

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):

100 South Lowell Ave., Syracuse, NY 13204

TAX MAP NUMBERS: (of each property involved)

Section: [110] Block: [10] Lot: [1] Section: [110] Block: [10] Lot: [8]
Section: [110] Block: [10] Lot: [2] Section: [] Block: [] Lot: []

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

NAME: Peter Coleman
MAILING ADDRESS: 100 South Lowell Ave., Syracuse, NY
ZIP: 13204 DAYTIME PHONE: 315-476-1933
HOME PHONE: 315-430-0229 E-MAIL: dcolemans@yahoo.com

REPRESENTATIVE: Attorney or Other contact: Daniel Manning

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

NAME: Daniel Manning
MAILING ADDRESS: 225 Wilkinson St., Suite 106, Syracuse, NY
ZIP: 13204 TELEPHONE: 315-424-0141 E-MAIL: danmanning@DMA-PLLC.com

CURRENT LAND USES ON ALL INVOLVED PROPERTIES: Restaurant/Pub

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

Restaurant/Pub; One Shed Building

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

Zoning needed a Re-subdivision map with current land use of structures.

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.

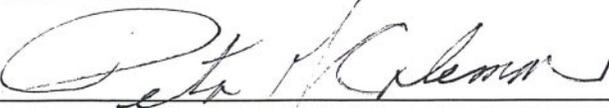
DECLARATION

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.



CURRENT PROPERTY OWNER SIGNATURE 3/11/20
DATE

PETER COLEMAN, 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.**

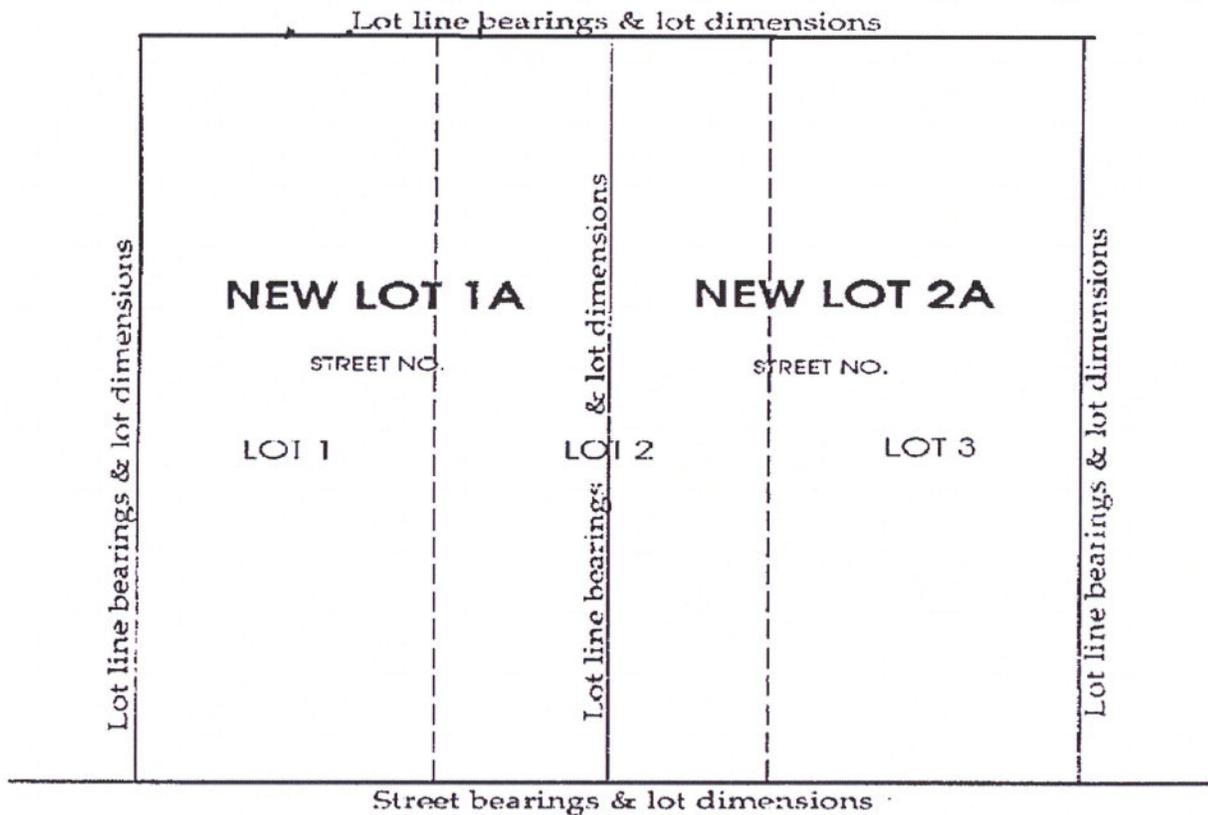
FOR STAFF USE ONLY

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) _____

RESUBDIVISION MAP-PRESCRIBED FORM

EXAMPLE

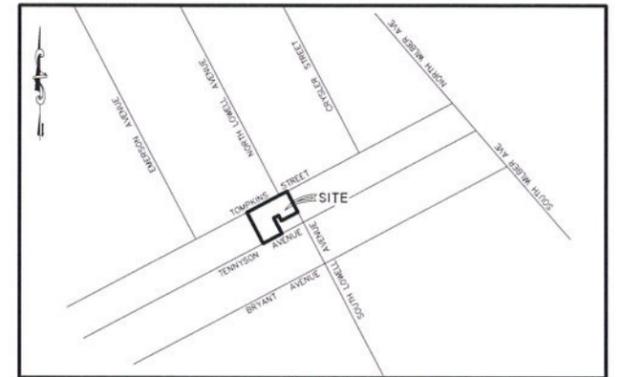
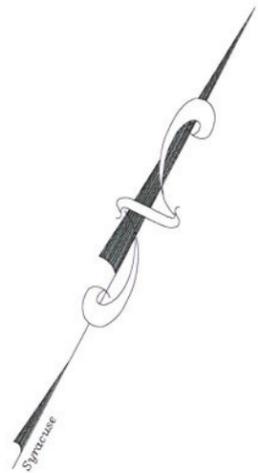


ALSO NEEDED:

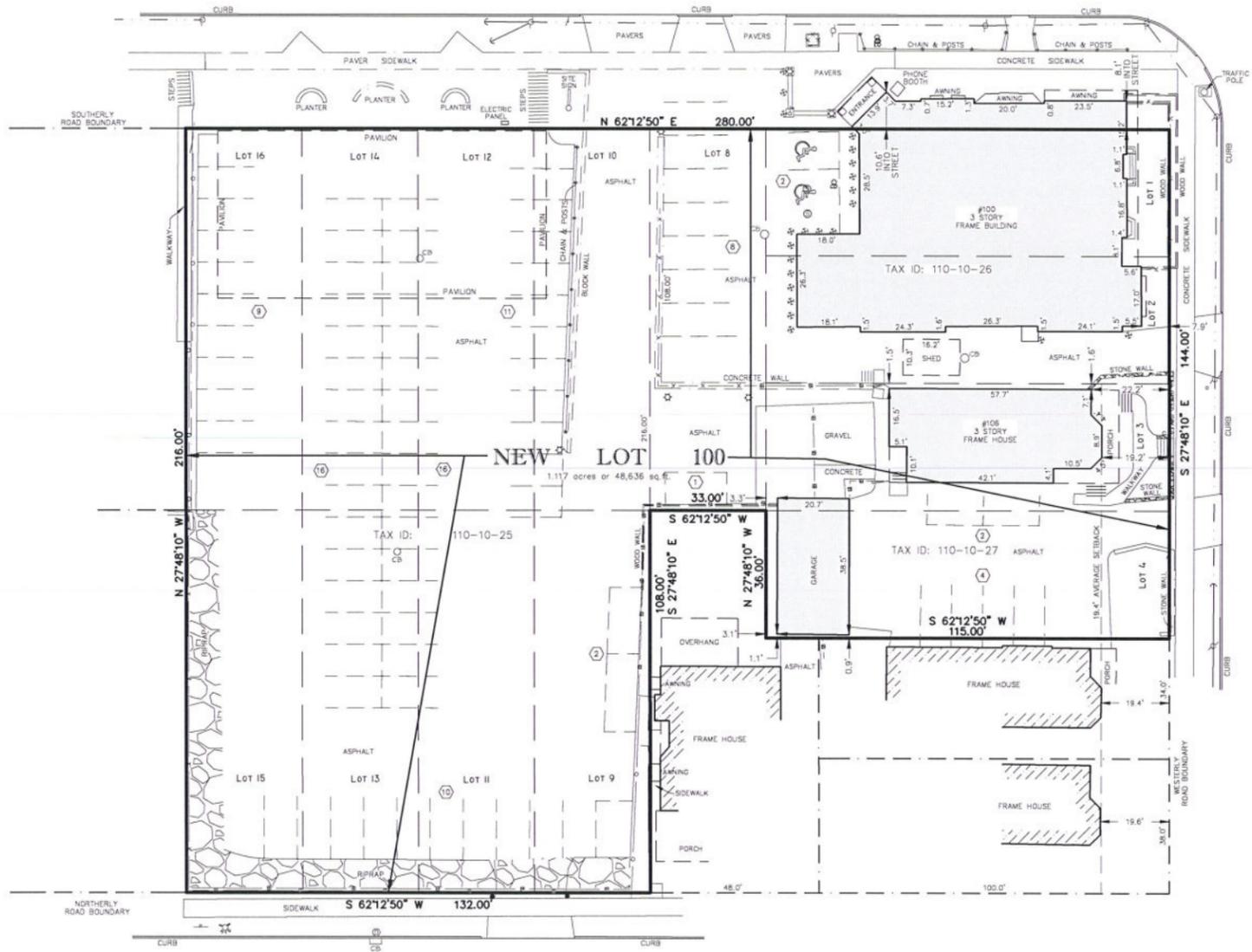
- ✓ NORTH ARROW
- ✓ SURVEYOR'S SEAL
- ✓ SURVEYOR'S SIGNATURE
- ✓ A SITE LOCATION MAP

EXAMPLE OF TITLE BLOCK

RESUBDIVISION OF LOTS 1,2,3
BLOCK 101 IROQUOIS TRACT INTO
NEW LOTS 1A & 2A
CITY OF SYRACUSE, COUNTY OF ONONDAGA
STATE OF NEW YORK. KNOWN AS 100-104
ANY STREET
DATE: SEPTEMBER 27, 1981
SCALE: 1"= 20'



TOMPKINS STREET



TENNYSON AVENUE

SOUTH LOWELL AVENUE

NOTES:
 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 grantors.
 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.
 The total number of parking spaces on the subject property is 83, including 2 designated handicap spaces and 34 within the Pavilion.

- LEGEND:**
- - UTILITY POLE
 - - GUY WIRE
 - - LIGHT POLE
 - - CATCH BASIN
 - - SIGN
 - - SEWER MANHOLE
 - - CLEAN OUT
 - - BOLLARD
 - - FLAG POLE
 - - DRAINAGE MANHOLE
 - - FIRE HYDRANT
 - - HANDICAP PARKING
 - - PARKING COUNT
 - - GATE
 - - CHAIN LINK FENCE
 - - STOCKADE FENCE
 - - WIRE FENCE
 - - OVERHEAD WIRES

APPROVALS



LANDS OF
 PETER J. COLEMAN

No.	DATE	DESCRIPTION	BY

LEHR
 LAND SURVEYORS D.P.C.
 991268
 116 SALINA STREET - SUITE 6
 LIVERPOOL, NEW YORK 13088
 315-451-3333
 info@lehrsurveyors.com

I HEREBY CERTIFY THAT THIS IS AN ACCURATE MAP MADE FROM AN ACTUAL SURVEY.

 LICENSED LAND SURVEYOR
 DOUGLAS R. LEHR NYLS 49223

RESUBDIVISION ON LOTS 1, 2, 3, 4, 8, 9, 10, 11, 12, 13, 14, 15 AND 16, BLOCK "E" OF THE BURNET PARK TRACT, FILED MAP #672, INTO NEW LOT No.100
 KNOWN AS No.100 SOUTH LOWELL AVENUE, CITY OF SYRACUSE, COUNTY OF ONONDAGA, NEW YORK
 FIELD DATE: 3-9-2020 MAP DATE: 4-1-2020 SCALE: 1"=20' DRAWN BY: MJK
 REVISIONS: DRAWING No. 20-B-51-2

Short Environmental Assessment Form

Part 1 - Project Information

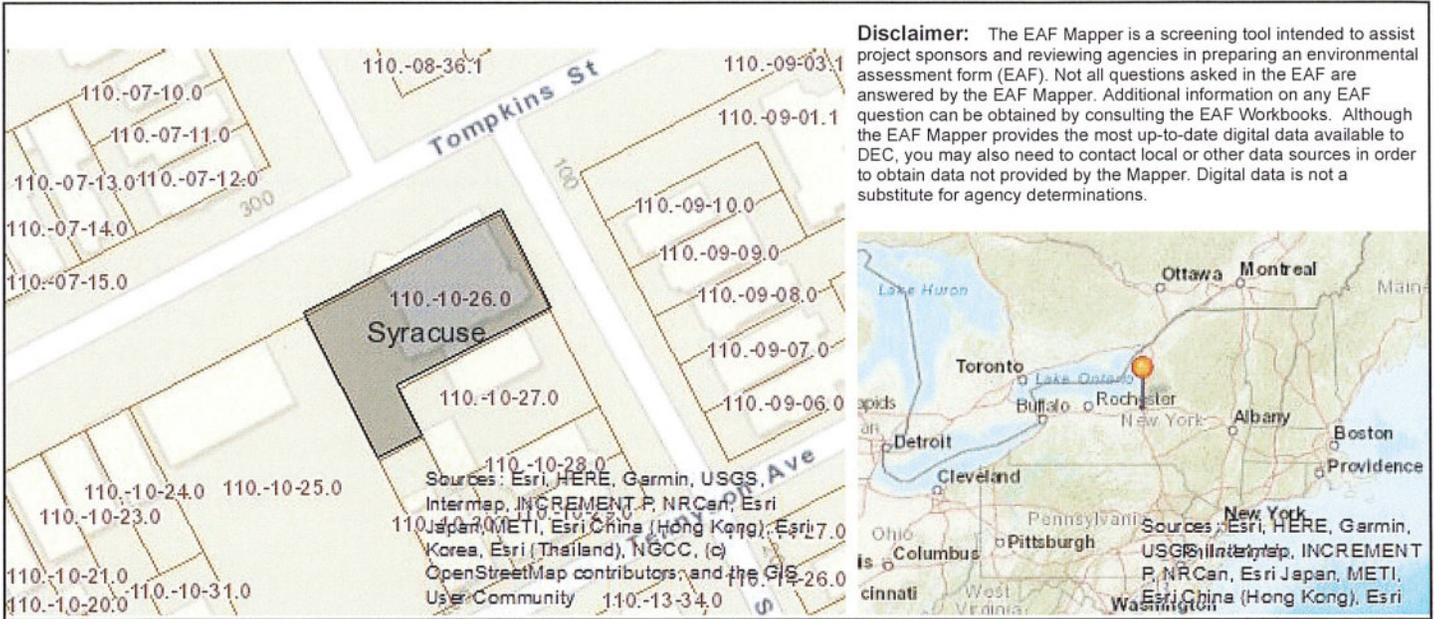
Instructions for Completing

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: Coleman's Pub - Front Addition & Outdoor Side Patio			
Project Location (describe, and attach a location map): 100 S Lowell Ave, Syracuse, NY 13204			
Brief Description of Proposed Action: THE PROJECT SCOPE OF WORK CONSISTS OF RE-SUBDIVIDING LOTS 1, 2, 3, 4, 8, 9,10, 11, 12, 13, 14, 15, AND 16 INTO NEW LOT NO. 100. REFER TO RE-SUBDIVISION MAP PREPARED BY LEHR LAND SURVEYORS DRAWING NO. 20-B-51-2 *D* DATED 4/1/2020.			
Name of Applicant or Sponsor: Daniel Manning		Telephone: 315-424-0141 E-Mail: dmanning@dam-pll.com	
Address: 225 Wilkinson St., Suite 106			
City/PO: Syracuse		State: NY	Zip Code: 13204
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: City of Syracuse Zoning			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ .268 acres b. Total acreage to be physically disturbed? _____ .032 acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 1.117 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 checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other(Specify): Parking <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?	NO	YES	
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?	NO	YES	
	<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?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
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?	NO	YES	
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?	NO	YES	
	<input type="checkbox"/>	<input checked="" 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?	NO	YES	
	<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: _____ _____ _____			



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	Yes
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No