

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:** My Best Friend's House, Inc. 2. **Site Address:** 709 N. Main St, Ste. 10
3. **Tax Map Number(s):** 013.-01-03.1 4. **Acres:** 4.21
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:** C-2A 9. **Current Land Use:** Animal daycare/pet hotel
10. **Project Description:** Ste.10: Reg. Board animals/dogs overnight, max. 10 dogs at night (Kennel), dog daycare; retail storefront (permitted §240-12) under Retail and Personal Service, pet hotel; space equipped with Current Code Interpretation allowing for boarding of cats/dogs on limited basis of 10 cats/dogs for 1 night and over weekends.

11. OCPB Jurisdiction:

<input type="checkbox"/>	Text Adoption or Amendment	<input checked="" type="checkbox"/>	Site is located within 500' of: <u>Rt.11</u>	
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 (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: 240-12.1

Describe how the proposed project varies from the above code section: 240-12.1 B-follows: C-2 District, Kennels are not a permitted use.

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): ZBA 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

05/21/24

Transmittal Date