

GML 239 Referral Notice

To: Onondaga County Planning Board **From:** Municipal Board: Planning Commission
1100 Civic Center Referring Officer: Jeff Bachstein, Chairman
421 Montgomery Street Mail original resolution to: Codes Department
Syracuse, New York 13202 Address: 600 S. Bay Road
Phone: 435-2611 City, Zip Code: North Syracuse, NY 13212

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

1. Applicant: Cristpi Eats, LLC. **2. Site Address:** 609 South Main St.

3. Tax Map Number(s): 008.-08-04.1 **4. Acres:** 0.28

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: C-2 **9. Current Land Use:** Vacant

10. Project Description: Going from Vacant Pizza Shop to new Pizza/Wing Fast Food Restaurant

11. OCPB Jurisdiction:

☐	Text Adoption or Amendment	☒	Site is located within 500' of: <u>Rt.11</u>	
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:

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: Planning Commission**Section of local zoning code that requires a special permit for this use: 240-12B(4)Will the proposed project require a variance? ☐ Yes ☒ No Type: ☐ Area ☐ Use**16. ☐ Subdivision****Referring Board:**Name of Subdivision: _____ ☐ Preliminary ☐ FinalNumber 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 ☐ NoWill the proposed subdivision require a variance? ☐ Yes ☐ No Type: ☐ Area ☐ UseIs 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

06/05/26

Transmittal Date