

For Office Use: Filing Date:  Case Number:  Current Zoning District(s):

### IMPORTANT NOTICE

This form is a **petition** for a zone change. A zone change is *not an entitlement*, and *the City is not required to act upon this petition*. There is **no guarantee that this petition will ever be heard by the City Planning Commission or the Common Council**. You are advised to consult an attorney if you have any questions about this petition.

**ZONE CHANGE REQUEST** FROM:  TO:   
 \*SU Main Campus -New Subdistrict 11

**DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL AND REASON FOR ZONE CHANGE:**

The proposed zone change is to place current Syracuse University owned lands into the "Planned Institutional District" (PID)
zoning category. No changes to the current uses or physical characteristics of the existing improvements are being proposed at
this time.
See Attached Supporting Documentation.

**LIST ALL PROPERTIES INVOLVED IN YOUR PROJECT AND OWNERS NAMES:**

<b>Address 1:</b>	710 - 22 University Avenue
<b>Owner Name 1:</b>	Syracuse University
<b>Current Zoning District:</b>	BA
<b>Address 2:</b>	700 University Avenue and Adams Street
<b>Owner Name 2:</b>	Syracuse University
<b>Current Zoning District:</b>	RB
<b>Address 3:</b>	
<b>Owner Name 3:</b>	
<b>Current Zoning District:</b>	
<b>Address 4:</b>	
<b>Owner Name 4:</b>	
<b>Current Zoning District:</b>	

**TAX MAP SECTION, BLOCK, and LOT information from Assessment Department (448-8280)**

<b>#1 Section:</b> <input type="text" value="049"/>	<b>Block:</b> <input type="text" value="08"/>	<b>Lot:</b> <input type="text" value="03"/>
<b>#2 Section:</b> <input type="text" value="049"/>	<b>Block:</b> <input type="text" value="08"/>	<b>Lot:</b> <input type="text" value="02"/>
<b>#3 Section:</b> <input type="text"/>	<b>Block:</b> <input type="text"/>	<b>Lot:</b> <input type="text"/>
<b>#4 Section:</b> <input type="text"/>	<b>Block:</b> <input type="text"/>	<b>Lot:</b> <input type="text"/>

**PETITIONER INFORMATION:**

Name(s):

Mailing Address:

Zip:  Home phone:  Day phone:

E-mail:

**REPRESENTATIVE INFORMATION:  
(Only if involved in this application)**

Attorney  Architect  Contractor  Other

Name(s):

Mailing Address:

Zip:  Telephone:  E-mail:

*Jennifer C Bybee for S.U.*  
Signature of PETITIONER

*9/5/18*  
Date

**PRINT NAME OF PETITIONER**

**\*Please note that if required referrals are necessary for this application,  
additional copies of all required materials will be requested.**

**FOR STAFF USE ONLY**

\*\*\*\*\*

**REFERRALS 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 AGENCIES OR DEPARTMENTS \_\_\_\_\_

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**Required submittals for a  
Zone Change**

(Before a petition can be considered complete, the following **must** be provided)

When submitting the required information listed below, the applicant must show with graphic representation all information, drawn to scale, and in a manner that can be correctly interpreted by any person viewing the case file without additional staff explanation.

- APPLICATION** (completed, dated, and signed by petitioner).

\* If the Petitioner is *not* the Office of Zoning Administration, a letter from all involved property owners, agreeing to a change to the proposed zoning designation(s), and giving the Petitioner permission to file this application on their behalf, must accompany this application.

- PROPERTY SURVEY(S)** of all properties involved in the project (individual for each property, drawn to scale and signed by a licensed land surveyor). **We can not accept a survey that has been reduced, faxed or scanned. If original surveys are larger than 11x17 then a reduced copy must also be submitted with this application.**

- MAP(S)** indicating the current zoning district(s), and the proposed zoning district(s). A separate map for each parcel to be changed must be included. Specific dimensions of the area to be changed must be on the map. **If original plans are larger than 11x17 then a reduced copy must also be submitted with application.**

- STATE ENVIRONMENTAL QUALITY REVIEW ACT ASSESSMENT FORM** –Part one to be filled out completely and signed by Petitioner. **A detailed explanation of how this zone change will not adversely affect the surrounding land uses, and how this change in zoning compliments and fits within the City’s Comprehensive Plan must be provided. Attach appropriate studies regarding any impacts, including traffic, noise, land use, etc.**

**PETITIONER PLEASE NOTE:** Approval of your application by the Board of Zoning Appeals, the City Planning Commission, or the Common Council does not relieve you or your agents from compliance with any other regulatory or licensing provisions applicable thereto by the properly constituted federal, state, county, or city authorities, including the issuance of permits by the Division of Code Enforcement.



SYRACUSE UNIVERSITY  
CAMPUS PLANNING, DESIGN, AND CONSTRUCTION

September 5, 2018

Heather Lamendola, Zoning Administrator  
City of Syracuse  
Office of Zoning Administration  
City Hall Commons, Room 500  
201 E. Washington St.  
Syracuse, New York 13202

**Re: Syracuse University – PID Request  
(SU Project #17288)**

Dear Heather:

As requested, we are submitting the following documents to supplement the PID applications submitted on or about July 3, 2018:

- Petition for a Zone Change – SU Main Campus, Subdistrict 10;
- Petition for a Zone Change – SU Main Campus, Subdistrict 11;
- Petition for a Zone Change – SU Main Campus, Subdistrict 12;
- Petition for a Zone Change – SU Steam Station;
- Petition for a Zone Change – SU South Campus; and
- Petition for a Zone Change – SU Ainsley Campus.

These documents should be incorporated into those previously submitted materials.

Thanks in advance for your prompt and professional consideration of these applications. In the meantime, if you have any questions or comments, please contact me at 315-443-1533/[jchampa@syr.edu](mailto:jchampa@syr.edu).

Very truly yours,

Jennifer Champa Bybee  
Assistant Director for Campus Planning

**City Planning Commission Case**

**Number: Z-2808**

**BA**

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11

12.1

13

**Proposed Zoning Amendment;  
Area to be Rezoned to PID  
700 and 710-722 University Avenue**

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1100

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17

01

O.C.I.D.A.  
Parking Garage

02

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02.2

O.C.I.D.A.  
Parking Garage

Syracuse University

Parking Lot E-B

06

**BA** 08

**RB** 02

University  
College

07

Syracuse University

Parking Lot E-B

06

**PID**

CROUSE

MARSHALL

100

200

Memorial Hospital  
Nursing

Syracuse University  
Hospital of the Good Shepherd

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# 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.

<b>Part 1 - Project and Sponsor Information</b>			
Name of Action or Project: Syracuse University PID Request - Main Campus - Additional Subdistricts			
Project Location (describe, and attach a location map): Approximately 8 acres of land bounded by University Street to the east, Marshall Street to the south and Harrison Street to the north.			
Brief Description of Proposed Action:  The proposed action seeks to rezone the Project Location--land currently owned and controlled by Syracuse University--from the existing Residential District, Class B and Local Business, Class A zoning districts to Planned Institutional District. There are no changes proposed to the allowable uses or physical characteristics of the Project Location at this time.			
Name of Applicant or Sponsor: Syracuse University		Telephone: (315) 443-1533 E-Mail: jchampa@syr.edu	
Address: 1320 Jamesville Avenue			
City/PO: Syracuse		State: NY	Zip Code: 13244
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 checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental 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?		+/- 8.00 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?		+/- 8.00 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input checked="" 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): <u>University</u>			
<input type="checkbox"/> Parkland			



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	NO  <input checked="" type="checkbox"/>	YES  <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  <input checked="" type="checkbox"/>	YES  <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  <input checked="" type="checkbox"/>	YES  <input type="checkbox"/>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: <u>Jennifer Champa Bybee, Asst. Director for Campus Planning</u>      Date: <u>July 2, 2018</u></p> <p>Signature: <u><i>Jennifer C. Bybee</i></u></p>		

**PRINT FORM**