

Syracuse Planning Commission

Application for THREE-MILE LIMIT SUBDIVISION REVIEW

City Hall Commons * Room 101 * 201 F. Washington Street * Syracuse, NY 13202-1426 * 315-448-8640

For Office Use: 3S-

Filing Date

Case#

Please Print or Type Information:

SUBDIVISION INFORMATION:

TITLE OF SUBDIVISION:

ADDRESS of subdivision:

TOWN of:

TAX MAP NUMBER(S):

ZONING DESIGNATION:

APPLICANT INFORMATION:

NAME: PHONE:

MAILING ADDRESS:

CONTACT PERSON: (If someone other than applicant is to be contacted to answer questions)

NAME: PHONE:

REASON FOR REQUEST: *(Please be specific regarding use of each lot; i.e. two-family house, yard area, grocery store, etc.)*

APPROVAL INFORMATION:

APPROVED by Town or Village as a Preliminary Plan

Final Plan

on Date:

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.

Signature of CURRENT PROPERTY OWNER (or owner's LEGAL representative)

Date

PRINT NAME OF PROPERTY OWNER

REQUIRED SUBMITTALS FOR THREE MILE LIMIT APPLICATIONS

NOTE: All applications must contain the following information before being considered complete. Any incomplete applications will be returned.

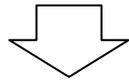
- APPLICATION:** Completely filled out
- SHORT ENVIRONMENTAL ASSESSMENT FORM:** Completely filled out and signed
- SUBDIVISION MAPS:** Five (5) copies drawn by a licensed land surveyor (indicating existing and proposed lots along with their addresses and new lot numbers) Map must show complete parcel owned by applicant. *Have your land surveyor contact the County Health Department (435-6600 x 8235) prior to the drawing of your Subdivision/Resubdivision Map to find out what is required on the map.*
 - **Reduced copy (11"x17") must also be submitted if original maps are larger than (11x17)**
- APPROVAL RESOLUTION** or letter from governing municipality
- Stormwater Pollution Prevention Plan (SWPPP)** must be submitted which is in accordance with NYSDEC regulations **if proposed subdivision is tributary to a watershed within the City of Syracuse.**

05/2014

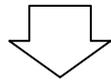
SO YOU WANT TO HAVE YOUR MAP SIGNED?

(First two signatures may be done in either order)

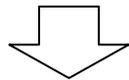
City Zoning Department
(If property located out of the City,
map must first have official Town
signature)



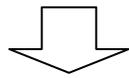
**Onondaga County, Division of
Environmental Health** – located @
Onondaga County Civic Center
(12th Floor – 435-6600)



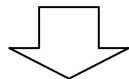
Assessment – located @ City Hall
(Room 130 – 448-8280)



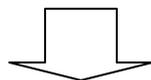
Treasury/Finance –
located @ City Hall (1st floor)



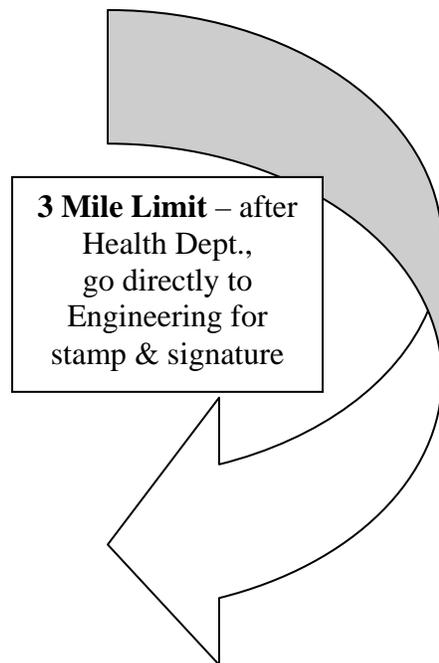
Engineering –located @ City Hall
(Room 401 – 448-8200)



County Clerk's Office
(to file Mylar/Linen Map)



**Call City Zoning Dept. with
County Filing Ref # and Filing Date
(448-8640)**



****For Signatures &
Professional Stamp:
Black Ink** must be used
on all maps to be filed.