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):

600,610,704, & 716 Marcellus St.

TAX MAP NUMBERS: (of each property involved)

Section: 100 Block: 01 Lot: 02.1 **Section:** 100 Block: 01 Lot: 02.3

Section: 100 Block: 01 Lot: 02.2 **Section:** 100 Block: 01 Lot: 02.4

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

NAME: Tino Lampuri

MAILING ADDRESS: 1005 West Fayette St, Syracuse, NY 13204.

ZIP: 13204 DAYTIME PHONE: 919-291-3511

HOME PHONE: E-MAIL: ctlampuri@aol.com

REPRESENTATIVE: Attorney or Other contact:

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

NAME:

MAILING ADDRESS:

ZIP: TELEPHONE: E-MAIL

CURRENT LAND USES ON ALL INVOLVED PROPERTIES:

BUSINESS ZONED: IA INDUSTRIAL

CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:

BRICK & CONCRETE BUILDINGS

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

CONSOLIDATING FOUR LOTS INTO ONE.

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.

9-1-20

CURRENT PROPERTY OWNER SIGNATURE **DATE**

Tino Lampuri, 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:

RESUBDIVISION OF LOTS 1-A, B, C, & D - ROCKWEST

Project Location (describe, and attach a location map):

BLOCK BOUNDED BY MARCELLUS, SOUTH GEDDES, WEST FAYETTE, AND SENECA STREETS. SEE SUBD MAP SITE LOCATION,

Brief Description of Proposed Action:

CONSOLIDATE FOUR PARCELS KNOWN AS LOTS A-1, B, C, AND D - ROCKWEST, FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP NUMBER 8237, INTO NEW "LOT ABCD" ROCKWEST WITH AN OVERALL ADDRESS OF 610 MARCELLUS ST.

Name of Applicant or Sponsor:	Telephone: 919-291-3511
TINO LAMPURI	E-Mail: CTLAMPURI@AOL.COM

Address:

1005 WEST FAYETTE STREET

City/PO:	State:	Zip Code:
SYRACUSE	NY	13204

	NO	YES
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.	☑	☐
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:	☑	☐

3. a. Total acreage of the site of the proposed action? 6.462 acres
   b. Total acreage to be physically disturbed? 0 acres
   c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 6.462 acres

4. Check all land uses that occur on, **are** adjoining **or** near the proposed action:

☑ Urban ☐ Rural (non-agriculture) ☑ Industrial ☑ Commercial ☐ Residential (suburban)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify):

☐ 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?	☐	☐	☒

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☒

	NO	YES
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
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
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: N/A	☐	☐

	NO	YES
10. Will the proposed action connect to an existing public/private water supply?		
If No, describe method for providing potable water: _____	☐	☒

	NO	YES
11. Will the proposed action connect to existing wastewater utilities?		
If No, describe method for providing wastewater treatment: _____	☒	☐

	NO	YES
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
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: _____		

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

	NO	YES
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?	☒	☐
16. Is the project site located in the 100-year flood plan?	☒	☐
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?	☐	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	☐	☐
If Yes, briefly describe:		
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:		
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:		
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:		

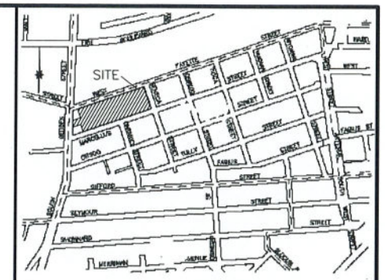
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: TINO LAMPURI Date: 9-1-20

Signature: Title: Pres.

PRINT FORM

CL 520SC, 8/28/2020 3:27:28 PM, ARCH_C_(18.00_x_24.00_Inches), STA=5



SITE LOCATION

WEST FAYETTE STREET

SOUTH GEDDES STREET

SENECA STREET

MARCELLUS STREET

STREET LINE

61.14'
51.14'
88.15'
82.5'
AZZAM FAMILY REVOCABLE TRUST N/F
N18°48'40"W 117.00'
N18°48'40"W
N71°08'30"E 82.06'
EXCEPTION 1895/173
36.85'
N71°08'30"E 105.06'
(104.47' DEED)
N1°45'30"E 89.35'
S71°06'30"W 110.47'
105.81'
ROSALINA D. LIM N/F
99.00'
N18°48'40"W
ROCKWEST CENTER REALTY, LLC N/F
147.64'
391.38'
S71°06'30"W 924.12'
343.58'
N71°08'30"E 898.12'
92.16'
333.88'
128.50'
N18°50'40"W 85.12'
S71°08'30"W 21.63'
214.25' N18°50'40"W
299.34' S18°50'40"E
5 ST. CONCRETE
5 ST. BRICK
1 ST. CONCRETE
LOT C
No. 716
AREA = 2.760± ACRES
LOT B
No. 704
AREA = 0.527± ACRES
LOT A-1
No. 610
AREA = 2.293± ACRES
LOT D
No. 600
AREA = 0.882± ACRES
LOT ABCD
70.53'
333.71'
128.50'
S18°48'40"E 299.16'
S18°48'40"E 299.09'

TOTAL AREA = 6.462± ACRES

50 0 50 100 150
GRAPHIC SCALE – FEET

MARCELLUS $610 LOT-ABCD ROCKWEST SYR (ROCKWEST) @19940412BDY @20200824 SUBD.DWG

MUNICIPAL APPROVAL

COUNTY HEALTH DEPARTMENT APPROVAL

I HEREBY APPROVE THIS TRACT MAP.

TINO LAMPURI
1005 W. FAYETTE ST.
SYRACUSE, NY 13204

THE UNDERSIGNED CERTIFIES THAT THIS MAP WAS MADE FROM AN ACTUAL SURVEY ON 4-12-1994
VOID WITHOUT SIGNER'S EMBOSSED SEAL.

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

STATE OF NEW YORK
GARY ENSIGN COTTRELL
049310
REGISTERED LAND SURVEYOR

– FINAL PLAN –

RESUBDIVISION OF LOTS A-1, B, C, & D ROCKWEST (F.M.# 8237) INTO NEW LOT ABCD

(TO BE KNOWN AS No. 610 MARCELLUS STREET)

CITY OF SYRACUSE , NEW YORK

I.D: 100-1-2	FILE: ROLL 100-1 BIN 13	
DATE: 8-24-20	SCALE: 1" = 50'	B/P:

REVISIONS			

COTTRELL LAND SURVEYORS, PC.
7308 STATE RTE 173, MANLIUS, NY 13104
(315)682-8121, WWW.COTTRELLSURVEYORS.COM