

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: Planning Commission

Name of Subdivision: Fire House Addition Preliminary Final

Number of Lots: 4 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:

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:

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): 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.

Name, Title & Phone Number of Person Completing this Form

12/23/24

Transmittal Date