

**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: \_\_\_\_\_  
 Resubdivision

Filing Date: \_\_\_\_\_  
 Lot Alteration

Case #: \_\_\_\_\_

**SUBJECT PROPERTY ADDRESS(ES):**

1033 S. Clinton St

120-154 Cortland Ave & Tallman St

1049 S. Clinton St

980-982 S. Salina St

1051 S. Clinton St

1049 S. Clinton St Rear

1029 S. Clinton St

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

Section: 094 Block: 05 Lot: 06.0  
Section: 094 Block: 05 Lot: 07.0  
          094          05          08.1

094          05          08.2  
Section: 094 Block: 05 Lot: 08.3  
Section: 094 Block: 05 Lot: 05.1  
          094          05          05.2

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

NAME: Ranalli / Taylor St. LLC & JMA Tech Properties LLC

MAILING ADDRESS: PO Box 678, Liverpool NY

ZIP: 13088

DAYTIME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**REPRESENTATIVE:** Attorney or Other contact: Engineer

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

NAME: James F. Trasher, P.E.

MAILING ADDRESS: 300 S. State St, Suite 600, Syracuse NY

ZIP: 13202

TELEPHONE: 315-257-7220

E-MAIL: jtrasher@chacompanies.com

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

Vacant Coyne Textile, vacant land, parking lots

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

Existing Coyne Textile Building to be partially demolished and reconstructed per Project Site Review.

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

Combine seven (7) lots for the development of JMA Wireless offices / light manufacturing facility

**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.**

## INSTRUCTIONS FOR FILING A RESUBDIVISION / LOT ALTERATION MAP

### 1. Zoning Review

Any resubdivision or lot alteration map within the City of Syracuse must first be reviewed by the City Planning Commission or the Syracuse Zoning Administrator.

- Please see "Required Submittals" section of this application for details on what must be submitted with the application.
- Application and submittals must be filed at the Syracuse Zoning Office, 201 East Washington Street, Room 101.
- If Planning Commission approval is required, please refer to the schedule of Planning Commission application deadlines and meeting dates at [http://www.syracuse.ny.us/Planning\\_Commission.aspx](http://www.syracuse.ny.us/Planning_Commission.aspx).

### 2. Map Requirements

Within 62 days of zoning approval, the applicant must obtain original signatures of several government officials (see below) **on a Mylar or linen copy of the approved map.**

- The applicant's land surveyor typically obtains the Mylar/linen map for the applicant

The applicant will then file the signed Mylar or linen map at the Onondaga County Clerk's Office. The copy for filing must:

- Be printed in black ink on linen, cloth backed paper, or Mylar.
- Not be larger than thirty-four inches by forty-four inches in size.
- Be clear and legible for reproduction
- Show location of property by town or city, lot and/or block, name of tract or subdivision and include a North arrow.
- Have the certificate of licensed land surveyor must be annexed thereto:
  - Surveyor's Certification: "We (or I) hereby certify that this subdivision plat was prepared by us (or me) and was made from an actual survey complete by us (or me) on (date)".
  - Statement must be followed by the surveyor's signature and license number.
- Have all signatures in black ink.

### 3. Signatures: The first two signatures on the Mylar or linen map can be done in any order:

#### A. Secretary of City Planning Commission

Syracuse Zoning Office, 201 East Washington Street, Room 101, 315-448-8640

- Contact the Office of Zoning Administration to ensure someone is available to sign the map.
- Submit 4 additional paper copies of the approved map to be retained by the Zoning Office.
- When the Office of Zoning Administration signs the map, they will also give the applicant original letter(s) from the Syracuse-Onondaga County Planning Agency (SOCPA) that must be filed with the final Mylar/linen map at the County Clerk's Office.

#### B. Onondaga County Health Department (Division of Environmental Health)

Onondaga County Civic Center, Bureau of Public Health Engineering, 12<sup>th</sup> Floor, 315-435-6600

- Must meet requirements of Health Department for water supply and sewage disposal.
- In addition to their signature on a Mylar or linen copy, one paper copy of the map must be left with them.
- Contact the Health Department to ensure that someone will be available to sign the map.

**Full Environmental Assessment Form**  
**Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Applicant/Sponsor Information.**

Name of Action or Project: JMA Tech Properties - Building Renovation & Reconstruction		
Project Location (describe, and attach a general location map): See attached property list		
Brief Description of Proposed Action (include purpose or need): Partial demolition of existing building, partial renovation of existing building to remain, and the reconstruction of a new building addition along with parking areas and streetscape improvements. Refer to SIDA Attachment #3 - Project Description		
Name of Applicant/Sponsor: JMA Tech Properties, LLC & Ranalli / Taylor St., LLC	Telephone:	
	E-Mail:	
Address: PO Box 678		
City/PO: Liverpool	State: New York	Zip Code: 13088
Project Contact (if not same as sponsor; give name and title/role): CHA Consulting (c/o Brian Bouchard)	Telephone: 315-228-0036	
	E-Mail: BBouchard@chacompanies.com	
Address: 300 S. State Street Suite 600		
City/PO: Syracuse	State: NY	Zip Code: 13202
Property Owner (if not same as sponsor): Ranalli/Taylor St., LLC	Telephone:	
	E-Mail:	
Address: PO Box 890		
City/PO: Syracuse	State: NY	Zip Code: 13209

**C.3. Zoning**

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance.  Yes  No  
 If Yes, what is the zoning classification(s) including any applicable overlay district?  
Commercial District, & Local Business District

b. Is the use permitted or allowed by a special or conditional use permit?  Yes  No

c. Is a zoning change requested as part of the proposed action?  Yes  No  
 If Yes,  
 i. What is the proposed new zoning for the site? \_\_\_\_\_

**C.4. Existing community services.**

a. In what school district is the project site located? Syracuse City

b. What police or other public protection forces serve the project site?  
City of Syracuse

c. Which fire protection and emergency medical services serve the project site?  
City of Syracuse

d. What parks serve the project site?  
Syracuse City Parks

**D. Project Details**

**D.1. Proposed and Potential Development**

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Light Manufacturing and commercial offices

b. a. Total acreage of the site of the proposed action? 4.18 acres  
 b. Total acreage to be physically disturbed? 2.5 acres  
 c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 4.18 acres

c. Is the proposed action an expansion of an existing project or use?  Yes  No  
 i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ Units: \_\_\_\_\_

d. Is the proposed action a subdivision, or does it include a subdivision?  Yes  No  
 If Yes,  
 i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)  
Re-subdivision to combine contiguous parcels  
 ii. Is a cluster/conservation layout proposed?  Yes  No  
 iii. Number of lots proposed? 3  
 iv. Minimum and maximum proposed lot sizes? Minimum 0.25 Maximum 2.0

e. Will the proposed action be constructed in multiple phases?  Yes  No  
 i. If No, anticipated period of construction: 11 months  
 ii. If Yes:  
 • Total number of phases anticipated \_\_\_\_\_  
 • Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year  
 • Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year  
 • Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

iii. Will the proposed action cause or result in disturbance to bottom sediments?  Yes  No  
If Yes, describe: \_\_\_\_\_

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?  Yes  No  
If Yes:

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_
- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_
- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

c. Will the proposed action use, or create a new demand for water?  Yes  No  
If Yes:

i. Total anticipated water usage/demand per day: \_\_\_\_\_ 1500 gallons/day

ii. Will the proposed action obtain water from an existing public water supply?  Yes  No  
If Yes:

- Name of district or service area: City of Syracuse
- Does the existing public water supply have capacity to serve the proposal?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No
- Do existing lines serve the project site?  Yes  No

iii. Will line extension within an existing district be necessary to supply the project?  Yes  No  
If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_
- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site?  Yes  No  
If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: \_\_\_\_\_ gallons/minute.

d. Will the proposed action generate liquid wastes?  Yes  No  
If Yes:

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ 1500 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): \_\_\_\_\_  
Sanitary waste

iii. Will the proposed action use any existing public wastewater treatment facilities?  Yes  No  
If Yes:

- Name of wastewater treatment plant to be used: Metropolitan Syracuse Wastewater Treatment Plant
- Name of district: City of Syracuse
- Does the existing wastewater treatment plant have capacity to serve the project?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)?  Yes  No

If Yes:

i. Estimate methane generation in tons/year (metric): \_\_\_\_\_

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): \_\_\_\_\_

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i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations?  Yes  No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): \_\_\_\_\_

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j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services?  Yes  No

If Yes:

i. When is the peak traffic expected (Check all that apply):  Morning  Evening  Weekend  
 Randomly between hours of \_\_\_\_\_ to \_\_\_\_\_.

ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): \_\_\_\_\_

iii. Parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Net increase/decrease \_\_\_\_\_

iv. Does the proposed action include any shared use parking?  Yes  No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: \_\_\_\_\_

vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site?  Yes  No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles?  Yes  No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes?  Yes  No

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k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy?  Yes  No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: \_\_\_\_\_

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): \_\_\_\_\_

iii. Will the proposed action require a new, or an upgrade, to an existing substation?  Yes  No

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l. Hours of operation. Answer all items which apply.

<p>i. During Construction:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____ 7am - 7pm _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul>	<p>ii. During Operations:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____ 6:30am - 6:30pm _____</li> <li>• Saturday: _____</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul>
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s. Does the proposed action include construction or modification of a solid waste management facility?  Yes  No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_

ii. Anticipated rate of disposal/processing:

- \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
- \_\_\_\_\_ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: \_\_\_\_\_ years

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t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste?  Yes  No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_

ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_

iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility?  Yes  No

If Yes: provide name and location of facility: \_\_\_\_\_

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: \_\_\_\_\_

**E. Site and Setting of Proposed Action**

**E.1. Land uses on and surrounding the project site**

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

Urban  Industrial  Commercial  Residential (suburban)  Rural (non-farm)

Forest  Agriculture  Aquatic  Other (specify): \_\_\_\_\_

ii. If mix of uses, generally describe: \_\_\_\_\_

b. Land uses and covertypes on the project site.

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	4.18	4.18	0
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____			

v. Is the project site subject to an institutional control limiting property uses?  Yes  No

- If yes, DEC site ID number: C734144A
- Describe the type of institutional control (e.g., deed restriction or easement): Environmental
- Describe any use limitations: No residential
- Describe any engineering controls: TBD
- Will the project affect the institutional or engineering controls in place?  Yes  No
- Explain: \_\_\_\_\_

**E.2. Natural Resources On or Near Project Site**

a. What is the average depth to bedrock on the project site? \_\_\_\_\_ > 10 feet

b. Are there bedrock outcroppings on the project site?  Yes  No  
 If Yes, what proportion of the site is comprised of bedrock outcroppings? \_\_\_\_\_ %

c. Predominant soil type(s) present on project site: Ub Urban Land \_\_\_\_\_ 100 %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

d. What is the average depth to the water table on the project site? Average: \_\_\_\_\_ > 10 feet

e. Drainage status of project site soils:  Well Drained: \_\_\_\_\_ % of site  
 Moderately Well Drained: \_\_\_\_\_ % of site  
 Poorly Drained: \_\_\_\_\_ 100 % of site

f. Approximate proportion of proposed action site with slopes:  0-10%: \_\_\_\_\_ 100 % of site  
 10-15%: \_\_\_\_\_ % of site  
 15% or greater: \_\_\_\_\_ % of site

g. Are there any unique geologic features on the project site?  Yes  No  
 If Yes, describe: \_\_\_\_\_

**h. Surface water features.**

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?  Yes  No

ii. Do any wetlands or other waterbodies adjoin the project site?  Yes  No

If Yes to either *i* or *ii*, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?  Yes  No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Lakes or Ponds: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Wetlands: Name \_\_\_\_\_ Approximate Size \_\_\_\_\_
- Wetland No. (if regulated by DEC) \_\_\_\_\_

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies?  Yes  No

If yes, name of impaired water body/bodies and basis for listing as impaired: \_\_\_\_\_

i. Is the project site in a designated Floodway?  Yes  No

j. Is the project site in the 100-year Floodplain?  Yes  No

k. Is the project site in the 500-year Floodplain?  Yes  No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer?  Yes  No  
 If Yes:

i. Name of aquifer: \_\_\_\_\_

e. 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?  Yes  No

If Yes:

i. Nature of historic/archaeological resource:  Archaeological Site  Historic Building or District

ii. Name: 1001-1005 South Salina St. 06740.003240 Historic Building Listed as Eligible

iii. Brief description of attributes on which listing is based:  
Building is across the street from site and listed as eligible

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f. 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?  Yes  No

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g. Have additional archaeological or historic site(s) or resources been identified on the project site?  Yes  No

If Yes:

i. Describe possible resource(s): \_\_\_\_\_

ii. Basis for identification: \_\_\_\_\_

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h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?  Yes  No

If Yes:

i. Identify resource: \_\_\_\_\_

ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): \_\_\_\_\_

iii. Distance between project and resource: \_\_\_\_\_ miles.

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i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?  Yes  No

If Yes:

i. Identify the name of the river and its designation: \_\_\_\_\_

ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?  Yes  No

**F. Additional Information**

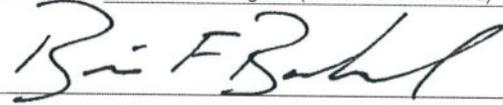
Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

**G. Verification**

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name CHA Consulting Inc (c/o Brian Bouchard) Date 5-11-2020

Signature  Title Project Engineer





June 30, 2020

Zoning Administration  
City of Syracuse  
201 E. Washington St  
Syracuse NY 13202

RE: **Resubdivision Application**  
**JMA Wireless Facility**  
**CHA Project No. 059294.001**

Dear Zoning Administrator:

CHA, on behalf of the owner, is pleased to submit the attached Resubdivision Application for the above referenced project.

Resubdivision Application

The proposed resubdivision is to create one (1) new lot from seven (7) existing parcels:

- 120-154 Cortland Ave & Tallman St (tmp 094.-05-06.0)
- 1051 S. Clinton St (tmp 094.-05-07.0)
- 1049 S. Clinton St (tmp 094.-05-08.1)
- 1049 S. Clinton St REAR (tmp 094.-05-08.2)
- 1033 S. Clinton St (tmp 094.-05-08.3)
- 980-982 S. Salina St (tmp 094.-05-05.1)
- 1029 S. Clinton St (tmp 094.-05-05.2)

The following materials are enclosed:

- Resubdivision Application
- SEQR – Environmental Assessment Form
- Final Plan – Resubdivision Map dated 6/19/2020 by Ianuzi & Romans Land Surveying PC

If you should require any additional information or have any questions, please do not hesitate to contact our office at 315-228-0036 or [bbouchard@chacompanies.com](mailto:bbouchard@chacompanies.com).

Very truly yours,

A handwritten signature in black ink that reads 'Brian F. Bouchard'. The signature is written in a cursive, flowing style.

Brian F. Bouchard, P.E.  
Project Engineer V

Enclosures

Cc:

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