

# GML 239 Referral Notice

**To:** Onondaga County Planning Board      **From:** Municipal Board: Zoning Board of Appeals  
1100 Civic Center  
421 Montgomery Street  
Syracuse, New York 13202  
Phone: 435-2611

Referring Officer: David Robinson, Chairman  
Mail original resolution to: Codes Department  
Address: 600 S. Bay Road  
City, Zip Code: North Syracuse, NY 13212

**Re:** General Municipal Law §239 Referral       Informal Review       3-Mile Limit Review

1. **Applicant:** North Area Meals On Wheels.      2. **Site Address:** 413 Church St.
3. **Tax Map Number(s):** 022.-02-01.1/022.-02-01.2      4. **Acres:** 4.2025+/-
5. **Is the site within the county sanitary district?**  Yes       No
6. **Is the site currently serviced by public water?**  Yes       No
7. **On-site waste water treatment is currently provided by:**       Public Sewer or       Septic System
8. **Current Zoning:** R-9      9. **Current Land Use:** Meal preparation NAMOW
10. **Project Description:** Proposed 2,400 sq ft rear addition for increased space for operations and storage spaces for: bottle and can collection recycling, office space, 2 restrooms, and cold/dry good storage.
- \_\_\_\_\_
- \_\_\_\_\_

## 11. OCPB Jurisdiction:

<input type="checkbox"/>	<b>Text Adoption or Amendment</b>	<input checked="" type="checkbox"/>	<b>Site is located within 500' of: <u>Rt.81</u></b>	
Check All That Apply	{	<input type="checkbox"/>	a municipal boundary	<i>(Specify by Name)</i>
		<input checked="" type="checkbox"/>	a state or county thruway/highway/roadway	
		<input type="checkbox"/>	an existing or proposed state or county park/recreation area	
		<input type="checkbox"/>	an existing or proposed county-owned stream or drainage channel	
		<input type="checkbox"/>	a state or county-owned parcel on which a public building or institution is situated	
		<input type="checkbox"/>	a farm operation located in an agricultural district <small>(Incl Ag Data Statement pursuant to AML § 305-a)</small>	

## Referred Action(s)

If referring multiple actions related to the same Tax Map #, please identify the referring municipal board if different from above.

12.  **Text Adoption or**  **Amendment**      **Referring Board:**

Comprehensive Plan       Local Law       Zoning Ordinance       Other \_\_\_\_\_

13.  **Zone Change**      **Referring Board:**

Proposed Zone District: \_\_\_\_\_      Number of Acres: \_\_\_\_\_

Purpose of the Zone Change: \_\_\_\_\_

14.  **Site Plan**       **Project Site Review**      **Referring Board:**

Proposed Improvements: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Will the proposed project require a variance?       Yes       No      Type:       Area       Use

Specify:

Is a state or county DOT work permit needed?      If Yes:       State or  County       No

Specify: \_\_\_\_\_

15.  **Special Permit**

Referring Board:

Section of local zoning code that requires a special permit for this use: \_\_\_\_\_

Will the proposed project require a variance?  Yes  No Type:  Area  Use

16.  **Subdivision**

Referring Board:

Name of Subdivision: \_\_\_\_\_  Preliminary  Final

Number of Lots: \_\_\_\_\_ Type:  Commercial / Industrial  Residential → Single / Multi / Both  
(Circle One) (Circle One)

Is this a cluster subdivision pursuant to Section 278 of the New York State Town Law?  Yes  No

Will the proposed subdivision require a variance?  Yes  No Type:  Area  Use

Is a state or county DOT work permit needed? If Yes:  State or  County  No

Specify: \_\_\_\_\_

17.  **Variance**

Referring Board: **Zoning Board of Appeals**

Area  Use

Section(s) of local zoning code to which the variance is being sought: 240-8 E(1)(b) min. 200' width

Describe how the proposed project varies from the above code section:

Minimum lot width requires 200'. Request reduce to 154.5' width

**SEQR Determination**

Action:

Finding:

Check One {  Type I  
 Type II  
 Unlisted Action  
 Exempt

Positive Declaration – Draft EIS  
 Conditional Negative Declaration  
 Negative Declaration  
 No Finding (Type II Only)

SEQR determination made by (Lead Agency): Planning Commission Date: T.B.D.

**Attachments**

Survey  Subdivision Plat (map)  Environmental Assessment Form  Proposed Text  
 Site Plan  Local Application Form  Ag Data Statement  Other SUPPORTING DOCUMENTS

This referral, as required by GML §239 l, m & n, includes complete information, and supporting materials to assist the Onondaga County Planning Board (OCPB) in its review. If no formal action is taken by the OCPB within 30 days, the referring board may proceed without the OCPB's recommendation, unless an extension of time is agreed upon, or unless the OCPB's recommendation is received 2 days prior to municipal review.

Pearl Fuller, Sec.

Name, Title & Phone Number of Person Completing this Form

06/24/24

Transmittal Date