

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): 306 Sixth North St, Syracuse, NY 13208
344 Sixth North St, Syracuse, NY 13208
1015 Hiawatha Blvd E, Syracuse, NY 13208

TAX MAP NUMBERS: (of each property involved)

Section: 001.1 Block: 01 Lot: 09.0 Section: 001.1 Block: 01 Lot: 06.0
Section: 001.1 Block: 01 Lot: 10.0 Section: [] Block: [] Lot: []

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

NAME: Dennis Beaudette
MAILING ADDRESS: 1015 Hiawatha Blvd. E
ZIP: 13208 DAYTIME PHONE: 315-952-3885
HOME PHONE: 315-399-5335 E-MAIL: indfirecny@yahoo.com

REPRESENTATIVE: Attorney or Other contact: Stanley Germain
(Complete only if a representative is involved with this application)

NAME: n/a
MAILING ADDRESS: n/a
ZIP: n/a TELEPHONE: n/a E-MAIL: n/a

CURRENT LAND USES ON ALL INVOLVED PROPERTIES: Tire Company

~~Butter steel 100x60 building~~

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

Butter steel 100x60 building

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

Storage building for business equipment (snow plow tractor, payloaders, 3 trailers, John Deere Gator etc.)

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 **4-7-2020**
DATE
Dennis Beaudette President /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: 344 Sixth North			
Project Location (describe, and attach a location map): 344 Sixth N St, Syracuse, NY 13208 306 Sixth N St, Syracuse NY 13208 , 1015 Hiawatha Blvd. E Syracuse, NY 13208			
Brief Description of Proposed Action: Building a 6,000 square foot Butler Steel building on our 344 Sixth North St property. Building is to store our equipment.			
Name of Applicant or Sponsor: Dennis Beaudette		Telephone: 315-952-3885 E-Mail: indtircny@yahoo.com	
Address: 1015 Hiawatha Blvd. E			
City/PO: Syracuse		State: Ny	Zip Code: 13208
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:			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		_____ 4 acres	
b. Total acreage to be physically disturbed?		_____ n/a acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ 4 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" 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			

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 <input type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	
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 <input type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input checked="" type="checkbox"/>	YES <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?	NO <input checked="" type="checkbox"/>	YES <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?	NO <input checked="" type="checkbox"/>	YES <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: _____ _____ _____			

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 type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:	NO	YES
	<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: Dennis Beaudette Date: 4-7-2020

Signature:  Title: President

COUNTY HEALTH DEPARTMENT APPROVAL

MUNICIPAL APPROVAL

DENNIS BEAUDETTE
1015 HIAMATHA BLVD. EAST
SYRACUSE, NY 13208

I HEREBY APPROVE THIS TRACT MAP.

NOT A VALID SUBDIVISION WITHOUT RECORDING
DATA OF THE MAP FILING WITH THE ONONDAGA
COUNTY CLERK'S OFFICE.



COTTRELL LAND SURVEYORS, P.C.
2308 STATE RITE 173, MANLUS, NY 13104
(315)682-8171, WWW.COTTRELLSURVEYORS.COM

REVISIONS

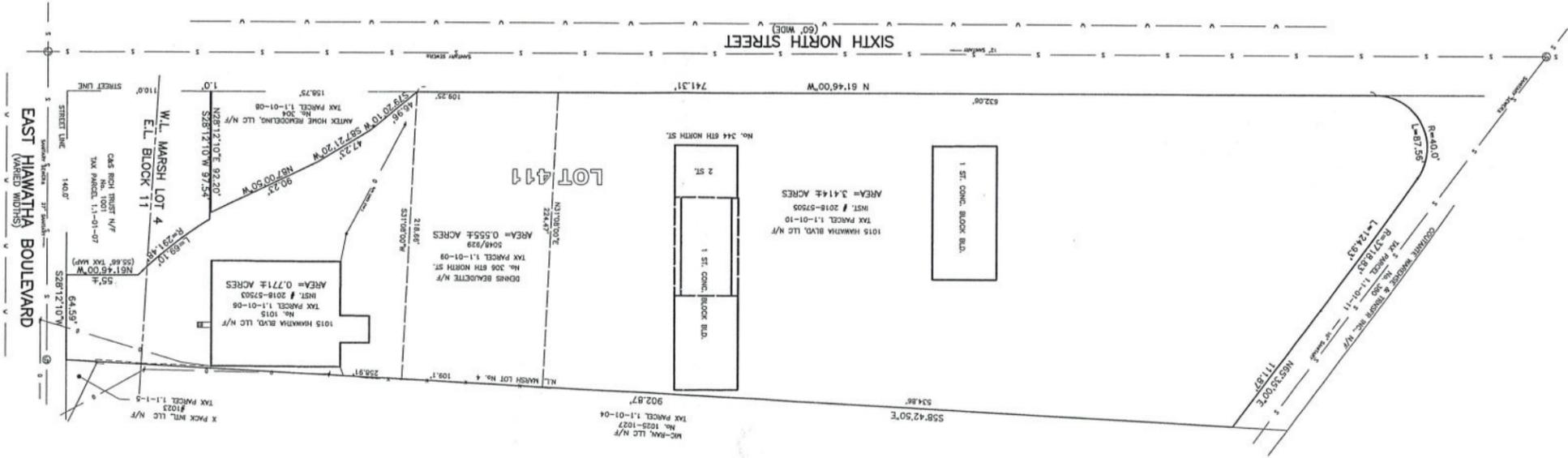
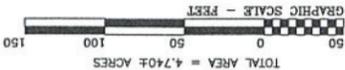
DATE: 4-23-20 SCALE: 1" = 50' B/P:

FILE: ROLL 1.01-1 BIN 1

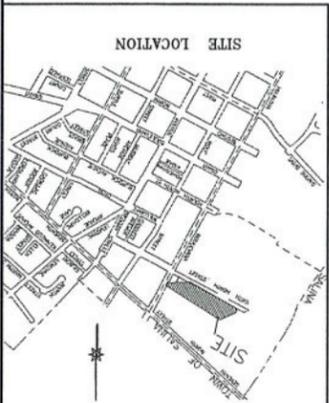
RESUBDIVISION OF
PART OF BLK 11 - SALINA
& PART OF SALINA MARSH LOT 4
INTO NEW LOT 411
(TO BE KNOWN AS 1015 HIAMATHA BLVD.)
CITY OF SYRACUSE - ONONDAGA CO., N.Y.

THE UNDERSIGNED CERTIFIES THAT
THIS MAP WAS MADE FROM AN
ACTUAL SURVEY ON 7-18-23
ON PARCELS 6 & 9 AND ON
8-22-24 ON PARCEL 10.
VOID WITHOUT SIGNER'S EMBOSSED SEAL.

\$1015 6TH NORTH BLK11 SAL MARSH L4 STR (ENTL.RD) @20200423SUB-R#-dmg



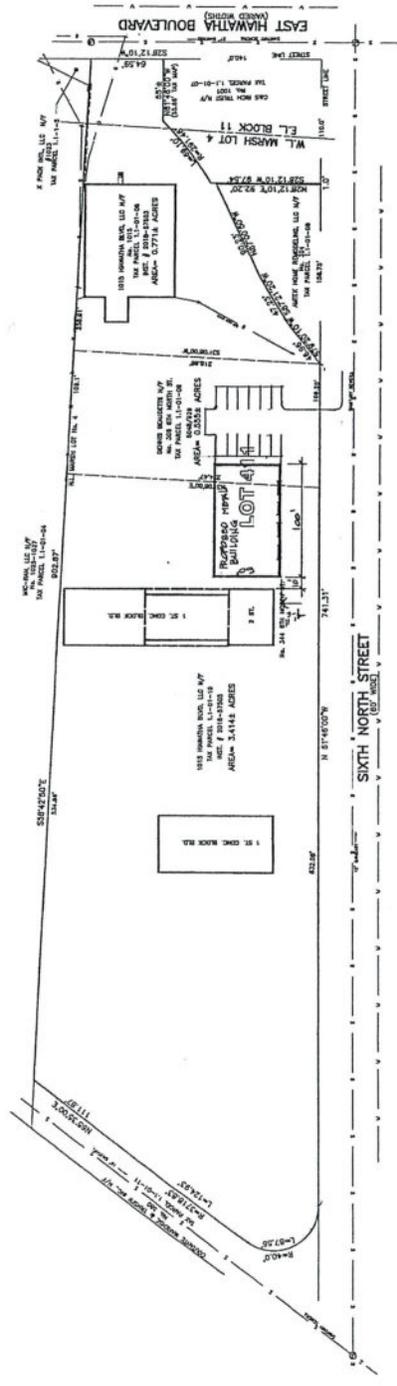
- LEGEND
- ⊕ SEWER MANHOLE
 - ⊙ STORM MANHOLE
 - ⊙ ASPHALT BLACKTOP
 - R/W RETAINING WALL
 - ⊖ ELEC. MANHOLE
 - ⊖ WATER MANHOLE
 - ⊖ TRAFFIC MANHOLE
 - ⊖ LIGHT POLE
 - ⊖ SANITARY SEWER
 - ⊖ STORM SEWER
 - ⊖ CATCH BASIN
 - ⊖ SEWER VENT
 - ⊖ GAS MAIN
 - ⊖ WATER MAIN
 - ⊖ GAS VALVE
 - ⊖ WATER VALVE
 - ⊖ U/G ELEC.
 - ⊖ U/G TEL.
 - ⊖ ELEC. METER
 - ⊖ GAS METER
 - ⊖ CATV
 - ⊖ O/H UTIL. LINE
 - ⊖ HYDRANT



- LEGEND**
- CENTER LINE
 - SEWER MANHOLE
 - ELEC. MANHOLE
 - TRAFFIC MANHOLE
 - CLOSURE
 - CHECK VALVE
 - WATER VALVE
 - G.S. WATER
 - G.S. VUL. LINE
 - HYDRANT
 - CENTER LINE
 - SEWER MANHOLE
 - ELEC. MANHOLE
 - TRAFFIC MANHOLE
 - CLOSURE
 - CHECK VALVE
 - WATER VALVE
 - G.S. WATER
 - G.S. VUL. LINE
 - HYDRANT



SITE LOCATION



18104 0th NORTH (S&T) SW, WORTH LA SPR (S&L) 407 80000003300-07.dwg
 - FINAL PLAN -

**RESUBDIVISION OF
 PART OF SALINA MARSH LOT 4
 & PART OF SALINA MARSH LOT 41
 (TO BE KNOWN AS 1015 HIAMATHA BLVD.)
 CITY OF SYRACUSE - ONOND. CO., N.Y.**

DATE: 8-23-08 SCALE: 1" = 50'
 REVISIONS



NOT A VALID SUBDIVISION WITHOUT RECORDING
 DAY OF THE MAP FILED WITH THE ONONDAGA
 COUNTY CLERK'S OFFICE.

IT IS HEREBY CERTIFIED THAT
 THE INFORMATION CONTAINED
 HEREIN IS TRUE AND CORRECT
 TO THE BEST OF MY KNOWLEDGE
 AND BELIEF.

I HEREBY APPROVE THIS TRACT MAP.

JAMES S. GARGIULO, L.S.E.
 SYRACUSE, NY 13208

MUNICIPAL APPROVAL

COUNTY HEALTH DEPARTMENT APPROVAL