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: Planning Commission
Referring Officer: Greg Lancette, 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: North Area Meals On Wheels. **2. Site Address:** 413 Church St.

3. Tax Map Number(s): 022.-02-01.2 **4. Acres:** 4.11

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:** Meal preparation NAMOW

10. Project Description: Propose to install 14,000 sq ft of solar arrays.

____

____

____

11. OCPB Jurisdiction:

☐ **Text Adoption or Amendment** ☒ **Site is located within 500' of:** Rt.81

Check All That Apply

- ☐ **a municipal boundary** *(Specify by Name)*
- ☒ **a state or county thruway/highway/roadway**
- ☐ **an existing or proposed state or county park/recreation area**
- ☐ **an existing or proposed county-owned stream or drainage channel**
- ☐ **a state or county-owned parcel on which a public building or institution is situated**
- ☐ **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: Planning Commission**

Proposed Improvements: Add solar arrays to save electrical expenses

Proposed Use: Save cost on electricity for North Area Meals On Wheels

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 (Circle One) ☐ Residential → Single / Multi / Both (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:**

☐ Area ☐ Use

Section(s) of local zoning code to which the variance is being sought: ____

Describe how the proposed project varies from the above code section:

____

____

SEQR Determination

Action:

Check One

- ☐ Type I
- ☐ Type II
- ☒ Unlisted Action
- ☐ Exempt

Finding:

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

SEQR determination made by (Lead Agency): Planning Commission 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. 07/10/25

Name, Title & Phone Number of Person Completing this Form Transmittal Date