

## GML 239 Referral Notice

**To:** Onondaga County Planning Board  
1100 Civic Center  
421 Montgomery Street  
Syracuse, New York 13202  
Phone: 435-2611

**From:** Municipal Board: Zoning Board of Appeals  
Referring Officer: David Robinson, Chairman  
Mail original resolution to: Codes Department  
Address: 600 S. Bay Road  
City, Zip Code: North Syracuse, NY 13212

**Re:** General Municipal Law §239 Referral  Informal Review  3-Mile Limit Review

**1. Applicant:** Lindsay & William Crocker. **2. Site Address:** 216 Roxann Ave

**3. Tax Map Number(s):** 019.-03-03.0 **4. Acres:** 10.620'

**5. Is the site within the county sanitary district?**  Yes  No

**6. Is the site currently serviced by public water?**  Yes  No

**7. On-site waste water treatment is currently provided by:**  Public Sewer or  Septic System

**8. Current Zoning:** R-9 **9. Current Land Use:** Residential

**10. Project Description:** Proposed: Remove steps and overhang; add new attached front porch 24' across x 6' deep, plus steps extending 9' total into the front yard setback, seeking area variance to reduce down to front yard on the east down to 17'9" and to reduce front yard on the west side down to 17'7" from required 30'

### 11. OCPB Jurisdiction:

<input type="checkbox"/>	Text Adoption or Amendment	<input checked="" type="checkbox"/>	Site is located within 500' of: <u>Rt.81</u> <span style="float: right;"><i>(Specify by Name)</i></span>
Check All That Apply	}	<input type="checkbox"/>	a municipal boundary
		<input checked="" type="checkbox"/>	a state or county thruway/highway/roadway
		<input type="checkbox"/>	an existing or proposed state or county park/recreation area
		<input type="checkbox"/>	an existing or proposed county-owned stream or drainage channel
		<input type="checkbox"/>	a state or county-owned parcel on which a public building or institution is situated
		<input type="checkbox"/>	a farm operation located in an agricultural district (Incl Ag Data Statement pursuant to AML § 305-a)

### Referred Action(s)

If referring multiple actions related to the same Tax Map #, please identify the referring municipal board if different from above.

**12.  Text Adoption or  Amendment** **Referring Board:**

Comprehensive Plan  Local Law  Zoning Ordinance  Other \_\_\_\_\_

**13.  Zone Change** **Referring Board:**

Proposed Zone District: \_\_\_\_\_ Number of Acres: \_\_\_\_\_

Purpose of the Zone Change: \_\_\_\_\_

**14.  Site Plan  Project Site Review** **Referring Board:**

Proposed Improvements: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Will the proposed project require a variance?  Yes  No Type:  Area  Use

Specify: \_\_\_\_\_

Is a state or county DOT work permit needed? If Yes:  State or  County  No

Specify: \_\_\_\_\_

15.  **Special Permit**

**Referring Board:**

Section of local zoning code that requires a special permit for this use: \_\_\_\_\_

Will the proposed project require a variance?  Yes  No Type:  Area  Use

16.  **Subdivision**

**Referring Board:**

Name of Subdivision: \_\_\_\_\_  Preliminary  Final

Number of Lots: \_\_\_\_\_ Type:  Commercial / Industrial  Residential → Single / Multi / Both  
(Circle One) (Circle One)

Is this a cluster subdivision pursuant to Section 278 of the New York State Town Law?  Yes  No

Will the proposed subdivision require a variance?  Yes  No Type:  Area  Use

Is a state or county DOT work permit needed? If Yes:  State or  County  No

Specify: \_\_\_\_\_

17.  **Variance**

**Referring Board: Zoning Board of Appeals**

Area  Use

Section(s) of local zoning code to which the variance is being sought: 240-8 D.(2)(a)

Describe how the proposed project varies from the above code section: Frontyard setback required 30'; East side reduce down to 17'9" and the West side reduce down to 17'7"

**SEQR Determination**

**Action:**

**Finding:**

- Check One {
- Type I
  - Type II
  - Unlisted Action
  - Exempt

- Positive Declaration – Draft EIS
- Conditional Negative Declaration
- Negative Declaration
- No Finding (Type II Only)

**SEQR determination made by (Lead Agency):** Zoning Board of Appeal Date: T.B.D.

**Attachments**

- Survey  Subdivision Plat (map)  Environmental Assessment Form  Proposed Text
- Site Plan  Local Application Form  Ag Data Statement  Other SUPPORTING DOCUMENTS

This referral, as required by GML §239 l, m & n, includes complete information, and supporting materials to assist the Onondaga County Planning Board (OCPB) in its review. If no formal action is taken by the OCPB within 30 days, the referring board may proceed without the OCPB's recommendation, unless an extension of time is agreed upon, or unless the OCPB's recommendation is received 2 days prior to municipal review.

Pearl Fuller, Sec.  
Name, Title & Phone Number of Person Completing this Form

10/3/25  
Transmittal Date