Onondaga County Planning Board

GML Referral Submission Form

Code Officer would like review of revised plans from Cty.



Referral Contact: Pearl Fuller Municipality: Village of North Syracuse Job Title/Office: Codes Clerk Referring Board(s): Municipal Board 315-458-4763 Phone #: Planning Board Email: pfuller@northsyracuseny.org Zoning Board of Appeals Project is within 500 feet of (specify facility): Type of Review (*See website or call SOCPA for guidance); State Road: S. Main St. (Rt. 11) OCPB Full Review County Road: South Bay Road Administrative Review ☑ County/State Property: drainage channels Informal Review (parkland, drainage channel or public buildings) (for exempt or non-referrable actions) Municipal Boundary with: Farm Operation in an Agricultural District (include Ag Data Statement) **Drinking Water Service:** Project Information: **Existing** <u>Proposed</u> Project Applicant Name: Immuno Tek Bio Center New Municipal/OCWA ✓ Municipal/OCWA New Well Project Address: 445-447 S. Main St. Well Increase Existing Service None Total Acres: <u>1.176</u> ✓ No Change Current Zoning: C-2 Commercial District Wastewater / Sewer Service: Current Land Use: Bowling alley (445)/Restaurant (447) Existing Proposed New Sewer Service ✓ Municipal Tax ID Number(s): 010.-01-20.0 Septic System New Septic System Increase Existing Service None ✓ No Change Type II **SEQR Type of Action** (Required): Project Description: Please provide adequate detail of the proposed action, including any future planned development Revised Plans: Original Onon. Cty. Planning Bd. Z-23-16; Plans address comments from Cty. and CHA Review Letter for Converting existing bldg. (Bowling Alley) to Plasma Blood Donation Center. Status of Local Review / Related Actions / Notes: Please also attach any meeting minutes that would assist in OCPB review This was pulled from Planning Comm. Mtg. scheduled for 2/16/2023 for a later date, revised plans submitted two days before mtg.,

Int. demo, minor facade			placement and a Change of Occupancy.
	it Describe proposed p	project and relevant tr	
			igger(s) to require a Special Permit
Zone Change / Zo	ning Map Amendment	Describe proposed	zoning district and purpose for the zone change/amendn
			n Regulations, Comprehensive Plans, and Relate changes OR existing/proposed text with summary of char
reliminary or Final Subo		Name	e of Subdivision:
this a Cluster Subdivis roposed Land Uses / O	ion (Sec. 278 of NYS Town ther Details:	Law)?	Number of Proposed Lots:
] Use Variance De	scribe how the proposed pr	oject varies from loca	al code requirements
Area Variance De	escribe how the proposed p	roject varies from loc	cal code requirements
☐ Other Authorizatio	on Indicate the referrable	action and provide a	ny other applicable details

A Reminder:

This referral, as required by NYS GML §239 I, m & n, must be accompanied by all materials required by and submitted to the referring body as an application on the proposed action, including all materials required by the referring body in order to make its determination of significance pursuant to SEQRA.

Did You Include:

Short or Long EAF/ (At least Part 1 required) or EIS Local Application Forms
Surveys / Site Plans / Subdivision Plans
Text Amendments with Track Changes
Local Minutes and Other Materials to Assist in Review