

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.net](mailto:zoning@syr.gov) * www.syr.gov.net/Zoning.aspx

Office Use Filing Date: 8/5/21 Case: R-21-45 Zoning District: oA

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>Bishop Rehab and Nursing Center</u>	<u>3 ex. into 1</u>	<u>5.5</u>
<input type="checkbox"/> Lot Alteration:			

<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>906 James Street</u>	<u>018.-02-07.0</u>	<u>Clinton Square Realty, LLC</u>	<u>12/15/2017</u>
2) <u>918 James Street</u>	<u>018.-02-08.0</u>	<u>Clinton Square Realty, LLC</u>	<u>12/15/2017</u>
3) <u>317 Green Street</u>	<u>018.-02-24.0</u>	<u>Clinton Square Realty, LLC</u>	<u>12/15/2017</u>
4) <u>311 Green Street</u>	<u>018.-02-25.1</u>	<u>Triana Acquisitions LLC</u>	<u>10/25/2012</u>

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) Special Permit 2) _____ 3) _____

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

- Demolition (full and partial): _____
- New Construction: Oxygen Tank Farm
- Façade (Exterior) Alterations: _____
- Site Changes: Parking

PROJECT INFORMATION (Briefly describe, as applicable.)

Project Name: Bishop Rehab and Nursing Center, 906 James Street
Current Land Use(s): Aged-Home, parking
Proposed Land Use(s): Aged Home, parking
Number of Dwelling Units: _____
Days and Hours of Operation: _____
Number of Onsite Parking Spaces: 208 reduced to 198

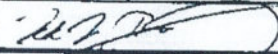
PROJECT DESCRIPTION (Provide a brief description of the project, including purpose or need.)


Add Oxygen Tank Farm, parking modifications, resubdivide three parcels into one parcel and interior renovations.

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.**

Ted	Triana	Owner	Triana Acquisitions LLC		
First Name	Last Name	Title	Company		
311 Green Street		Syracuse	NY	13203	Phone:
Street Address	Apt / Suite / Other	City	St	Zip	Email:
* Signature: 			Date: 6/15/2021		

Edward	Farberblum	Owner	Clinton Square Operations, LLC		
First Name	Last Name	Title	Company		
918 James Street		Syracuse	NY	13203	Phone: 516 350 5551
Street Address	Apt / Suite / Other	City	St	Zip	Email: farberblum@gmail.com
* Signature: 			Date: 7/7/2021		

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

First Name	Last Name	Title	Company		
Street Address		City	St	Zip	Phone:
Apt / Suite / Other		City	St	Zip	Email:
* 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)

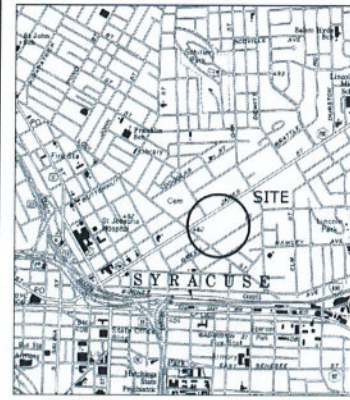
First Name	Last Name	Title	Company		
Street Address		City	St	Zip	Phone:
Apt / Suite / Other		City	St	Zip	Email:

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

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

Ed	Keplinger	RLA/ASLA	Kepliner Freeman Associates		
First Name	Last Name	Title	Company		
6320 Fly Road, Suite 109		East Syracuse	NY	13057	Phone: 315-445-7980
Street Address	Apt / Suite / Other	City	St	Zip	Email: ek@keplingerfreeman.com

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

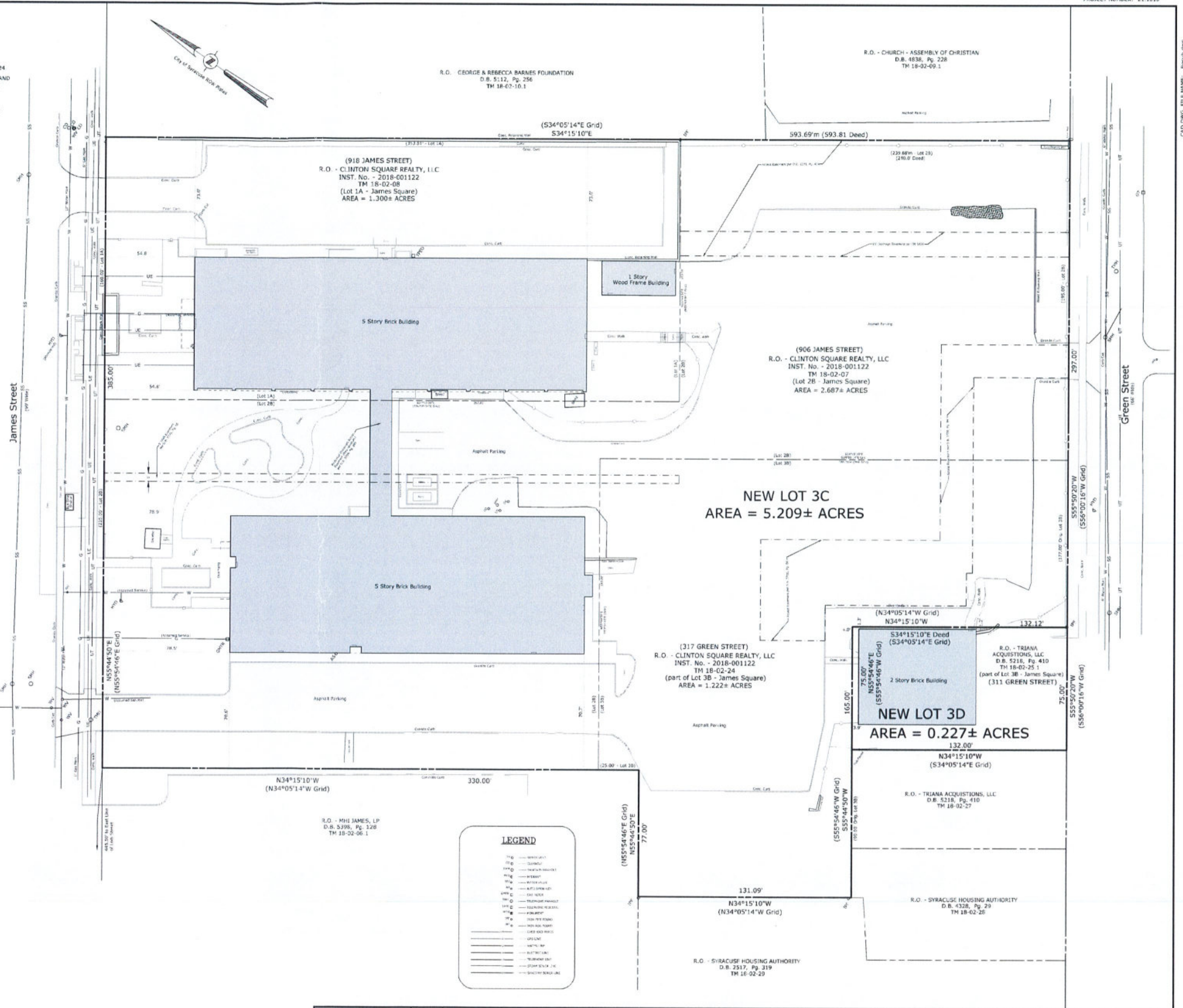


MAP REFERENCES

- 1.) JAMES SQUARE RESUBDIVISION PREPARED BY JACK W. COTTELL, L.S. DATED FEB. 12, 1964 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 6159.
2.) CITY BLOCK RESUBDIVISION BLOCK 400 PREPARED BY R.J. LIGHTON, L.S. DATED DEC. 23, 1981; AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 5995.
3.) FINAL PLAN CARRIAGE HOUSE FOUNDATION SUBDIVISION PREPARED BY EVAN SURVEY DATED APRIL 19, 2004 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 9034.
4.) RESUBDIVISION OF CARRIAGE HOUSE FOUNDATION SUBDIVISION PREPARED BY SEQUIN LAND SURVEYING, P.L.L.C. DATED SEPT. 7, 2010 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 11369.
5.) JAMES SQUARE RESUBDIVISION PREPARED BY JACK W. COTTELL, L.S. DATED MARCH 20, 1981, REVISED APRIL 24, 1981 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 5950.

MAP NOTES

- 1.) NORTH ORIENTATION IS BASED ON CITY OF SYRACUSE ROW PLATS.
2.) VERTICAL DATUM IS BASED ON NAVD 1988 DATUM FROM RTK GPS OBSERVATIONS.
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 JANUARY 14-18, 2021 WITH 2" SNOW COVER.
6.) SUBJECT TO A RIGHT OF WAY FILED AS D.B. 3700, Pg. 84. (Plotted)
7.) SUBJECT TO AN EASEMENT AGREEMENT FILED AS D.B. 2271, Pg. 58. (Plotted)
8.) SUBJECT TO A RELEASE OF RIGHT TO USE FILED AS D.B. 2299, Pg. 319. (No plottable information)
9.) SUBJECT TO AN EASEMENT FILED AS D.B. 2271, Pg. 404. (Plotted)
10.) SUBJECT TO AN EASEMENT AGREEMENT FILED AS D.B. 3256, Pg. 269. (Plotted)
11.) SUBJECT TO AN EASEMENT FILED AS D.B. 2823, Pg. 2. (Generally along southern half of parcel)



I HEREBY CERTIFY THAT THIS SUBDIVISION PLAT WAS PREPARED BY ME AND WAS MADE FROM AN ACTUAL FIELD SURVEY COMPLETED BY US ON FEBRUARY 12, 2021

DAVID M. SLESKI, P.L.S. #50105 MARCH 8, 2021

Table with columns: DATE, REVISIONS RECORD/DESCRIPTION, DRAFTER, CHECK, APPR., UNAUTHORIZED ALTERATION OR ADDITION TO THIS DOCUMENT IS A VIOLATION OF THE NEW YORK STATE EDUCATION LAW. Includes project details: JAMES SQUARE LOTS 1A, 2B & 3B OF CITY BLOCK 400 INTO NEW LOTS 3C & 3D OF CITY BLOCK 400. 906 & 916 JAMES STREET and 311 & 317 GREEN STREET. CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK. C.T. MALE ASSOCIATES Engineering, Surveying, Architecture, Landscape Architecture & Geology, D.P.C. SHEET 1 OF 2 DWG. NO: 21-0180

CAD DWG FILE NAME: C:\Users\dave\Documents\21010\21010.dwg

CAD DWG FILE NAME: 21010.dwg

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

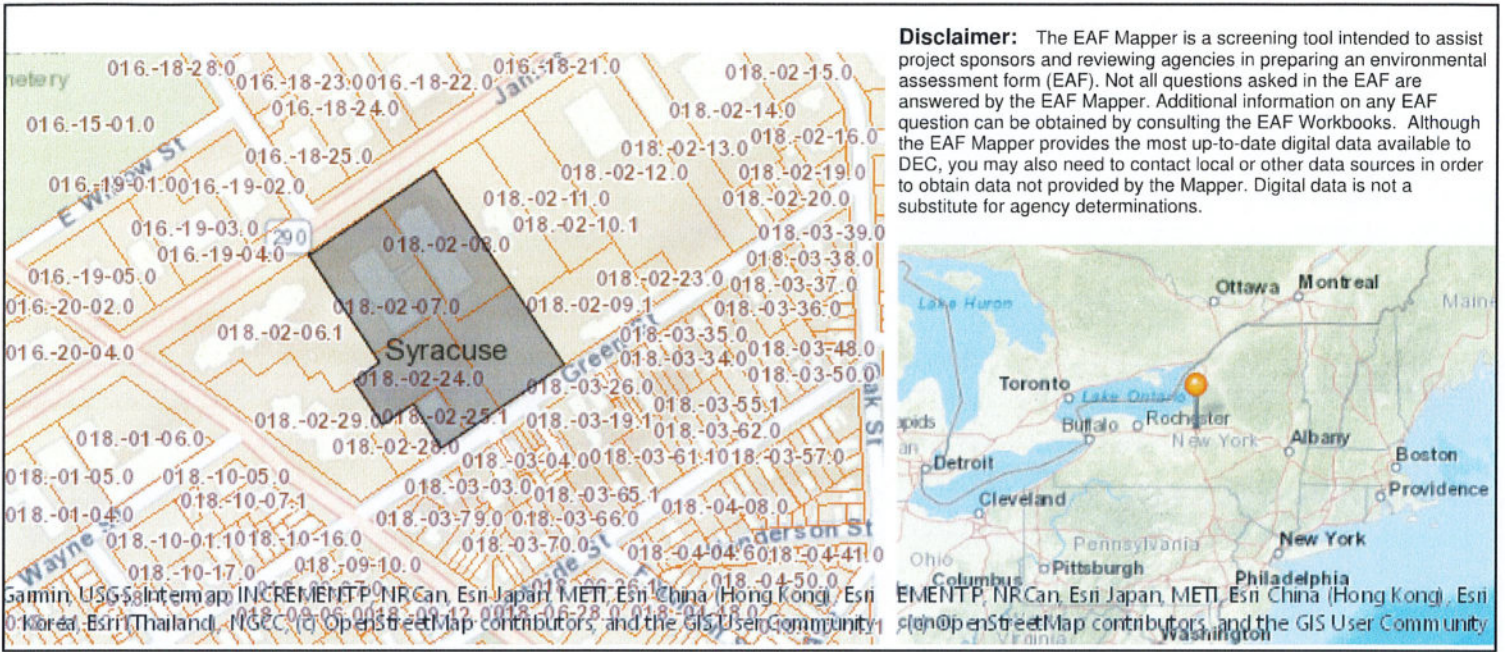
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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: Bishop Rehab and Nursing Center, 906 James Street			
Project Location (describe, and attach a location map): 906,918 James Street, 317 Green Street, Syracuse, NY 13203			
Brief Description of Proposed Action: Add oxygen tank farm to property, parking modifications, resubdivision of three parcels into one parcel and interior renovations.			
Name of Applicant or Sponsor: Bishop Rehabilitation and Nursing		Telephone: 315-474-1561 E-Mail: ek@keplingerfreeman.com	
Address: 918 James Street			
City/PO: Syracuse		State: NY	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 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? _____ .1 acres b. Total acreage to be physically disturbed? _____ 1 acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 5.5 acres			YES <input type="checkbox"/>
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <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 type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

<p>5. Is the proposed action,</p> <p>a. A permitted use under the zoning regulations?</p> <p>b. Consistent with the adopted comprehensive plan?</p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>N/A</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>	
<p>7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</p> <p>If Yes, identify: _____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	
<p>8. a. Will the proposed action result in a substantial increase in traffic above present levels?</p> <p>b. Are public transportation services available at or near the site of the proposed action?</p> <p>c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	
<p>9. Does the proposed action meet or exceed the state energy code requirements?</p> <p>If the proposed action will exceed requirements, describe design features and technologies:</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>	
<p>10. Will the proposed action connect to an existing public/private water supply?</p> <p>If No, describe method for providing potable water: _____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>	
<p>11. Will the proposed action connect to existing wastewater utilities?</p> <p>If No, describe method for providing wastewater treatment: _____</p> <p>_____</p>	<p>NO</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input checked="" type="checkbox"/></p>	
<p>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?</p> <p>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?</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>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?</p> <p>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?</p> <p>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

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"/> Early mid-successional <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	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ Site modifications are minor. No changes in stormwater flow is expected. _____	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" 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	YES
	<input checked="" type="checkbox"/>	<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	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 type="checkbox"/>	<input checked="" type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	Yes