

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 * www.syr.gov.net/Zoning.aspx

Office Use Filing Date: Case: Zoning District:

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

	Subdivision Name	Number of Lots	Total Area
<input checked="" type="checkbox"/> Resubdivision:	121-123 STINARD AVENUE	2	
<input type="checkbox"/> Lot Alteration:			

TAX ASSESSMENT ADDRESS(ES)	TAX MAP ID(S) (000.-00-00.0)	OWNER(S)	DATE ACQUIRED
1) 121 STINARD AVENUE		GABRIEL + CYNTHIA FREEMAN	7/2016
2) 123 STINARD AVENUE			7/2020
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) Resubdivision 2) _____ 3) _____

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

Demolition (full and partial): _____
 New Construction: _____
 Façade (Exterior) Alterations: _____
 Site Changes: _____

N/A

PROJECT INFORMATION (Briefly describe, as applicable.)

Project Name: _____
Current Land Use(s): _____
Proposed Land Use(s): _____
Number of Dwelling Units: _____
Days and Hours of Operation: _____
Number of Onsite Parking Spaces: _____

N/A

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

Resubdivision of 121-123 Stinard Avenue

City of Syracuse Office of Zoning Administration

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.**

Cynthia Freeman

First Name	Last Name	Title	Company	Phone:
123 Stnard Avenue	Syracuse	NY	13207	315-925-1952
Street Address	Apt / Suite / Other	City	St Zip	Email:
* Signature: <i>Cynthia Freeman</i>				Date: 3-30-21

Gabriel Freeman

First Name	Last Name	Title	Company	Phone:
123 Stnard Avenue	Syracuse	NY	13207	315-925-1947
Street Address	Apt / Suite / Other	City	St Zip	Email:
* Signature: <i>Gabriel Freeman</i>				Date: 3-30-21

~~Empty form section~~

~~Empty form section~~

*** 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)

Cynthia Freeman

First Name	Last Name	Title	Company	Phone:
123 Stnard Ave	Syr.	NY	13207	315-925-1952
Street Address	Apt / Suite / Other	City	St Zip	Email:
* Signature: <i>Cynthia Freeman</i>				Date:

Gabriel Freeman

First Name	Last Name	Title	Company	Phone:
123 Stnard Ave	Syr.	NY	13207	315-925-1947
Street Address	Apt / Suite / Other	City	St Zip	Email:
* Signature: <i>Gabriel Freeman</i>				Date:

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

~~Empty form section~~

Short Environmental Assessment Form

Part 1 - Project Information

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.

Part 1 – Project and Sponsor Information			
Name of Action or Project: <p style="text-align: center; font-size: 1.2em;">Resubdivision</p>			
Project Location (describe, and attach a location map): <p style="text-align: center; font-size: 1.2em;">121-123 Stinard Avenue</p>			
Brief Description of Proposed Action: <p style="text-align: center; font-size: 1.2em;">Resubdivision of 121-123 Stinard Avenue Syracuse, NY 13207</p>			
Name of Applicant or Sponsor: Gabriel Freeman Cynthia Freeman		Telephone: 315-925-1947 / 315-925-1952 E-Mail: Gifree79@yahoo.com clfree16@yahoo.com	
Address: 123 Stinard Avenue			
City/PO: Syracuse		State: NY	Zip Code: 13207
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 checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			NO <input checked="" type="checkbox"/>
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: <u>N/A</u> _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

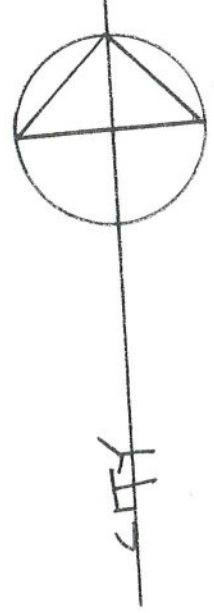
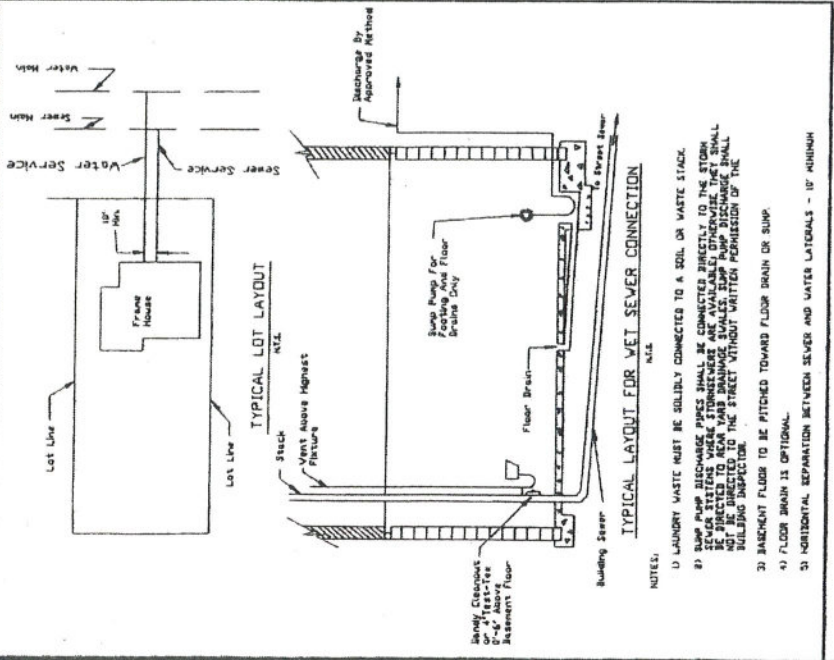
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline	<input type="checkbox"/> Forest	<input type="checkbox"/> Agricultural/grasslands
<input type="checkbox"/> Wetland	<input checked="" type="checkbox"/> Urban	<input type="checkbox"/> Suburban
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO <input checked="" type="checkbox"/>	YES <input 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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>

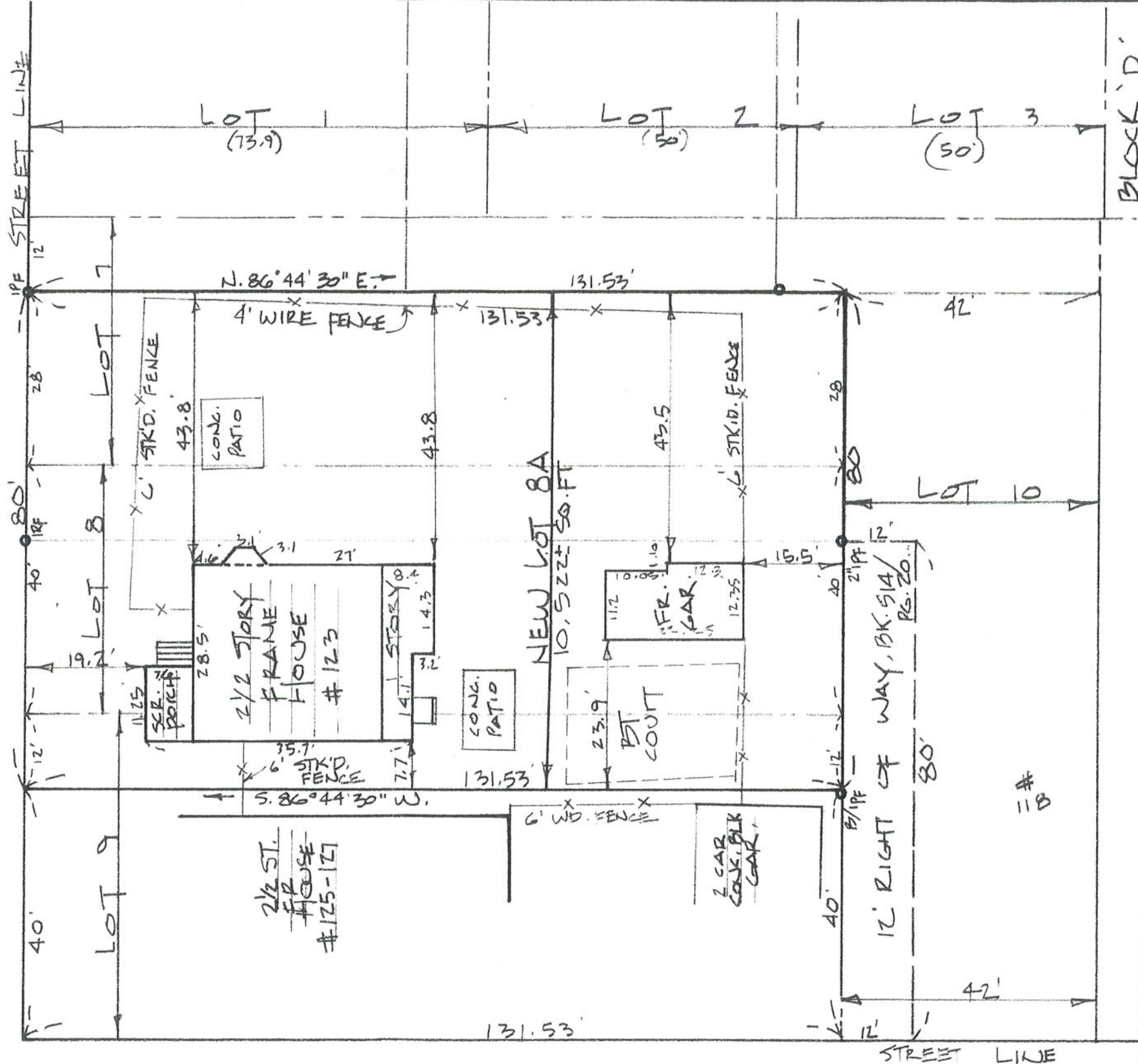
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Cynthia Freeman Gabriel Freeman</u> Date: <u>3-11-21</u>		
Signature: <u>Cynthia Freeman</u> Title: _____		



STINARD AVENUE

N. 3° 11' 50" E → 66' OPEN



Resubdivision of Lot 8 and part of Lots 7 & 9, Block 'D' of the Bellevue Heights, Am'd Tract into New Lot 8A, City of Syracuse, County of Onondaga, State of New York. Known as #123 Stinard Avenue.

THE UNDERSIGNED SURVEYOR HEREBY CERTIFIES THAT THIS IS AN ACCURATE MAP OF AN ACTUAL SURVEY

MARTIN E. DAVIS

LICENSED LAND SURVEYOR SYRACUSE, NEW YORK

DRAWN BY:	MD
DATE:	08/29/20
SCALE:	1" = 20'
REVISIONS:	