

## GML 239 Referral Notice

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

**From:** Municipal Board: Zoning Board of Appeals  
 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"/>	Text Adoption or Amendment	<input checked="" type="checkbox"/>	Site is located within 500' of: <u>Rt.81</u> <span style="float: right;"><i>(Specify by Name)</i></span>
Check All That Apply	}	<input type="checkbox"/>	a municipal boundary
		<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 (Incl Ag Data Statement pursuant to AML § 305-a)

**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:**

<input type="checkbox"/> Comprehensive Plan	<input type="checkbox"/> Local Law	<input type="checkbox"/> Zoning Ordinance	<input type="checkbox"/> Other _____
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Type: <input type="checkbox"/> Area <input type="checkbox"/> Use
Specify: _____	
Is a state or county DOT work permit needed?	If Yes: <input type="checkbox"/> State or <input type="checkbox"/> County <input type="checkbox"/> 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.(2)(b)[1] One side: 30 feet

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

Required one side 30' Side setback. Request to reduce side setback rear west corner to 27.7'

**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