

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):

610 E. Willow St; 610 E. Willow St. Rear ; 316 N. Townsend St.;
501-19 Jane St & N. Townsend St.

TAX MAP NUMBERS: (of each property involved)

Section: 17 Block: 20 Lot: 01 Section: 17 Block: 20 Lot: 10
Section: 17 Block: 20 Lot: 08 Section: 17 Block: 20 Lot: 11

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

NAME: St. Joseph's Health Center Properties, Inc c/o Christian Day
MAILING ADDRESS: 301 Prospect Avenue, Syracuse, N.Y.
ZIP: 13203 DAYTIME PHONE: 315 - 448 - 5111
HOME PHONE: N/A E-MAIL: Christian.Day@sjhsyr.org

REPRESENTATIVE: Attorney or Other contact: Kevin M. Gilligan, Esq.
(Complete only if a representative is involved with this application)

NAME: Kevin M. Gilligan Esq., Costello, Cooney & Fearon, PLLC
MAILING ADDRESS: 500 Plum Street, Syracuse, N.Y.
ZIP: 13202 TELEPHONE: (315) 422-1152 E-MAIL: kgilligan@cct-law.com

CURRENT LAND USES ON ALL INVOLVED PROPERTIES:

office space, parking lot, former taxi company

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

1 Story Brick Building and 3 Story Stone Building

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

Demolish the 1 story building to construct a new maintenance facility
Buildings & Grounds Dept. Office

IS THIS RESUBDIVISION/LOT ALTERATION PART OF A LARGER OVERALL PROJECT?
[X] YES [] NO

*NOTE: IF THE PROPOSED USE DOES NOT COMPLY WITH APPLICABLE ZONING LAWS
ADDITIONAL APPLICATIONS MAY BE NECESSARY.

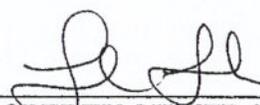
DECLARATION

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.



4-20-20
DATE

CURRENT PROPERTY OWNER SIGNATURE

Leslie Paul Luke, President & CEO, St-Joseph's Health Center Properties, Inc
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.**

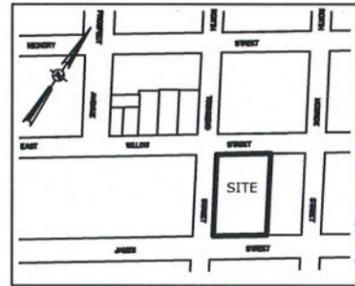
FOR STAFF USE ONLY

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) _____

XREFS: NONE

CAD DWG. FILE NAME: Resub - 1917.dwg

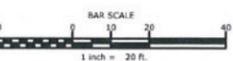
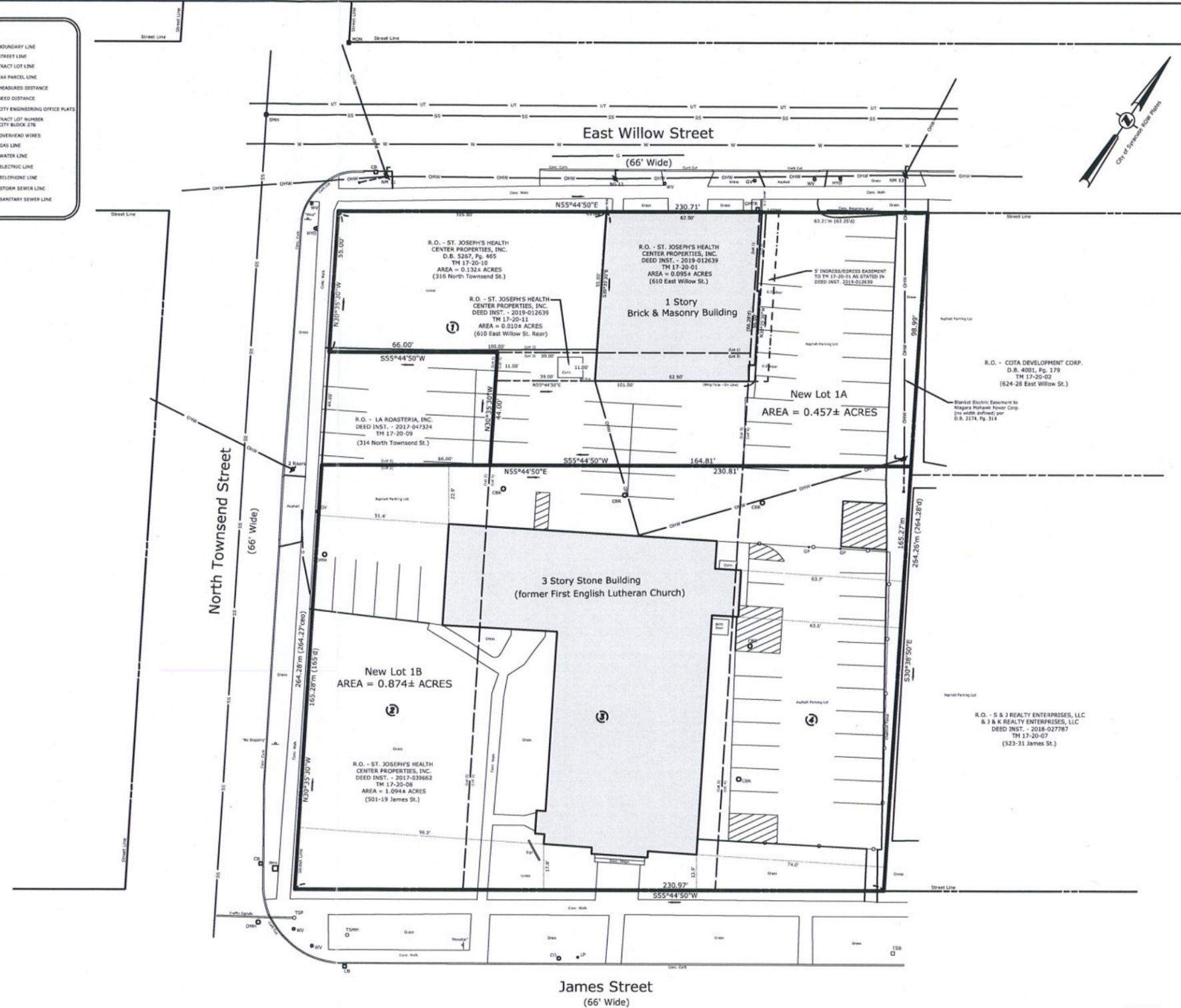


Location Map (N.T.S.)



MAP NOTES

- 1.) NORTH ORIENTATION IS BASED ON CITY OF SYRACUSE ROW PLATES.
2.) FIELD WORK PERFORMED ON SEPTEMBER 4, 2019.
3.) THIS SURVEY DOES NOT CONSTITUTE A TITLE SEARCH BY C. T. MALE ASSOCIATES ENGINEERING, SURVEYING ARCHITECTURE, LANDSCAPE ARCHITECTURE & GEOLOGY, D.P.C., TO DETERMINE OWNERSHIP OR EASEMENTS OF RECORD.
4.) UNDERGROUND FACILITIES, STRUCTURES AND UTILITIES HAVE BEEN PLOTTED FROM DATA OBTAINED BY FIELD SURVEY, PREVIOUS MAPS AND RECORDS, (AND PAROLE TESTIMONY), THEREFORE THEIR LOCATIONS MUST BE CONSIDERED APPROXIMATE ONLY.
5.) TOGETHER WITH THE RIGHT OF INGRESS & EGRESS OVER THE CHURCH LANDS IMMEDIATELY EAST OF THE PROPERTY AS STARTED IN DEED INST. 2019-012639.
6.) SUBJECT TO BLANKET ELECTRIC EASEMENT TO NIAGARA MOHAWK POWER CORP. (NO WIDTH DEFINED) PER D.B. 2174, PG. 314.



I HEREBY CERTIFY THAT THIS SUBDIVISION PLAT WAS PREPARED BY ME AND WAS MADE FROM AN ACTUAL FIELD SURVEY ORIGINALLY COMPLETED BY US ON SEPTEMBER 4, 2019.

DAVID M. SLSKI, P.L.S. #50105 SEPTEMBER 28, 2019 DATE

Table with columns: DATE, REVISIONS RECORD/DESCRIPTION, DRAFTER, CHECK, APPR. Includes a revision record for 'Revise distance on property line' and a signature block for David M. Slski.

RESUBDIVISION PLAT TO COMBINE LOTS 2-4 & A PORTION OF LOT 1 OF CITY BLOCK 30 INTO NEW LOTS 1A & 1B OF CITY BLOCK 30. Includes project details, drafter information (C.T. Male Associates), and sheet number (1 OF 1).

CAD DWG. FILE NAME: K:\Projects\199502\Survey\Resub - 1917.dwg

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: St. Joseph's Health Center Maintenance Facility				
Project Location (describe, and attach a location map): Southeast corner of East Willow Street and North Townsend Street				
Brief Description of Proposed Action: Demolition of existing structure to build a new maintenance facility				
Name of Applicant or Sponsor: St. Joseph's Health Center Properties, Inc.		Telephone: 315-448-5737 E-Mail: christian.day@sjhsyr.org		
Address: 301 Prospect Avenue				
City/PO: Syracuse		State: N.Y.	Zip Code: 13203	
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 checked="" 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:			NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		1.331 acres		
b. Total acreage to be physically disturbed?		0.457 acres		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1.331 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)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):				
<input type="checkbox"/> Parkland				

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<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? 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? 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?	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? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<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: _____ _____	NO	YES	
	<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: _____ _____	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? 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 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? 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: _____ _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input 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:

Shoreline Forest Agricultural/grasslands Early mid-successional

Wetland Urban 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?

If Yes,

a. Will storm water discharges flow to adjacent properties?

NO	YES
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

NO	YES
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes, briefly describe:
 A storm water retention system will be installed on the site to capture any storm water runoff.

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)?

If Yes, explain the purpose and size of the impoundment:

NO	YES
<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?

If Yes, describe:

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

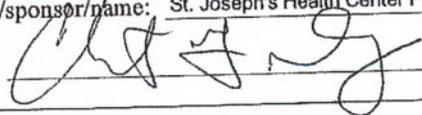
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?

If Yes, describe: Existing structure has been remediated of hazardous materials. Log available upon request.

NO	YES
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Applicant/sponsor/name: St. Joseph's Health Center Properties, Inc. / Christian Day Date: 12th, March, 2020

Signature:  Title: Manager, Design & Construction

James Street View

Write a description for your map.

- Legend**
- 📍 519 James St
 - 📍 Feature 1
 - 📍 Kleen Food Market
 - 📍 Psychological and Family Services

519 James St

Google Earth

Image Landsat / Copernicus
Image NOAA
© 2018 Google







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April 24, 2020

Syracuse Zoning Administration
City Hall Commons, Room 101
201 East Washington Street
Syracuse, New York 13202-1426

Re: St. Joseph's Health Center Properties, Inc.
**Properties at: 610 East Willow Street; 610 East Willow Street Rear; 316 North
Townsend Street; 501-519 James Street (at North Townsend Street)**

To Whom It May Concern:

Our law firm represents St. Joseph's Health Center Properties, Inc. (hereinafter the "Hospital"). On behalf of the Hospital, we submit the enclosed applications for resubdivision and project site review. The project site is located on the western side of the block, bordered by North McBride Street (east), James Street (south), North Townsend Street (west) and East Willow Street (north).

The project involves a re-subdivision to combine three (3) properties on the 600 block of East Willow Street, along with additional land taken from the rear of 501-519 James Street, the former First English Lutheran Church parcel. With this reconfigured property, the Hospital intends to demolish an existing 1-story brick building and replace it with a new 1-story headquarters office for the Buildings and Grounds Department.

Resubdivision/Lot Alteration

The initial step for this project is to combine parcels located at 316 North Townsend Street, 610 East Willow Street and 610 East Willow Street (rear) with some property taken from the northern portions of 501-519 James Street (the former First English Lutheran Church parcel). All of these properties are owned by the Hospital.

Documents submitted:

- A. Application, signed by Leslie Paul Luke, President & CEO of St. Joseph's Health Center Properties, Inc.;
- B. Short Environmental Assessment Form;
- C. Resubdivision plat (7 full-sized copies);

- D. Resubdivision plat (11" x 17");
- E. Aerial photo of the project site with the Church located at the center of the photo.

Project Site Review

The first step related to construction of a new Buildings and Grounds Office at the newly configured site, will be the demolition of an exiting rundown 1-story brick building situated at 610 East Willow Street (most recently used as a taxi business). At approximately the same location, only set back from East Willow Street approximately 33± feet, the Hospital plans to build a new 3,920 sq. ft., single-story steel structure to house the Buildings and Grounds Office.

Documents submitted:

- A. Boundary Survey Map dated 9/9/19, prepared by D. Sliski PLS of C.T. Male Associates;
- B. Application signed by Leslie Paul Luke, President & CEO of St. Joseph's Health Center Properties, Inc.;
- C. Three (3) full-sized copies of a site graphic showing vegetative areas and sign details (L-001)
- D. Three (3) full-sized copies of proposed details regarding an ornamental fence and sign- to be located along the western side of the site (L106), *see* L104 as well;
- E. Floor Plan and Enlarged Office Plan (A1.1);
- F. Exterior Elevations (A2.2);
- G. Stormwater Pollution Prevention Plan (L102) with details;
- H. Planting Plan and Site Details (L105);
- I. Environmental Assessment Form - *see* resubdivision application package;
- J. Specifications - including color scheme;
- K. Site Photos (Aerial);
- L. Streetscape photos; and
- M. 11" x 17" set of plans for L-001, L102, L104, L105, L106, A1.1 and A2.2.

The new building will contain offices, a locker room, a bathroom/changing room, a breakroom, a toilet, mechanical space and a garage area for five (5) Buildings and Grounds vehicles.

By shifting the lot line between the project site and the next-door Church, we will be able to locate the new building approximately 33± feet back from East Willow Street. This will permit Hospital vehicles that are exiting the new structure to back out and turn around on Hospital property before entering the public roadway.

As shown on the note related to the Site Layout Plan (L104), required parking for both the new site (10 are required and 12 are provided) and the Church property (47 are required and 47 are provided) are met or exceeded. Calculations for parking at the Church property are based upon office use.

Syracuse Zoning Administration
April 24, 2020
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Reference to drawings L-001, L102 and L105 provides drainage details, including an infiltration basin designed for the southeast corner of the North Townsend Street and East Willow Street intersection. Also, details related to plantings are provided. Also, a small 4' high ornamental fence is planned along the western border of the project site. A 3' x 18" sign is planned to be mounted on the fence (*see* L-001, L104 and L106 for details).

If any additional information is needed, please call the undersigned at (315) 491-9039.

Very truly yours,

COSTELLO, COONEY & FEARON, PLLC



Kevin M. Gilligan

KMG/dl

Enclosures

cc: Keegan Bolan, St. Joseph's Health Center Properties, Inc. (w/out Enclosures)