

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: [] Filing Date: [] Case #: []
[] Resubdivision [] Lot Alteration

SUBJECT PROPERTY ADDRESS(ES):

400, 414-418 West Taylor Street

TAX MAP NUMBERS: (of each property involved)

Section: 96 Block: 16 Lot: 01 Section: [] Block: [] Lot: []
Section: 96 Block: 16 Lot: 02 Section: [] Block: [] Lot: []

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

NAME: ACN Companies, LLC
MAILING ADDRESS: 1415 Shorelands Drive North, Vero Beach, FL
ZIP: 32963 DAYTIME PHONE: []
HOME PHONE: 315-263-6600 E-MAIL: rolanderson@me.com

REPRESENTATIVE: Attorney or Other contact: Ianuzi & Romans Land Surveying
(Complete only if a representative is involved with this application)

NAME: Timothy Coyer
MAILING ADDRESS: 5251 Witz Drive, N. Syracuse, NY
ZIP: 13212 TELEPHONE: 315-457-7200 E-MAIL: tim.coyer@gmail.com

CURRENT LAND USES ON ALL INVOLVED PROPERTIES: Both properties are industrial
use. One parcel has an existing masonry building. The other parcel is vacant
except for a small parking area.

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

Parcel No. 96.-16-01 has a large masonry building.

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

Applicant seeking to subdivide off existing parking area located on Parcel
96-16-02 and combine/add said parking area to building parcel.

IS THIS RESUBDIVISION/LOT ALTERATION PART OF A LARGER OVERALL PROJECT?
[] YES [X] 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.

ACN COMPANIES, LLC Roland F. Anderson, Jr. M.M. 3/13/20
CURRENT PROPERTY OWNER SIGNATURE DATE
ROLAND F. ANDERSON, JR., M.M.

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			
LOT LINE ADJUSTMENT			
Name of Action or Project: ACN COMPANIES			
Project Location (describe, and attach a location map): 414 WEST TAYLOR STREET			
Brief Description of Proposed Action: LOT LINE ADJUSTMENT BETWEEN TWO (2) EXISTING TAX PARCELS TO CREATE TWO (2) NEW TAX PARCELS.			
Name of Applicant or Sponsor: ACN COMPANIES, LLC		Telephone: 315-263-6600	
Address: 1415 SHORELANDS DRIVE, NORTH		E-Mail: rolanderson@icloud.com	
City/PO: VERO BEACH		State: FL	Zip Code: 32963
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"/>
			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: City of Syracuse Planning, Onondaga County Health Dept.			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		0.57+/- 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?		0.57+/- acres	
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? b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input 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 type="checkbox"/> <input checked="" type="checkbox"/>	<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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? 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 type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" 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 type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<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? 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 checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input 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? 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 type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

