

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: Planning Commission
 Referring Officer: Greg Lancette, 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:

Text Adoption or Amendment Site is located within 500' of: Rt.81 *(Specify by Name)*

Check All That Apply {

- a municipal boundary
- a state or county thruway/highway/roadway
- an existing or proposed state or county park/recreation area
- an existing or proposed county-owned stream or drainage channel
- a state or county-owned parcel on which a public building or institution is situated
- 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:**

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: Planning Commission**

Proposed Improvements: 2,400 sq. ft. addition on rear of bldg.

Proposed Use: Additional storage/offices/bathrooms

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

Specify: Side setback rear west corner reduce to 27.7'/minimum lot width reduce to 154.5'/pkg spaces 74 req'd, reduce to 52

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:

Area Use

Section(s) of local zoning code to which the variance is being sought: _____

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

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