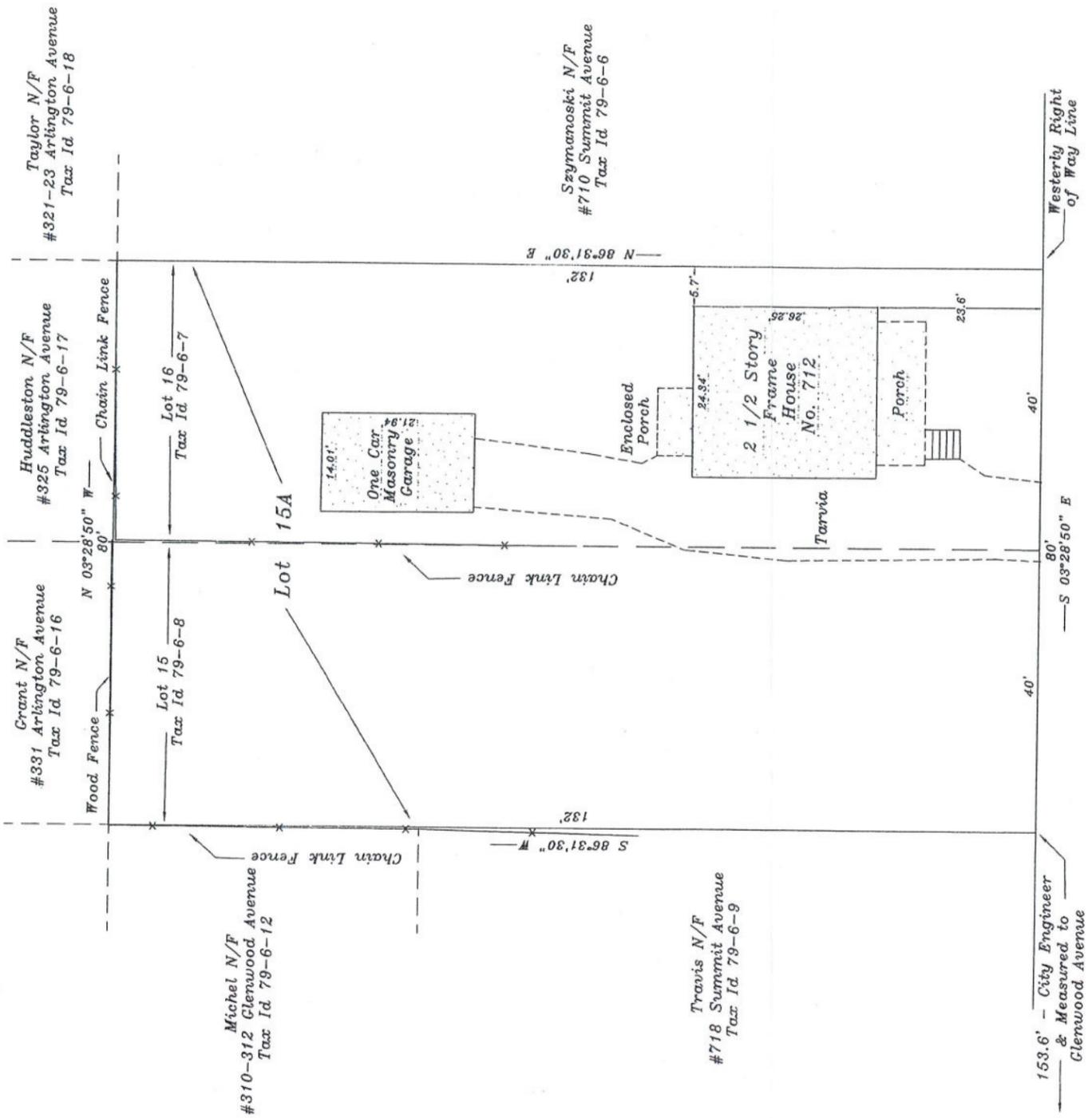
|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:  |                                     |                                     |
| <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional<br><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?  | 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 type="checkbox"/>            | <input checked="" 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>Katelyn Wright</u> Date: <u>11/19/19</u>   |                                     |                                     |
| Signature: <u></u> Title: <u>Executive Director</u>  |                                     |                                     |



|   |   |
|---|---|
| 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]                               | 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]  | No  |
| Part 1 / Question 16 [100 Year Flood Plain]   | No  |
| Part 1 / Question 20 [Remediation Site]   | Yes   |



Site Vicinity Locator  
(not to scale)



# Summit Avenue

(Open - 50' Wide)

Approvals

**Notes/References:**  
 \*Survey prepared without the benefit of an up-to-date abstract of title.  
 \*Adjover information obtained using ImageMate Online.  
 \*Buildings/Structures shown for informational purposes only.  
 \*Subject parcel(s) has access to public utilities.  
 \*New Lot 15A Area = 10560.0 Sq. Ft.  
 \*Parcel(s) Owner : Greater Syracuse Property Development Corporation and Della Smith.

\*Proposed Only\*

|   |  |  |
|---|--|--|
| <p><b>Michael J. McCully</b><br/>         Land Surveying PLLC<br/>         5875 Fieldstone Drive<br/>         Cazenovia, New York 13035<br/>         Phone : (315) 440-5086</p> <p>I hereby certify that this map was made from an actual survey and same is correct.</p> <p><i>[Signature]</i></p> <p>M.J. McCully<br/>         NYSLLS 50696</p> |  | <p>Proposed Resubdivision on Lots 15 and 16, Block Seven of Arlington Heights. To be New Lot 15A.</p> <p>Known as No. 712 Summit Avenue, City of Syracuse, County of Onondaga, State of New York.</p> <p>Drawn by: MJM      Scale: 1" = 20'</p> <p>Date(s): 10-19-19</p> |
|---|--|--|

Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of Section 7209, Subdivision 2 of the New York State Education Law. Only copies from the original of this survey marked with an original of the land surveyor's inked seal or his embossed seal shall be considered to be valid true copies. Certifications shall run only to the person or entities for whom the survey is prepared and are not transferable to subsequent persons or entities. Copyright 2019, Michael J. McCully Land Surveying, all rights reserved.