

ALL APPLICATIONS NEED TO BE SUBMITTED ELECTRONICALLY TO townclerk@townofpompey.org
Check needs to be mailed to Town Clerk, 8354 U.S. Route 20, Manlius, NY 13104

TOWN OF POMPEY

SIMPLE SUBDIVISION APPLICATION (LOT LINE ADJUSTMENT)

Proposed Subdivision Name

ACTION: THIS SECTION TO BE COMPLETED BY MUNICIPAL OFFICIAL

Date Submitted: _____

Application Fee: \$50.00 Date Paid: _____

Date Acted On: _____ Approved: _____ Denied: _____

Applicant: (Is applicant the owner, contract purchaser, lessee or other?) _____

Name: _____

Address: _____

Address: _____

Telephone: (____) ____ - _____

Surveyor:

Name: _____

Address: _____

Address: _____

Telephone: (____) ____ - _____

Property Location and Pertinent Data:

Location: _____ Zoning Classification _____

Tax Map No. _____ Other Zoning Classification within 200 Feet _____

Located in Designated Flood Zone _____ Located Within 100 Feet of Wetland _____

Easements or Other Restrictions on Property:

(Describe and Show on Subdivision Map):

ALL APPLICATIONS NEED TO BE SUBMITTED ELECTRONICALLY TO townclerk@townofpompey.org
Check needs to be mailed to Town Clerk, 8354 U.S. Route 20, Manlius, NY 13104

THE UNDERSIGNED HEREBY REQUEST APPROVAL BY THE TOWN OF POMPEY PLANNING BOARD OF THIS APPLICATION.

Applicant Signature: _____ Date: _____

THE UNDERSIGNED HEREBY CONSENTS TO ALLOW REPRESENTATIVES OF THE TOWN OF POMPEY TO GO ON OR ABOUT THE SUBJECT PROPERTY FOR THE PURPOSES OF INSPECTION IN CONNECTION WITH THIS APPLICATION.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

ADDITIONAL DOCUMENTS REQUIREMENT TO BE SUBMITTED:

- _____ STATE ENVIRONMENTAL QUALITY REVIEW LONG ASSESSMENT FORM
- _____ PLANS AND DATA REQUIRED BY CODE OF THE TOWN OF POMPEY SECTION 144-20
- _____ 4 MYLAR MAPS NO BIGGER THAN 36 X 44

Syracuse-Onondaga County Guide to the Subdivision Process

Follow this guide in order to ensure that you take the proper steps necessary to subdivide your property.

1. Local Municipality

The first step in determining whether or not your proposed plans are likely to be approved is to see your local municipality's development authority. Contact your Village, Town or City government and ask them to review your preliminary sketch.

Signatures Required:

In a town: Signature of the town supervisor or planning board chair

In a village: Signature of the village mayor or planning board chair

In the City of Syracuse: Required signatures include:

- **City Planning Commission Secretary** – Contact City Zoning Office, City Hall Commons, 201 E. Washington St., call 448-8640. (After the map is filed, the applicant must call the City Zoning Office with the filing date and map number)
- **City Engineer** – Contact the Deputy Commissioner of Public Works Technical Services, Room 401 City Hall, call 448-8200.
- **City Assessor** – Room 130 City Hall; call 448-8280.

2. Onondaga County Department of Transportation

If the subdivision is located on a county road, you'll need approval from County DOT. If it is not a county road, you should contact your local Highway Dept. to seek approval for driveway location.

- To determine whether or not you need County DOT approval, contact :

Terry Morgan
Civil Engineer II
Onondaga County Department of Transportation
1100 Civic Center
421 Montgomery St. Syracuse, NY 13202
Email: terrymorgan@ongov.net
Phone: 315-435-3176 Fax: 315-435-5744

- The applicant should contact the Onondaga County DOT as early in the planning process as possible to discuss how the property will be accessed from the road. If a lot is subdivided after September 2, 1986, the DOT can deny access if any of the new lots do not meet the minimum sight distance requirements.
- If your house, driveway or septic system is designed before you seek DOT approval, you run the risk of having your access permit denied if there is not adequate sight distance. Be sure to contact the DOT before you purchase your final design plan.

3. Onondaga County Health Department, Division of Environmental Health

The Onondaga County Health Department is required to review and stamp all subdivision maps before they are filed in the County Clerk's office. The focal point of their review is to help ensure the responsible subdivision of land and subsequent construction with respect to sewage disposal and water supply, whether public or private.

- An applicant should contact the Health Department as early in the planning stages as possible. Health Department laws and policies dictate procedures to

Some companies have offices in the County Clerk's Office, on the second floor of the Onondaga County Court House. Any private abstract/title company can provide the certification.

- If the subdivision is in the City of Syracuse, the City Finance Department will provide the certification. Contact Room 110 City Hall, call 448-8300.

6. File your map at the Onondaga County Court House

This is the final step in the subdivision process. Approved subdivision maps are to be filed with the County Clerk, Room 200, Onondaga County Court House, 401 Montgomery St., Syracuse. The filing fee is \$10.00. For more information call 435-2226/2227.

Pursuant to Town Law §276(7)©, which reads:

Duration of conditional approval of final plat. Conditional approval of the **final plat shall expire within one hundred eighty (180) days after the resolution granting such approval** unless all requirements stated in such resolution have been certified as completed. The planning board may extend for periods of ninety (90) days each, the time in which a conditionally approved plat must be submitted for signature if, in the planning board's opinion, such extension is warranted by the particular circumstances.

.Subdivision Map Requirements

A. The subdivision map must be:

- Printed in black ink on either linen, cloth backed paper, or Mylar.
- No larger than thirty-six by forty-four inches (36"x 44").
- Clear and legible for reproduction. (No folded or bent maps).
- Signed in black ink by all required officials. Only original signatures are acceptable.
- All stamps must be in black ink.

B. The subdivision map must include the following information:

- Tract name (cannot be Farm Lot or Military Lot)
- Property location by town, city or village
- Farm/Military Lot and/or block numbers
- 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."

C. Onondaga County subdivision map standards required for filing:

- 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.

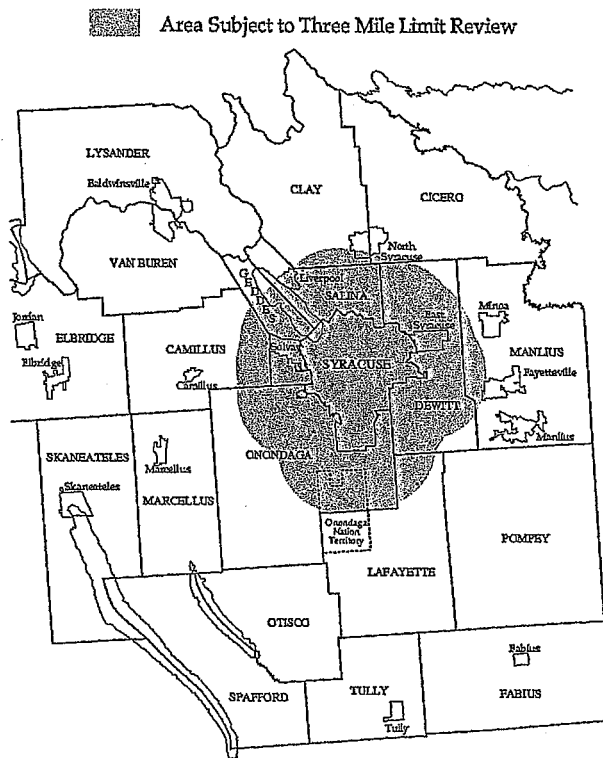
be followed for every subdivision of land that is being filed, regardless of the size or type of the project (from single lot creation to large subdivisions with hundreds of lots). The Health Dept. recommends Licensed Land Surveyors email a copy of the proposed plan to itill@ongov.net for review prior to preparing final plans for signature.

- Contact the Bureau of Public Health Engineering at 315-435-6600 to discuss Health Dept. requirements for subdivision plan endorsement.

4. Three Mile Limit Review, Street Names & Street Addresses

This step is required in order to ensure that your subdivision map shows the proper street names and street addresses.

- First determine whether or not your subdivision is within three miles of the City of Syracuse; see map below or call 448-8640 if you need help with this determination. Note that the following towns are entirely outside the three mile limit: Elbridge, Fabius, Lysander, Marcellus, Otisco, Pompey, Skaneateles, Spafford, Tully, and Van Buren.
- If your subdivision is **WITHIN** the three mile limit, contact the City Zoning Dept. at 448-8640 for the procedure that must be followed.
- If your subdivision is **OUTSIDE** the three mile limit, you must call 435-2611 to have a compliance letter issued by the Syracuse Onondaga County Planning Agency, 11th Floor of the John H. Mulroy Civic Center.



5. Certification of Real Property Tax Status

- If the subdivision is outside of the City of Syracuse, a private abstract/title company must provide certification that all real property taxes have been paid.

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:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
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.		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input type="checkbox"/>	<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			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input 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 type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input 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 type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input 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? 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?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input 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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

Shoreline Forest Agricultural/grasslands Early mid-successional

Wetland Urban 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 type="checkbox"/>	<input type="checkbox"/>

16. Is the project site located in the 100-year flood plan?

NO	YES
<input 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:

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input 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	YES
<input 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 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 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: _____

PRINT FORM