

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: Sammy's Time Sq Deli & Grill. **2. Site Address:** 601 South Main St.

3. Tax Map Number(s): 008.-08-05.1 **4. Acres:** 24096 sq f

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-2 **9. Current Land Use:** Vacant

10. Project Description: Going from Vacant Physical Therapy Office to Deli & Grill to offer bagels, sandwiches, salads, smoothies, coffee and associated snacks.

11. OCPB Jurisdiction:

Text Adoption or Amendment Site is located within 500' of: Rt.11 *(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:

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: Planning Commission

Section of local zoning code that requires a special permit for this use: 240-12B(4)

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

07/16/24
Transmittal Date