City of Syracuse

**Office of Zoning Administration**

# THREE MILE LIMIT SUBDIVISION REVIEW

One Park Place, 300 S State St, Suite 700,Syracuse, NY 13202

315-448-8640 \* [zoning@syrgov.net](mailto:zoning@syrgov.net) \* [www.syrgov.net/Zoning.aspx](file:///\\FS4\ZoningShare\APPLICATIONS\Working%20File\www.syrgov.net\Zoning.aspx)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Office Use | Filing Date: |  |  |  | Case: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tax Assessment Address(es)** | | **Tax Map ID(s)**  (000.-00-00.0) | **Acres** |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |
| 5) |  |  |  |
| 6) |  |  |  |
| 7) |  |  |  |
| 8) |  |  |  |
| 9) |  |  |  |
| 10) |  |  |  |
| *As listed in the* ***Municipal Assessment property tax records****.* | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT Information** | | | | |
| Municipality: |  | | | | |
| Subdivision Name: |  | | | | |
| Number of Proposed Lots: |  | | | | |
| Existing/Proposed Land Use(s): |  | | | | |
| Number of Dwelling Units: |  | | | | |
| Local Approval(s): | Preliminary | Date: | Final | Date: | |

**Project Description** (Combining/Dividing/Realigning X Lot(s) into Y New Lot(s))

*(Provide a brief description of the project, including if it is a residential or commercial project.)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROPERTY OWNER(S)** *(required)*  As listed in the Town’s **Department of Assessment property tax records**. | | | | | | | | |
|  |  |  | |  | | | | |
| *First Name* | *Last Name* | *Title* | | *Company* | | | | |
|  |  |  | |  |  | *Phone:* | |  |
| *Street Address* | *Apt / Suite / Other* | *City* | | *St* | *Zip* | *Email:* | |  |
| *\* Signature:* |  | | | *Date:* | | |  | |
|  |  | |  | | | |  | |
| *First Name* | *Last Name* | | *Title* | *Company* | | | | |
|  |  |  | |  |  | *Phone:* | |  |
| *Street Address* | *Apt / Suite / Other* | *City* | | *St* | *Zip* | *Email:* | |  |
| *\* Signature:* |  | | | *Date:* | | |  | |
|  |  | |  | | | |  | |
| *First Name* | *Last Name* | | *Title* | *Company* | | | | |
|  |  |  | |  |  | *Phone:* | |  |
| *Street Address* | *Apt / Suite / Other* | *City* | | *St* | *Zip* | *Email:* | |  |
| *\* Signature:* |  | | | *Date:* | | |  | |
|  |  | |  | | | |  | |
| *First Name* | *Last Name* | | *Title* | *Company* | | | | |
|  |  |  | |  |  | *Phone:* | |  |
| *Street Address* | *Apt / Suite / Other* | *City* | | *St* | *Zip* | *Email:* | |  |
| *\* Signature:* |  | | | *Date:* | | |  | |
|  |  | |  | | | |  | |
| *First Name* | *Last Name* | | *Title* | *Company* | | | | |
|  |  |  | |  |  | *Phone:* | |  |
| *Street Address* | *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* | | | | |
|  |  |  | |  |  | *Phone:* | |  |
| *Street Address* | *Apt / Suite / Other* | *City* | | *St* | *Zip* | *Email:* | |  |
| **REPRESENTATIVE(S)/CONTACT(S)** *(if applicable)* | | | | | | | | |
|  |  | |  |  | | | | |
| *First Name* | *Last Name* | | *Title* | *Company* | | | | |
|  |  |  | |  |  | *Phone:* | |  |
| *Street Address* | *Apt / Suite / Other* | *City* | | *St* | *Zip* | *Email:* | |  |

**THREE MILE LIMIT SUBDIVISION REVIEW**

**INSTRUCTIONS AND REQUIRED SUBMITTALS**

## Incomplete forms will not be processed.

## The form, together with the required submittals listed below must be submitted in HARD COPY, SINGLE-SIDED, and NOT BOUND to the City of Syracuse Office of Zoning Administration, One Park Place, 300 S State St, Suite 700,Syracuse, NY 13202.

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

**FORM –** filled out completely, dated, and **signed by** **property owner(s) as instructed.**

APPROVAL RESOLUTION, LETTER, or SURVEY MAP signed by the Town.

SWPPP - when required by NYSDEC regulations and if the proposed subdivision is tributary to a watershed within the City of Syracuse.

**SUBDIVISION MAP** APPROVED BY the TOWN (per the Syracuse-Onondaga County Guide 11-17-2011). Please submit **TWO (2) FULL-SIZED, SCALED** paper maps, and **ONE (1) REDUCED** (11X17” or smaller) paper map.

**THREE MILE LIMIT SUBDIVISION REVIEW**

**REVIEW PROCEDURES**

Three Mile Limit Subdivision applications are reviewed by 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 schedule is posted at <http://www.syrgov.net/Planning_Commission.aspx>.

Three Mile Limit Review forms are considered complete when all required submittals have been received by Zoning staff. The form and required submittals will then be referred from the Office of Zoning Administration to the City of Syracuse Department of Engineering for their review and comment.

Once an application is complete and comments returned from the Department of Engineering, the proposal is placed on the next available City Planning Commission meeting agenda as a New Business Item.

The application will be presented by staff. The applicant or their representative do not need to attend the meeting, however applicants may attend. A decision will typically be rendered on the same day, but occasionally the decision will be delayed pending additional information and/or further consideration. Once a decision is made by the City Planning Commission, the final resolution /decision will be mailed to the applicant and their representative.

**THREE MILE LIMIT SUBDIVISION REVIEW**

**MAP FILING PROCEDURES**

The **APPLICANT** must **FILE** the **APPROVED SUBDIVISION MAP**, together with the **ORIGINAL** Syracuse-Onondaga County Planning Agency **LETTER OF COMPLIANCE,** with the **ONONDAGA County Clerk**.

Prior to filing the approved subdivision map with the Onondaga County Clerk, the **APPLICANT** must **SUBMIT** the **APPROVED SUBDIVISION MAP** to the City of Syracuse Office of Zoning Administration and the City of Syracuse Engineer **FOR SIGNATURE** in addition to any and all municipal signatures.

# OBTAIN REQUIRED MAP SIGNATURES (ENDORSEMENTS)

* + 1. **Local Municipal Signature(s)**
    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
    3. **City Planning Commission / City of Syracuse Office of Zoning Administration – 315-448-8640**One Park Place, 300 S State St, Suite 700,Syracuse, NY 13202
    - Contact the Syracuse Zoning Office to make an appointment.
    - Bring the FILING MAP and two PAPER MAPS to the appointment.
    - The Zoning Office signs and returns the FILING MAP to the applicant
    - The Zoning Office will keep the two PAPER MAPS.
    1. **City of Syracuse Department of Engineering (bearings, utilities, easements, etc.) – 315-448-8424**

City Hall, 233 East Washington Street, Room 401, Syracuse, NY 13202

* + - Engineering receives the FILING MAP.
    - Engineering reviews and signs the FILING MAP.
    - **Engineering contacts applicant to make arrangements to pick up the signed FILING MAP.**

1. **FILE THE APPROVED SUBDIVISION MAP WITH THE ONONDAGA COUNTY CLERK’S OFFICE** together with an **ORIGINAL** **LETTER OF COMPLIANCE** from the Syracuse-Onondaga County Planning Agency (315-435-2611).

* Onondaga County Court House, 401 Montgomery Street, Room 200, Syracuse, NY 13202 – 315-435-2226