

City of Syracuse  
Office of Zoning Administration

**RESUBDIVISION / LOT ALTERATION APPLICATION**

City Hall Commons - Room 500 \* 201 E. Washington Street \* Syracuse, NY 13202-1426  
315-448-8640 \* [zoning@syr.gov](mailto:zoning@syr.gov) \* [www.syr.gov.net/Zoning.aspx](http://www.syr.gov.net/Zoning.aspx)

Office Use \_\_\_\_\_ Filing Date: 9/22/2021 Case: R-21-51 Zoning District: P1D

**REQUESTED** (Check applicable and provide the subdivision name, existing and proposed number of lots, and total area.)

	<u>Subdivision Name</u>	<u>Number of Lots</u>	<u>Total Area</u>
<input checked="" type="checkbox"/> Resubdivision:	<u>New Lot 7K of City Block 274A</u>	<u>2 lots combined</u>	<u>0.948 Acres</u>
<input type="checkbox"/> Lot Alteration:	_____	_____	<u>41,295 SF</u>

<u>TAX ASSESSMENT ADDRESS(ES)</u>	<u>TAX MAP ID(S)</u> (000.-00-00.0)	<u>OWNER(S)</u>	<u>DATE ACQUIRED</u>
1) <u>609-21 North Townsend St.</u>	<u>TM 17-11-06.3</u>	<u>St. Joseph's Health</u>	<u>NA</u>
2) <u>103 UNION AVE REAR</u>	<u>017-11-06.3</u>	<u>Center Properties, Inc</u>	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

As listed in the Department of Assessment property tax records at <http://syr.gov.net/Assessment.aspx> - 315-448-8280.

**COMPANION ZONING APPLICATION(S)** (List any related City Zoning applications, if applicable, e.g., Resubdivision, Special Permit, Project Site Review, etc.)

- 1) Project Site Review      2) PID 2021 Update      3) \_\_\_\_\_

**PROJECT CONSTRUCTION** (Check all that apply and briefly describe, as applicable.)

- Demolition (full and partial): Partial demolition of parking garage & Physicians Office Building  
 New Construction: New medical office & renovation for women's health services (infill)  
 Facade (Exterior) Alterations: New facade treatment on all four sides of the renovated building  
 Site Changes: New vehicle drop-off loop, parking and curb cut on Townsend St.

**PROJECT INFORMATION** (Briefly describe, as applicable.)

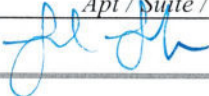
<u>Project Name:</u>	<u>SJHHC - New Women's Services Building</u>
<u>Current Land Use(s):</u>	<u>Medical office facilities and parking garage, (garage not in use)</u>
<u>Proposed Land Use(s):</u>	<u>Medical and physicians office for Women's health</u>
<u>Number of Dwelling Units:</u>	<u>39,000 SF expanded to 125,000 SF medical office, (no garage)</u>
<u>Days and Hours of Operation:</u>	<u>24/7/365</u>
<u>Number of Onsite Parking Spaces:</u>	<u>11 spaces with drop-off loop for 8 temporary valet spaces</u>

**PROJECT DESCRIPTION** (Provide a brief description of the project, including purpose or need.)

Combine lots 7E & 7F of City Block 274A into new lot 7K. New construction and renovation of the current Physician's Office Building and Parking Garage. The core and shell of the current facility will be fully renovated, eliminating the parking garage and expanding the Physicians Office Building from 39,400 GSF to 125,000 GSF within the current footprint, over the 7-story structure. The new facility will serve women's health. On-site parking will be limited to 11 spaces, with patient and visitor parking handled by valet to the North Townsend Street Parking Garage. Site improvements include new curbs, sidewalks, landscaping, site lighting, drainage system and dumpster enclosure. Site utilities will tie into Townsend Street. Storm water management will include a sub-surface storage system that detains run-off before it is discharged to the municipal system.

**PROPERTY OWNER(S)** (required)

As listed in Department of Assessment property tax records (<http://syrgov.net/Assessment.aspx> - 315-448-8280). If not listed as the owner, please provide proof of ownership, e.g., a copy of the deed. Attorney's signing on behalf of the owner must include a letter describing the legal arrangement. If the property owner is a Corporation or Organization, the person signing must provide member verification. **Contract purchasers, tenants, architects, engineers, contractors, etc. CANNOT sign on behalf of the owner.**

Leslie Paul	Luke	Pres. / CEO	St. Joseph's Health Center Properties, Inc.		
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
301 Prospect Ave.		Syracuse	NY	13203	Phone: 315-448-5737
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature: 		Date:			

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
<i>Street Address</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Phone:</i>
<i>Apt / Suite / Other</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature:		Date:			

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
<i>Street Address</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Phone:</i>
<i>Apt / Suite / Other</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature:		Date:			

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
<i>Street Address</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Phone:</i>
<i>Apt / Suite / Other</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature:		Date:			

**\* OWNER SIGNATURE DECLARATION**

I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct. I also understand that any false statements and/or attachments presented knowingly in connection with this application will be considered null and void.

**APPLICANT(S)** (if applicable)

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
<i>Street Address</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Phone:</i>
<i>Apt / Suite / Other</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
<i>Street Address</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Phone:</i>
<i>Apt / Suite / Other</i>		<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>

**REPRESENTATIVE(S)/CONTACT(S)** (if applicable)

Kevin M.	Gilligan	Attorney	Costello Cooney & Fearon, PLLC		
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
211 West Jefferson St.		Syracuse	NY	13202	Phone: 315-491-9039
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i> kmg@ccf-law.com

Vincent P.	Pietrzak	Landscape Arch.	Appel Osborne Landscape Architecture, LLP		
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
102 W. Division St.	Suite 100	Syracuse	NY	13204	Phone: 315-476-1022
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i> vpietrzak@appelosborne.com

**Resubdivision / Lot Alteration / Three Mile Limit**

**APPLICATION PROCEDURES**

Resubdivision and Three Mile Limit applications require a public hearing with the City Planning Commission at a regularly scheduled meeting, which are held every three weeks on Monday's at 6:00 p.m. in the Common Council Chambers on the third floor of City Hall, unless otherwise noted. The annual meeting scheduled is posted at [http://www.syr.gov.net/Planning\\_Commission.aspx](http://www.syr.gov.net/Planning_Commission.aspx).

Minor Lot Alterations can be reviewed and approved administratively by the Zoning Administrator, and do not require a public hearing and/or review with the City Planning Commission, but otherwise go through the same processes.

An application will not be considered complete or ready for a public hearing until all required submittals have been received and have been through a preliminary review by Zoning Office staff, including an evaluation of the application under the New York State Environmental Quality Review Act (SEQR).

Applications are referred (forwarded) to the County Health Department, the Onondaga County Planning Board, the Syracuse-Onondaga County Planning Agency Address Administration, and City Departments of Public Works, Engineering, Water, and Assessment for review and comment, and to assist with coordinating any requirements. Resubdivision / Lot Alteration applications involving historic properties will also be referred to the Syracuse Landmark Preservation Board for review and comment.

Applicants will be required to address any comments, often through the modification of the plans, which must be resubmitted to the Zoning Office. This review process can be iterative in nature and may require additional review time if the application is complex, or is involved with a companion application.

Once an application is complete and reviewed, Resubdivisions, which require a public hearing, are placed on the next available City Planning Commission meeting agenda to be authorized for a public hearing to be held at the following regularly scheduled meeting. Following the public hearing authorization, and at least ten (10) days prior to the public hearing date, a "Public Notice" will be published in Syracuse Post Standard as well as mailed to: the applicant and applicant's representative (if applicable); surrounding property owners within at least a 200 foot radius from the applicant's property; and to other City departments and neighborhood organizations. The application and its contents will then be available for inspection at the Syracuse Office of Zoning Administration and [http://www.syr.gov.net/Planning\\_Commission.aspx](http://www.syr.gov.net/Planning_Commission.aspx).

The applicant or their representative must attend the public hearing to present the application to the City Planning Commission. A decision will typically be rendered on the same day as the public hearing, but occasionally public hearings will be held open to the next meeting pending additional information and/or further consideration. Once a decision is made by the City Planning Commission, or Zoning Administrator, the final resolution / decision will be mailed to the applicant and their representative.

**Within 62 DAYS of approval, applicants are responsible for getting a FINAL RESUBDIVISION / LOT ALTERATION / THREE MILE LIMIT MAP SIGNED and FILED with the ONONDAGA COUNTY CLERK per the attached MAP FILING PROCEDURES.**

**MAPS ARE NOT FINAL UNTIL THEY ARE SIGNED (ENDORSED) AND FILED WITH THE ONONDAGA COUNTY CLERK.**

APPLICANTS PLEASE NOTE: Approval of your application by the City Planning Commission does not relieve you or your agent from compliance with any other regulatory or licensing provisions additionally required by other Federal, State, County, or City authorities. You are still required to pursue and obtain all applicable permits, such as building permits from the Division of Code Enforcement.

**Resubdivision / Lot Alteration Application**  
**INSTRUCTIONS AND REQUIRED SUBMITTALS**

**Incomplete applications will not be processed.**

Applications together with the required submittals listed below must be submitted in **HARD COPY, SINGLE-SIDE** and **NOT BOUND**, to the City of Syracuse Office of Zoning Administration, City Hall Commons – Room 500, 201 East Washington St., Syracuse, NY 13202. E-mailed submissions will not be processed.

Please submit **ONE (1) COPY** of the following:

- APPLICATION** – filled out completely, dated, and **signed by property owner as instructed.**
- STATE ENVIRONMENTAL QUALITY REVIEW ACT (SEQR) Short Environmental Assessment Form (SEAF) - Part One** - filled out to the best of your ability, dated, and signed by preparer..
- APPLICATION FEE** – \$0.

Please submit **FIVE (5) FULL-SIZE AND TO-SCALE paper maps for review purposes, and ONE (1) REDUCED (11X17" or smaller) paper map for copying, of the following:**

- RESUBDIVISION/LOT ALTERATION MAP** (per the Syracuse-Onondaga County Guide 11-17-2011)
  - No larger than 36"x 44"
  - Five Signature Blocks (County Health Department, and City Planning Commission, Assessment, Finance, Engineering)
  - Tract name (cannot be Farm Lot or Military Lot)
  - Farm/Military Lot and/or block numbers
  - Municipality
  - Address (to be verified by Syracuse-Onondaga County Planning Agency Address Administration Certification)
  - Scale, Date, North arrow
  - Certificate of Licensed Land Surveyor: "We (or I) hereby certify that this is an accurate subdivision plat prepared by us (or me) on (date). This subdivision plat meets the current standards stated in the NYSAPLS Code of Practice for Land Surveys pertaining to All Boundary/Title Surveys. The subdivision boundary closure is (boundary closure precision). This map is not valid without the original seal of the surveyor."
  - Each new lot will have a definite designation number or letter per the new map.
  - Each amended lot will have a definite designation per the new map to avoid confusion with the original lot designation as shown on a previous subdivision map (e.g. Lot 10 becomes Lot 10A).
  - Existing parcels or lots to be added to or subtracted from will have a definite designation per the new map depicting all necessary conveyances.
  - Each line or curve of all new or amended lots must clearly show all necessary geometry.
  - Shorelines will have a tie line with geometry for closure.
  - The map shall have absolutely no disclaimers preventing the use of said map as a legal descriptor for any new or amended lot or lots shown.
  - All amended maps or resubdivision maps must recite which existing map # they are amending & clearly describe which lots or areas are being amended & why.
- AS BUILT PROPERTY SURVEY(S)** of all involved properties illustrating boundaries, easements, and current conditions including structures, fencing, parking surface, and retaining walls if not illustrated on the Resubdivision or Lot Alteration Map (**signed and stamped by a licensed surveyor**).
- SITE PLAN(S)** illustrating site alterations and post project conditions that are/will be different from the As Built Property Survey or Resubdivision / Lot Alteration Map:
  1. **Zoning Schedule** (density, setbacks, structure / parking surface coverage, screening, onsite parking, etc.)
  2. **demolitions** and **post demolition** conditions
  3. **structures, facilities, utilities** and **drainage**
  4. **parking areas** including surface type, dimensioned spaces, number of spaces, traffic patterns, and coverage
  5. **loading** dock and delivery areas
  6. **dumpsters** and/or trash receptacles
  7. **landscaping** including type, height, and number of plantings
  8. **screening/fencing** including type and height for parking, dumpsters, and site
  9. **lighting** including structure heights and luminaries wattage
  10. **ground signs**
  11. **STREET rights-of-way** conditions, existing and proposed, including curb cuts, driveways, sidewalks, and plantings
  12. **ENROACHMENTS**, existing or proposed, into the City rights-of-way including stairs, signs, and awning

**Resubdivision / Lot Alteration  
MAP FILING PROCEDURES**

Within 62 days ( ) of City Planning Commission approval, the **APPLICANT** must get the **Resubdivision / Lot Alteration Map SIGNED** by five endorsers, **FILE** the map, together with the **ORIGINAL** Syracuse-Onondaga County Planning Agency **LETTER OF COMPLIANCE**, with the **ONONDAGA COUNTY CLERK**, and then **REPORT** the **ONONDAGA COUNTY CLERK FILING DATE** and **NUMBER** to the Zoning Office, as follows.

**OBTAIN PRINTED MAPS FROM THE SURVEYOR**

- ONE (1) FULL-SIZE and TO-SCALE Resubdivision/Lot Alteration FILING MAP printed in blank ink on linen, cloth-backed paper, or Mylar material.
- FIVE (5) FULL-SIZE and TO-SCALE Resubdivision/Lot Alteration PAPER MAPS.

**OBTAIN REQUIRED MAP SIGNATURES (ENDORSEMENTS)**

**1. City Planning Commission / Syracuse Zoning Office – 315-448-8640**

Syracuse Zoning Office, City Commons, 201 E Washington St, Room 500, Syracuse, NY 13202

- Contact the Syracuse Zoning Office to make an appointment.
- Bring the FILING MAP and five PAPER MAPS to the appointment.
- The Zoning Office reviews and signs the FILING MAP if everything is in order.
- At the same appointment the Zoning Office returns the signed FILING MAP to the applicant together with an **ORIGINAL LETTER OF COMPLIANCE** from the Syracuse-Onondaga County Planning Agency that **MUST BE FILED WITH THE ONONDAGA COUNTY CLERK**. Keep this letter in a safe place.
- The Zoning Office will keep the five PAPER MAPS.

**2. Onondaga County Bureau of Public Health Engineering (sewer and water) – 315-435-6600**

Onondaga County Health Department, John H. Mulroy Civic Center, 12th Floor, Syracuse, NY 13202

- Contact the Onondaga County Division of Health to make an appointment.
- Bring the FILING MAP to the appointment.
- Public Health reviews and signs the FILING MAP if everything is in order.
- The signed FILING MAP will be returned to the applicant at the same appointment.

**Syracuse City Hall**

233 East Washington St, Syracuse, NY 13202

**3. Department of Assessment (ownership, boundaries, street access) – 315-448-8280 – Room 130**

- No appointment necessary.
- Leave the FILING MAP together with your CONTACT INFORMATION.
- Assessment reviews and signs the FILING MAP if everything is in order.
- Assessment forwards the signed FILING MAP to the Department of Finance.

**4. Department of Finance (unpaid taxes and fees) – 315-448-8424 – Room 128**

- Finance receives the FILING MAP.
- Finance reviews and then signs the FILING MAP if everything is in order.
- Finance forwards the FILING MAP to Engineering.

**5. Department of Engineering (bearings, utilities, easements, etc.) – 315-448-8424 – Room 401**

- Engineering receives the FILING MAP.
- Engineering reviews and signs the FILING MAP if everything is in order.
- **Engineering contacts applicant to make arrangements to pick up the signed FILING MAP.**

**FILE RESUBDIVISION / LOT ALTERATION MAP**

**1. Onondaga County Clerk (resubdivision filing) – 315-435-2226**

Onondaga County Court House, 401 Montgomery St, Room 200, Syracuse, NY 13202

- The signed **FILING MAP** together with the **ORIGINAL LETTER OF COMPLIANCE** provided by the **Zoning Office** must be **FILED** with the **ONONDAGA COUNTY CLERK** (\$10.00 fee).
- The Clerk will provide a **FILING DATE** ( ) and **NUMBER** ( ).

**2. City Planning Commission / Syracuse Zoning Office – 315-448-8640 / Zoning@syr.gov.net**

Syracuse **Zoning Office**, City Commons, 201 E Washington St, Room 500, Syracuse, NY 13202

- Call or email the Syracuse Zoning Office and provide the **ONONDAGA COUNTY CLERK FILING DATE** and **NUMBER**.
- The Zoning Office will forward one of the five PAPER MAPS, together with the **FILING DATE** and **NUMBER**, to each endorser for their records.

**617.20**  
**Appendix B**  
**Short Environmental Assessment Form**

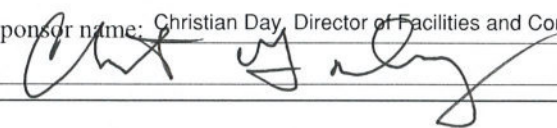
**Instructions for Completing**

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>			
St. Joseph's Health Center Properties, Inc. - 301 Prospect Ave. Syracuse, NY 13203			
Name of Action or Project: New Women's Services Building - Resubdivision			
Project Location (describe, and attach a location map): 609-621 North Townsend Street, Syracuse NY 13203			
Brief Description of Proposed Action: Re-subdivision to combine Lots 7E & 7F of City Block 274A to create New Lot 7K  New construction and renovation of the current Physician's Office Building and Parking Garage. The core and shell of the current facility will be fully renovated, eliminating the parking garage and expanding the Physicians Office Building from 39,400 GSF to 125,000 GSF within the current footprint, over the 7-story structure.			
Name of Applicant or Sponsor: St. Joseph's Hospital Health Center Property, Inc. (Christian Day - Facilities Manager)		Telephone: 315-448-5737 E-Mail: Christian.Day@sjhsyr.org	
Address: 301 Prospect Ave.			
City/PO: Syracuse		State: New York	Zip Code: 13203
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: Site Plan Approval - City of Syracuse/ Zoning Administration, Approval of Re-subdivision Plat - City of Syr. & Onondaga Co. PID Update - City of Syracuse/ Zoning Administration			NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		0.948 acres	
b. Total acreage to be physically disturbed?		1.08 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		20.65 acres (Area of the 2021 PID)	
4. Check all land uses that occur on, adjoining and near the proposed action. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other (specify): <u>Apartment complex/ residential</u> <input type="checkbox"/> Parkland			



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: Sub-surface storm water storage system will detain run-off during a storm event. Approximately 2,200 CF.	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: Christian Day, Director of Facilities and Construction		Date: 9/17/2021
Signature: 		

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2.** Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>



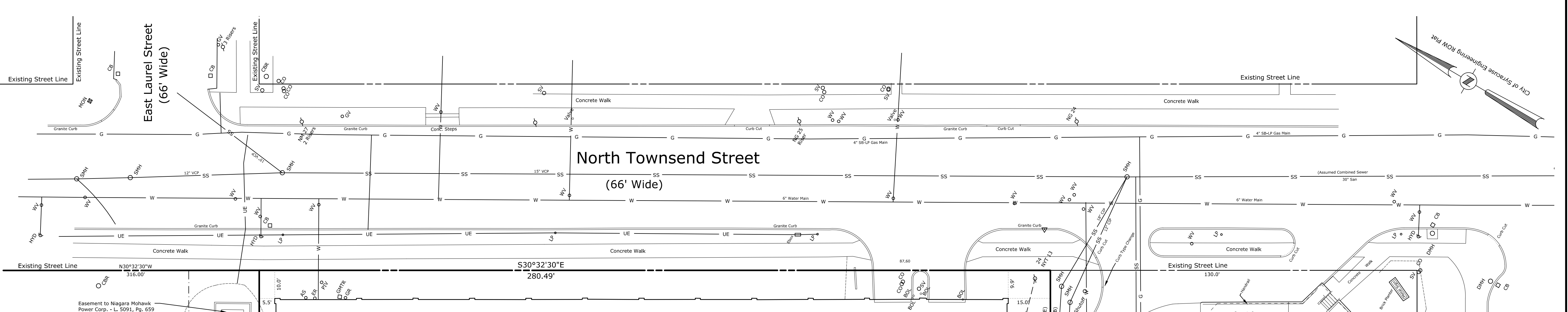
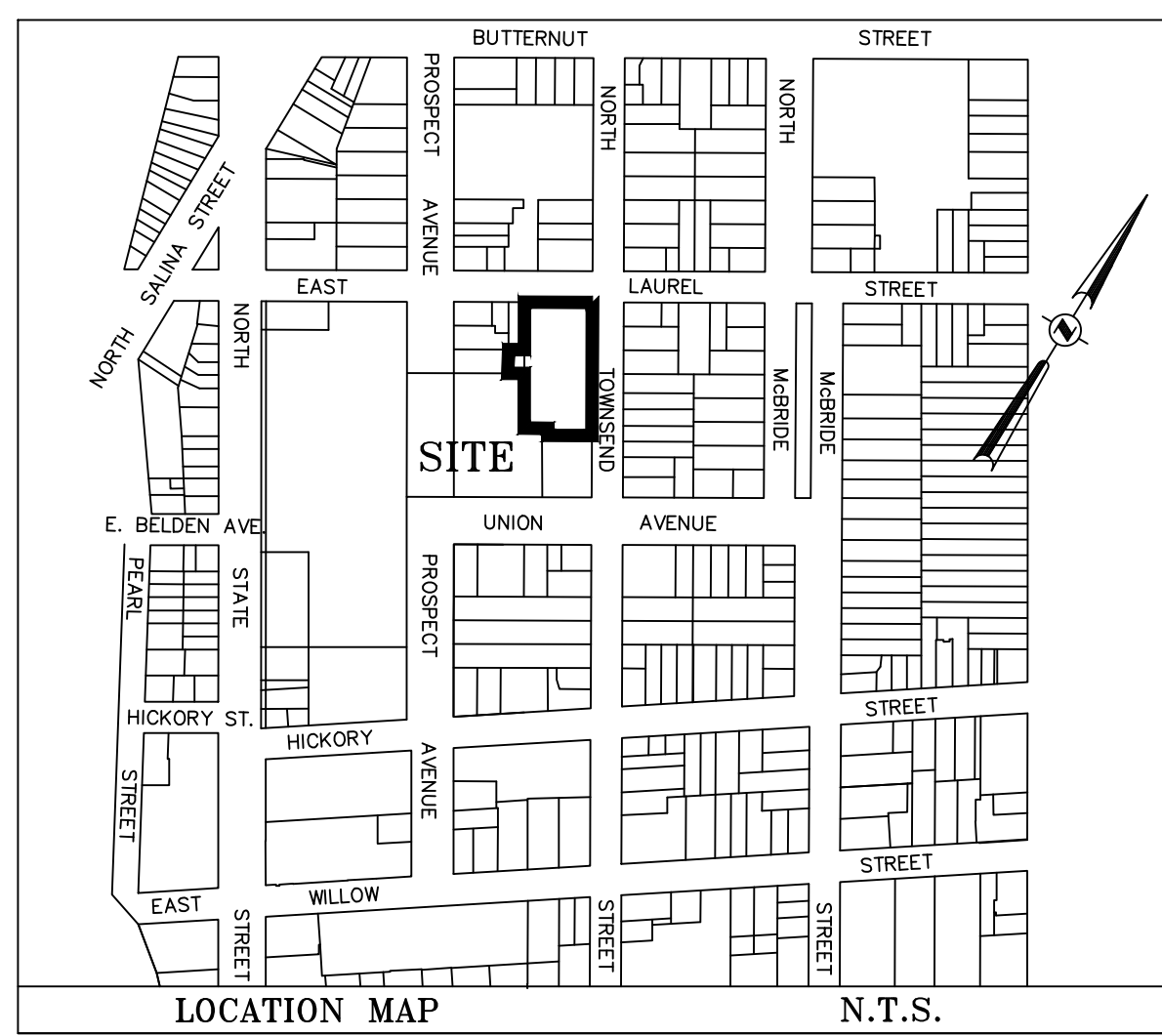
	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

**PRINT**

**RESET**



- MAP NOTES**
- 1.) NORTH ORIENTATION BASED ON CITY OF SYRACUSE ENGINEERING ROW PLATS.
  - 2.) VERTICAL DATUM BASED ON CITY OF SYRACUSE DATUM.
  - 3.) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF AN ABSTRACT OR UP TO DATE TITLE REPORT AND IS THEREFORE SUBJECT TO ANY EASEMENTS, RESTRICTIONS, COVENANTS OR ANY STATEMENT OF FACTS THAT SUCH DOCUMENTS MAY DISCLOSE.
  - 4.) UNDERGROUND FACILITIES, STRUCTURES AND UTILITIES HAVE BEEN PLOTTED FROM DATA OBTAINED BY FIELD SURVEY, PREVIOUS MAPS AND RECORDS, (AND PAROLE TESTIMONY). THEREFORE THEIR LOCATIONS MUST BE CONSIDERED APPROXIMATE ONLY. THERE MAY BE OTHER UNDERGROUND UTILITIES, THE EXISTENCE OF WHICH ARE NOT KNOWN TO THE UNDERSIGNED. SIZE AND LOCATION OF ALL UNDERGROUND UTILITIES AND STRUCTURES MUST BE VERIFIED BY THE APPROPRIATE AUTHORITIES PRIOR TO ANY CONSTRUCTION.
  - 5.) FIELD WORK PERFORMED ON MAY 1, 4 & 20 2020.

- MAP REFERENCES**
- 1.) RESUBDIVISION MAP INTO LOTS 7D, 7E, 7F & 7G - FILED MAP #8319.
  - 2.) ST. JOSEPH'S HEALTH CENTER SUBDIVISION INTO LOT 7J - FILED MAP #11026.
  - 3.) RESUBDIVISION OF LOT 16 PROSPECT HILL PROPERTY - FILED MAP #6708.
  - 4.) MAP OF PROSPECT HILL PROPERTY BY B.F. GREEN OCT. 1856 - FILED MAP #73.

Easement to Niagara Mohawk Power Corp. - L. 5091, Pg. 659

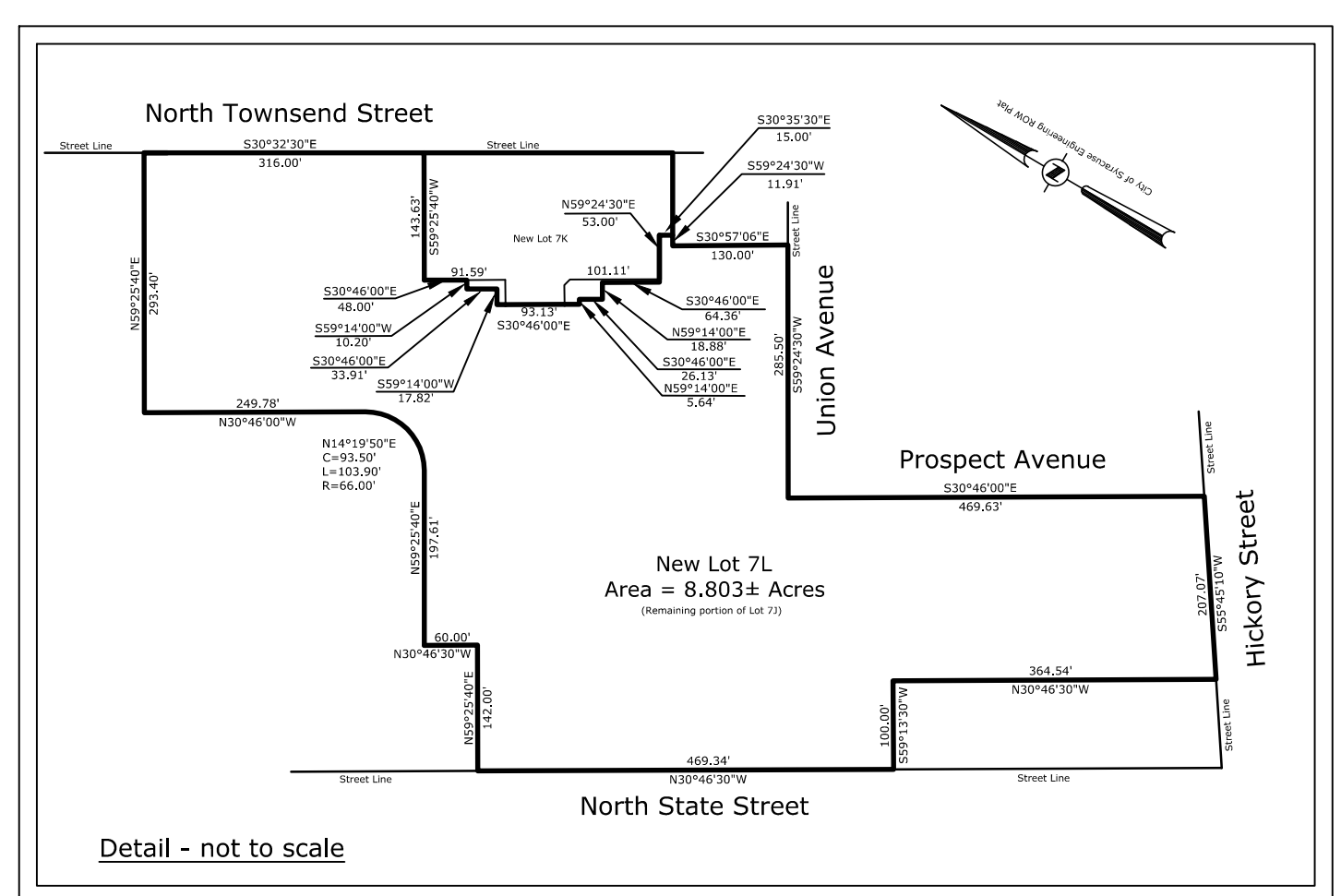
Easement Modification Agreement - L. 5091, Pg. 664

R.O. - St. Joseph's Health Center Properties, Inc. (Multiple Deeds) TM 17-11-01.4 (301 Prospect Avenue)

**New Lot 7K**  
Area = 0.991± Acres

(Lot 7E)  
R.O. - St. Joseph's Health Center Properties, Inc. D.B. 4876, Pg. 17 TM 17-11-06.3 (609-21 North Townsend Street) Area = 0.888± Acres

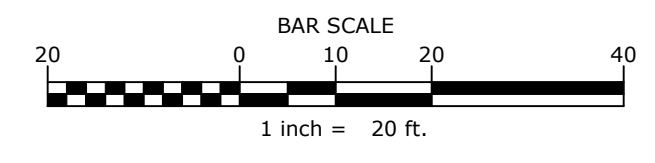
R.O. - St. Joseph's Health Center Properties, Inc. D.B. 3798, Pg. 276 TM 17-11-01.2 (601 North Townsend Street)



**New Lot 7L**  
Area = 8.803± Acres  
(Remaining portion of Lot 7J)  
(See Detail)

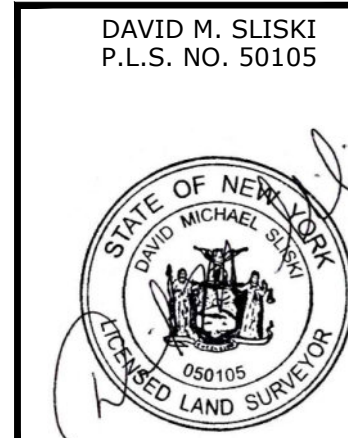
**Legend**

- BOL = BOLLARD
- GP = GATE POST
- SV = SEWER VENT
- CO = CLEANOUT
- SMH = SANITARY MANHOLE
- CRB = ROUND CATCH BASIN
- CB = SQUARE CATCH BASIN
- DMH = STORM MANHOLE
- GMTR = GAS METER
- GR = GAS RISER
- GV = GAS VALVE
- TMH = TELEPHONE MANHOLE
- EMH = ELECTRIC MANHOLE
- TRANS = TRANSFORMER
- EBOX = ELECTRIC BOX
- ER = ELECTRIC RISER
- U = UTILITY POLE
- GW = GUY WIRE
- LP = LIGHT POLE
- WV = WATER VALVE
- HYD = HYDRANT
- PIV = POST INDICATOR VALVE
- AS = AUTO SPRINKLER
- MON = CONCRETE MONUMENT
- G = GAS LINE
- ST = STORM SEWER LINE
- SS = SANITARY SEWER LINE
- W = WATER LINE



I HEREBY CERTIFY THAT THIS IS AN ACCURATE SUBDIVISION PLAT PREPARED BY US ON SEPTEMBER 16, 2021. THIS SUBDIVISION PLAT MEETS THE CURRENT STANDARDS STATED IN THE NYS/APS CODE OF PRACTICE FOR LAND SURVEYS PERTAINING TO BOUNDARY SURVEYS. THE SUBDIVISION BOUNDARY CLOSURE IS GREATER 1:10,000. THIS MAP IS NOT VALID WITHOUT THE ORIGINAL SEAL OF THE SURVEYOR.

*David M. Sliski*  
Nov. 05, 2021  
DAVID M. SLISKI PLS # 50105 DATE



DATE	REVISIONS RECORD/DESCRIPTION	DRAFTER	CHECK	APPR.
11/03/21	Revise southwest lines of Lot K	dms	dms	dms
11/05/21	Darken add't lines on Detail	dms	dms	dms

**RESUBDIVISION PLAT**  
TO COMBINE LOTS 7E & 7F AND PORTIONS OF LOT 7J OF CITY BLOCK 274A INTO  
**NEW LOTS 7K & 7L OF CITY BLOCK 274A**  
609-621 NORTH TOWNSEND STREET & 103 UNION AVENUE REAR

LOT 7E, 7F & 7J OF CITY BLOCK 274A

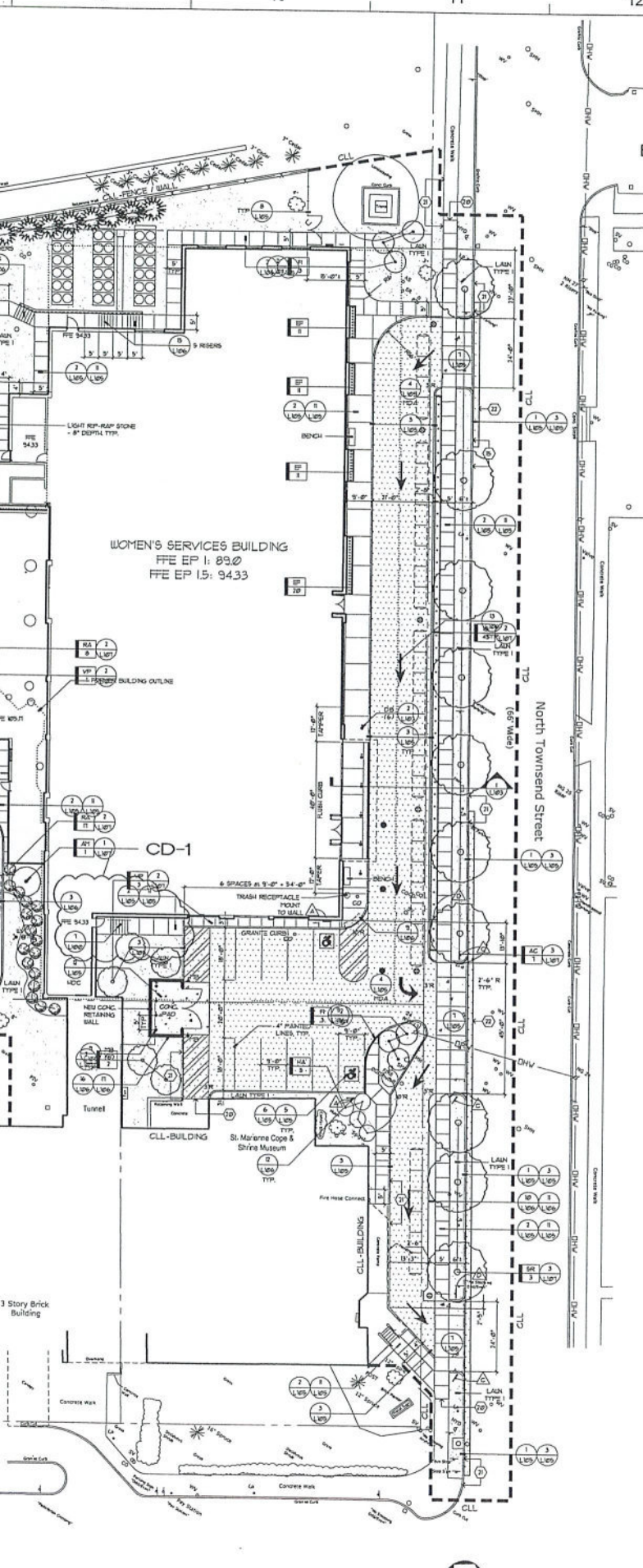
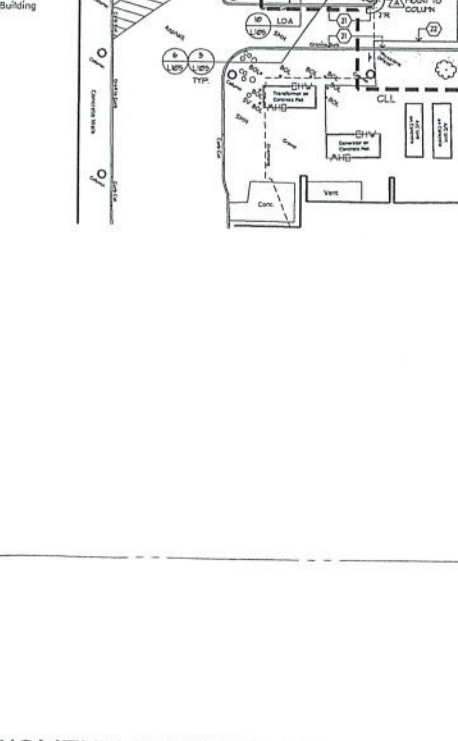
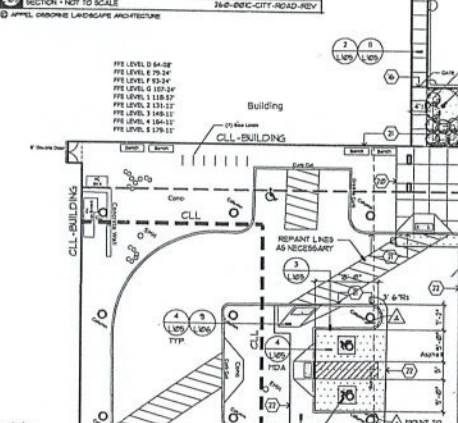
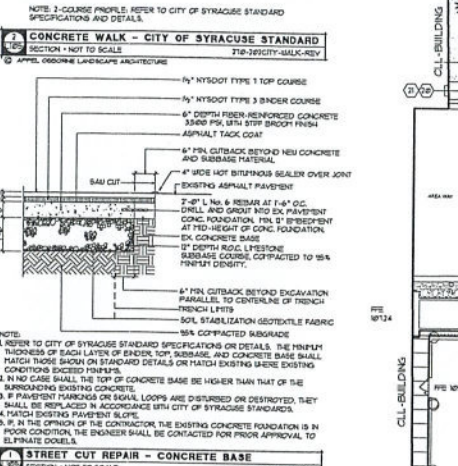
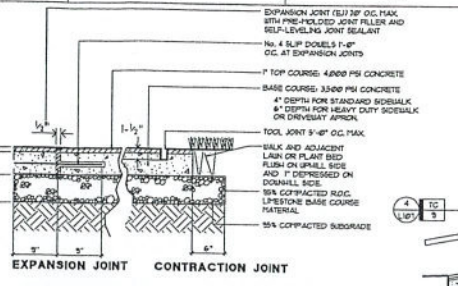
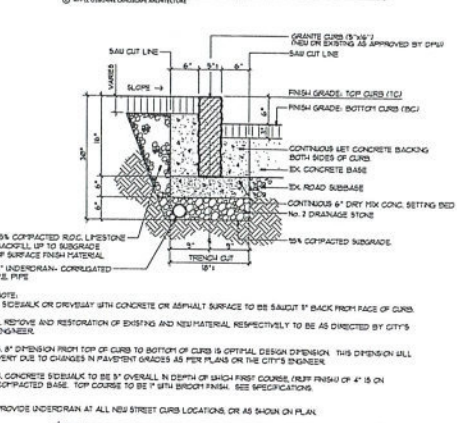
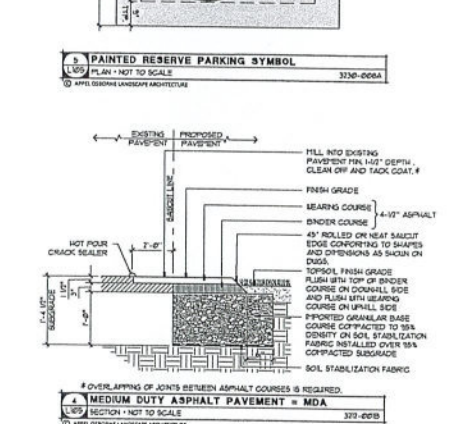
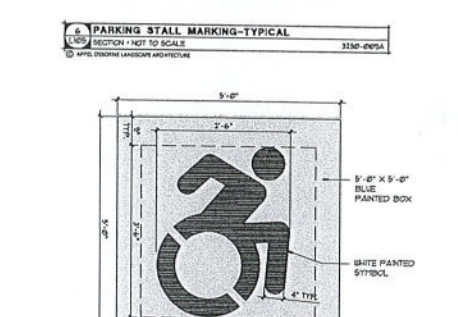
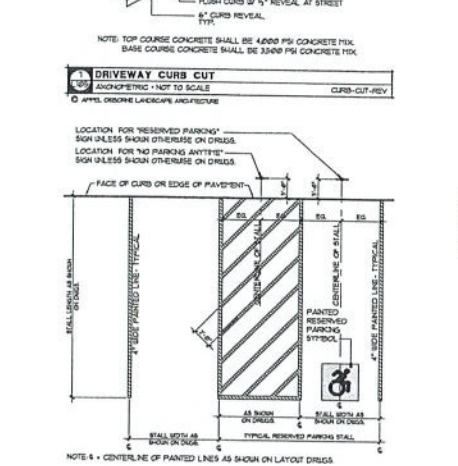
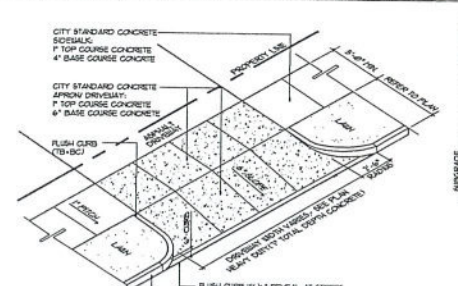
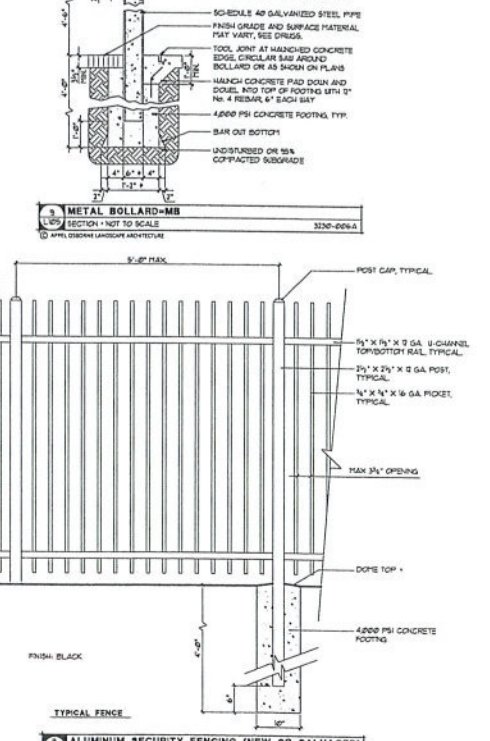
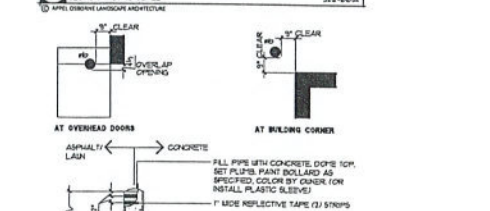
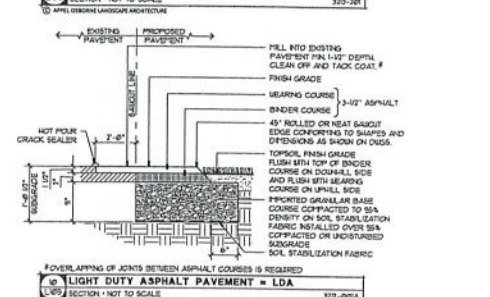
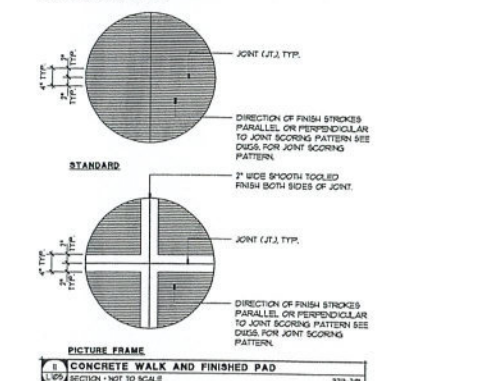
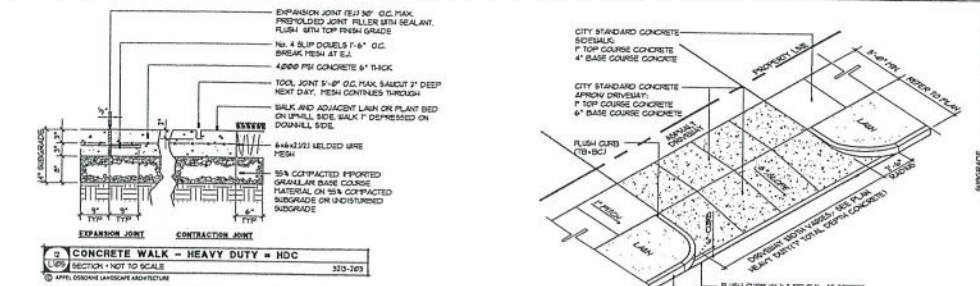
CITY OF SYRACUSE ONONDAGA COUNTY, NEW YORK

**C.T. MALE ASSOCIATES**  
Engineering, Surveying, Architecture, Landscape Architecture & Geology, D.P.C.  
50 CENTURY HILL DRIVE, LATHAM, NY 12110 PH 518-786-7400  
COBLESKILL, NY • GLENS FALLS, NY • POUGHKEEPSIE, NY  
JOHNSTOWN, NY • RED HOOK, NY • SYRACUSE, NY  
www.ctmale.com

UNAUTHORIZED ALTERATION OR ADDITION TO THIS DOCUMENT IS A VIOLATION OF THE NEW YORK STATE EDUCATION LAW.  
© 2021 C.T. MALE ASSOCIATES  
APPROVED:  
DRAFTED : DMS  
CHECKED : DMS  
PROJ. NO : 20.0283  
SCALE : 1" = 20 FT.  
DATE : SEPT. 16, 2021

SHEET 1 OF 1  
DWG. NO: 21-0564

1 2 3 4 5 6 7 8 9 10 11 12



Architecture  
Planning  
Interior Design  
619 West State Street  
Rochester, New York 14650  
132 E. Jefferson Street  
Syracuse, New York 13202  
p 507 273 7800 www.holt.com



appel  
osborne  
landscape  
architecture  
101 UNION AVENUE, SYRACUSE, NY 13203  
TEL: 315.487.1100 FAX: 315.487.1101

REVISION SCHEDULE	
DATE	SCHEDULE
August 31, 2021	CD-1

DESIGN DEVELOPMENT SUBMISSION  
**WOMEN'S SERVICES BUILDING - CORE AND SHELL**  
ST. JOSEPH'S HEALTH  
101 UNION AVENUE, SYRACUSE, NEW YORK 13203

DATE:	08/31/2021
PROJECT:	19043
OTHER:	
DRAWN BY:	JCK

LAYOUT PLAN

L105