

City of Syracuse  
Office of Zoning Administration

**ANTENNA / TOWER / SATELLITE DISH  
APPLICATION**

City Hall Commons - Room 500 \* 201 E. Washington Street \* Syracuse, NY 13202-1426  
315-448-8640 \* [zoning@syr.gov](mailto:zoning@syr.gov) \* [www.syr.gov.net/Zoning.aspx](http://www.syr.gov.net/Zoning.aspx)

Office Use Filing Date: 11/9/21 Case: SR-03-07M3 Zoning District: RB

**REQUESTED** (Check applicable and briefly describe.)

Type	Proposed or Upgraded	
<input checked="" type="checkbox"/> Antenna:	Upgraded	Modification to Existing Cell Tower Equipment
<input type="checkbox"/> Tower:		
<input type="checkbox"/> Satellite Dish:		

TAX ASSESSMENT ADDRESS(ES)	TAX MAP ID(S) (000.-00-00.0)	OWNER(S)	DATE ACQUIRED
1) 1654 W Onondaga Street	091.-02-32.1	Catholic Charities (T-Mobile, Tenant)	
2)			
3)			
4)			

As listed in the Department of Assessment property tax records at <http://syr.gov.net/Assessment.aspx> - 315-448-8280.

**COMPANION ZONING APPLICATION(S)** (List any related City zoning applications if applicable e.g. es bdivision pECIAL ERMIT RO ECT ITE EVIE etc.)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**PROJECT DESCRIPTION** (Provide a brief description of the project including and purpose or need and justification.)

Modification to Existing Cell Tower Equipment (see attached sheet for project scope of work)

**ANTENNA**

Proposed or Upgrading	Installation (building or tower)	Antenna Support Structure Construction (describe)	Total Number of Antennas	Total Antenna Structure Height (feet)	Building Installations	
					Base Antenna Height Above Grade (feet)	Maximum Antenna Height Above Roof Line (feet)
Upgrading	Building		6	83 feet	80 feet	See CDs

**TOWER**

Proposed or Upgrading	Number of Service Providers	Construction Type (monopole, lattice work, guyed support, etc.)	Maximum Tower Height (feet)	Minimum Distance to Property Boundary (feet)	Color	Lighting	Accessory Equipment / Enclosure / Pad / Building (type and square feet)

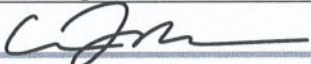
**SATELLITE DISH**

Proposed or Upgrading	Total Number on Property	Diameter (feet)	Location (ground / building / roof)	Distance to Street Line (feet)	Base Height Above Grade (feet)

**City of Syracuse Office of Zoning Administration**

**PROPERTY OWNER(S) (required)**

As listed in Department of Assessment property tax records (<http://syrgov.net/Assessment.aspx> - 315-448-8280). If not listed as the owner, please provide proof of ownership, e.g., a copy of the deed. Attorney's signing on behalf of the owner must include a letter describing the legal arrangement. If the property owner is a Corporation or Organization, the person signing must provide member verification. **Contract purchasers, tenants, architects, engineers, contractors, etc. CANNOT sign on behalf of the owner.**

Cullen	Morgan	Agent of Owner	Catholic Charities		
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
1654 W Onondaga Street		Syracuse	NY	13204	Phone: (941)-549-7263
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email: cmorgan@clinellc.com</i>
* Signature: 			Date: 11/01/2021		

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature:			Date:		

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature:			Date:		

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature:			Date:		

**\* OWNER SIGNATURE DECLARATION**

I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct. I also understand that any false statements and/or attachments presented knowingly in connection with this application will be considered null and void.

**APPLICANT(S) (if applicable)**

		Tenant	T-Mobile Northeast, LLC		
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
103 Monarch Drive		Liverpool	NY	13088	Phone: (941)-549-7263
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email: cmorgan@clinellc.com</i>
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>

**REPRESENTATIVE(S)/CONTACT(S) (if applicable)**

Cullen	Morgan	Site Acquisition Consultant	Centerline Communications LLC - Agent for T-Mobile		
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
12579 Sagewood Drive		Venice	FL	34293	Phone: (941)-549-7263
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email: cmorgan@clinellc.com</i>
Kelley	Cross	Program Manager	Centerline Communications LLC - Agent for T-Mobile		
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
1521 Tracy Drive		Skaneateles	NY	13152	Phone: (657)-237-9590
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email: kcross@clinellc.com</i>



🏠 12579 Sagewood Drive  
Venice, FL 34293  
✉️ [cmorgan@clinellc.com](mailto:cmorgan@clinellc.com)  
☎️ (941)-549-7263

November 1, 2021

ATTN: Heather Lamendola, Zoning Administrator  
City of Syracuse Zoning Office  
201 E Washington Street  
Room 500  
Syracuse, NY 13202

**RE: 1654 W Onondaga Street, Syracuse, NY / T-Mobile Site: 3ONS220B – EQUIPMENT UPGRADE // Planning Commission Review**

Dear Ms. Lamendola,

Please find the completed Planning Board application along with CDs and the SEQRA form for the above-mentioned T-Mobile upgrade project. Also, included is a redacted portion of the lease demonstrating that T-Mobile, as successor in interest to Omnipoint Communications Inc, is a tenant and has the right to apply for the Planning Board Review.

Please put this project on the next Planning Commission Board meeting agenda, and please do not hesitate to contact me via phone at (941)-549-7263 with any questions.

Thank you,

A handwritten signature in black ink, appearing to read 'C Morgan'.

Cullen Morgan, Site Acquisition Consultant  
Centerline Communications, LLC (agent for T-Mobile)  
[cmorgan@clinellc.com](mailto:cmorgan@clinellc.com)  
(941)-549-7263

2021 NOV 1 10 40 AM  
3005 4 0 1

**PROPOSED SCOPE OF WORK FOR 3ONS220B**

THE PROPOSED PROJECT INCLUDES MODIFYING EQUIPMENT AS INDICATED PER BELOW:

- Swap (6) existing antennas for (6) proposed antennas
- Remove (1) antenna, mount and ancillary equipment
- Add (6) RRUs
- 200A Electrical Upgrade

APPROVED FOR WORK  
DATE: 9/3/2010  
P. 1/1



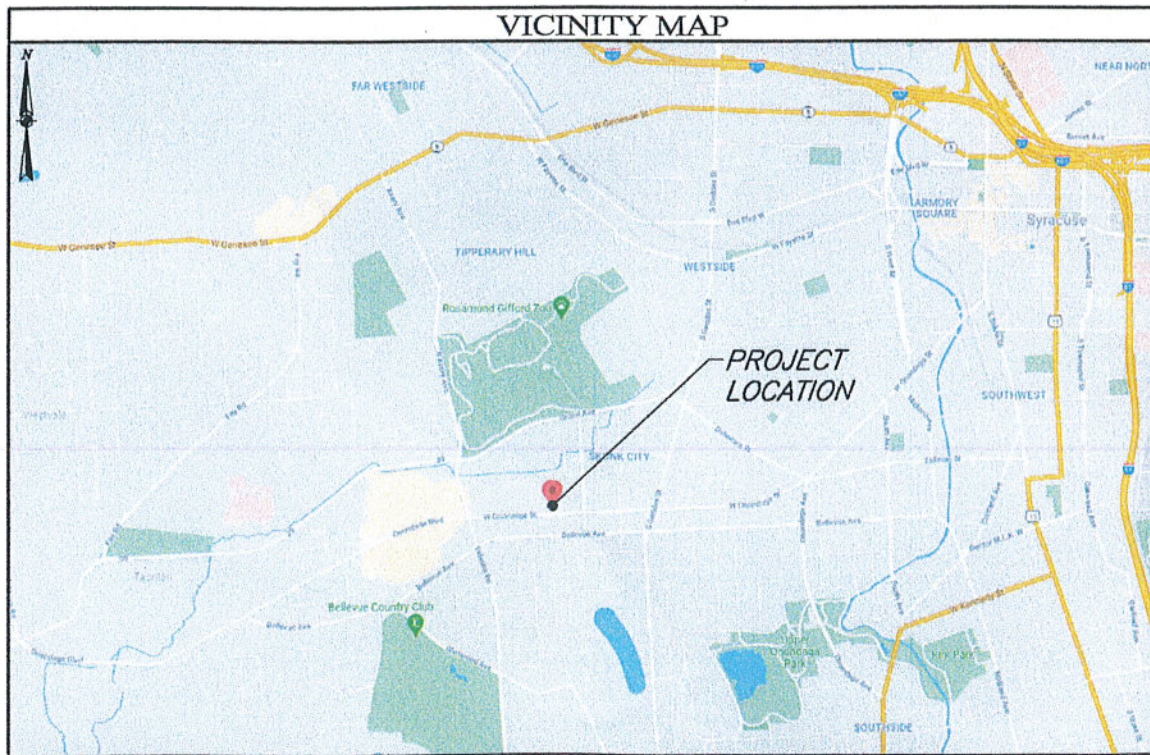
SITE NAME

WESTERN LIGHTS

SITE I.D. NUMBER

3ONS220B

67E5A998E PBC6200+P6230



**DIRECTIONS TO SITE:**  
 TAKE THE RAMP ON THE RIGHT FOR I-191 S AND HEAD TOWARD SYRACUSE. AT EXIT 20, HEAD RIGHT ON THE RAMP TOWARD FRANKLIN ST / WEST ST. BEAR RIGHT ONTO BUTTERNUT ST, THEN IMMEDIATELY BEAR LEFT ONTO N FRANKLIN ST. TURN RIGHT ONTO W WILLOW ST. BEAR RIGHT ONTO NY-5 / W GENESEE ST. TURN LEFT ONTO N WEST ST. BEAR LEFT, THEN BEAR RIGHT ONTO WEST ST. ROAD NAME CHANGES TO S WEST ST. TURN RIGHT ONTO W FAYETTE ST. TURN LEFT ONTO S GEDDES ST. TURN RIGHT ONTO W ONONDAGA ST. SITE IS ON THE RIGHT.

PROJECT INDEX			
<b>PROJECT INFORMATION</b>			
1. PROJECT ADDRESS: 1654 WEST ONONDAGA STREET, SYRACUSE, NY 13204			
2. PARCEL ID: 091.0-02-032.1			
3. ZONING JURISDICTION: CITY OF SYRACUSE			
4. ZONING DISTRICT: (RB) RESIDENTIAL DISTRICT, CLASS B			
<b>FACILITY INFORMATION</b>			
FACILITY TYPE: ROOFTOP	BUILDING LOCATION:	LAT: 43° 02' 02.6" (43.03406000°)	
PROPOSED USE: UNATTENDED TELECOMMUNICATIONS		LONG: -76° 10' 54.3" (-76.18174000°)	
FACILITY: (1-2) VISITS PER MONTH BY TECHNICIAN		GROUND ELEV: 441'±	
<b>SCOPE OF WORK</b>			
UPGRADE 100A ELECTRIC SERVICE TO 200A. ADD POWER 6230 CABINET. ADD 19" ERICSSON RACK. ADD (2) BB 6648, (1) PSU 4813 & (1) DFR ROUTER TO 19" RACK. ADD (3) INDOOR SPD BOXES. SWAP EXISTING COAX CABLES WITH (3) 6x24 HYBRID CABLES. SWAP (3) AIR32 ANTENNAS WITH (3) AIR6449 ANTENNAS. SWAP (3) AIR21 ANTENNAS WITH 6" OCTOPORT ANTENNAS. ADD (3) RADIO 4480S AND ADD (3) RADIO 4460 B255. REMOVE EXISTING TMA'S.			
<b>REFERENCES</b>			
1. ONONDAGA COUNTY GIS MAPPING.			
2. DESIGN DRAWINGS BY INFINITY ON 6/28/18.			
3. RFDS SHEET DATED 7/27/21.			
<b>APPROVAL BLOCK</b>			
PROPERTY OWNER	DATE	APPROVED	DISAPPROVED / REVISION
SITE ACQUISITION	DATE	APPROVED AS NOTED	
CONSTRUCTION MANAGER	DATE		
ZONING	DATE		
RF ENGINEER	DATE		

CONSULTANT TEAM			
<b>PROJECT DIRECTORY</b>			
BUILDING OWNER:	CATHOLIC CHARITIES 1654 ONONDAGA STREET SYRACUSE, NY 13204	CONTACT:	TELE.:
APPLICANT:	T-MOBILE NORTHEAST, LLC 103 MONARCH DRIVE LIVERPOOL, NY 13088	CONTACT:	PETER BERIE TELE.: (315) 263-1882
PROJECT MANAGER:	CENTERLINE COMMUNICATIONS 750 W. CENTER STREET, SUITE 301 WEST BRIDGEWATER, MA 02379	CONTACT:	KELLEY CROSS TELE.: (657) 237-9590
CIVIL ENGINEER:	CARPENTER CONSULTING GROUP 17 INDUSTRIAL STREET ROCHESTER, NEW YORK 14614	CONTACT:	DON CARPENTER TELE.: (585)-370-9516
<b>SHEET INDEX</b>			
SHEET NO.	DESCRIPTION	REV. NO.	REV. DATE
T-1	TITLE SHEET	2	10/26/21
C-1	SITE PLAN	2	10/26/21
C-2	ELEVATION	2	10/26/21
C-3	ANTENNA PLAN & SCHEDULE	2	10/26/21
C-4	ANTENNA SPEC'S & DETAILS	2	10/26/21
C-5	CABINET LAYOUT & DETAILS	2	10/26/21
C-6	SITE DETAILS	2	10/26/21
E-1	ELECTRICAL PLAN A	2	10/26/21
E-2	ELECTRICAL PLAN B	2	10/26/21
E-3	ELECTRICAL DETAILS	2	10/26/21
REQUIRED MODIFICATION DRAWINGS PREPARED BY ALBUL ENGINEERING			
S001	GENERAL NOTES & ALPHA SECTOR MODIFICATION DESIGN	0	10/22/21
S002	BETA SECTOR MODIFICATION DESIGN	0	10/22/21
S003	GAMMA SECTOR MODIFICATION DESIGN	0	10/22/21

**T-Mobile**  
 T-Mobile Northeast, LLC  
 103 Monarch Drive  
 Liverpool, NY 13088  
 (315) 453-1340

**CENTERLINE**  
 COMMUNICATIONS  
 750 W. Center Street, Suite 301  
 West Bridgewater, MA 02379  
 PHONE: (844) 748-8878

**CCG** CARPENTER CONSULTING GROUP  
 DEVELOPMENT DESIGN  
 RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
 17 INDUSTRIAL STREET | ROCHESTER, NY 14614  
 OFFICE: 585-369-2324 | FAX: 585-369-2728

DESIGNED BY:	DRB	DATE:	9/27/21
APPROVED BY:	DWC	PROJECT NO.:	21-CL-081

PLAN REVISIONS	NO.	DATE	DESCRIPTION	BY
	2	10/26/21	ADDED REQUIRED MOUNT MODIFICATION DETAILS	DRB
	1	10/02/21	REVISED PER COMMENTS	DRB
	0	10/21/21	ISSUED FOR REVIEW	DRB
	0			BY

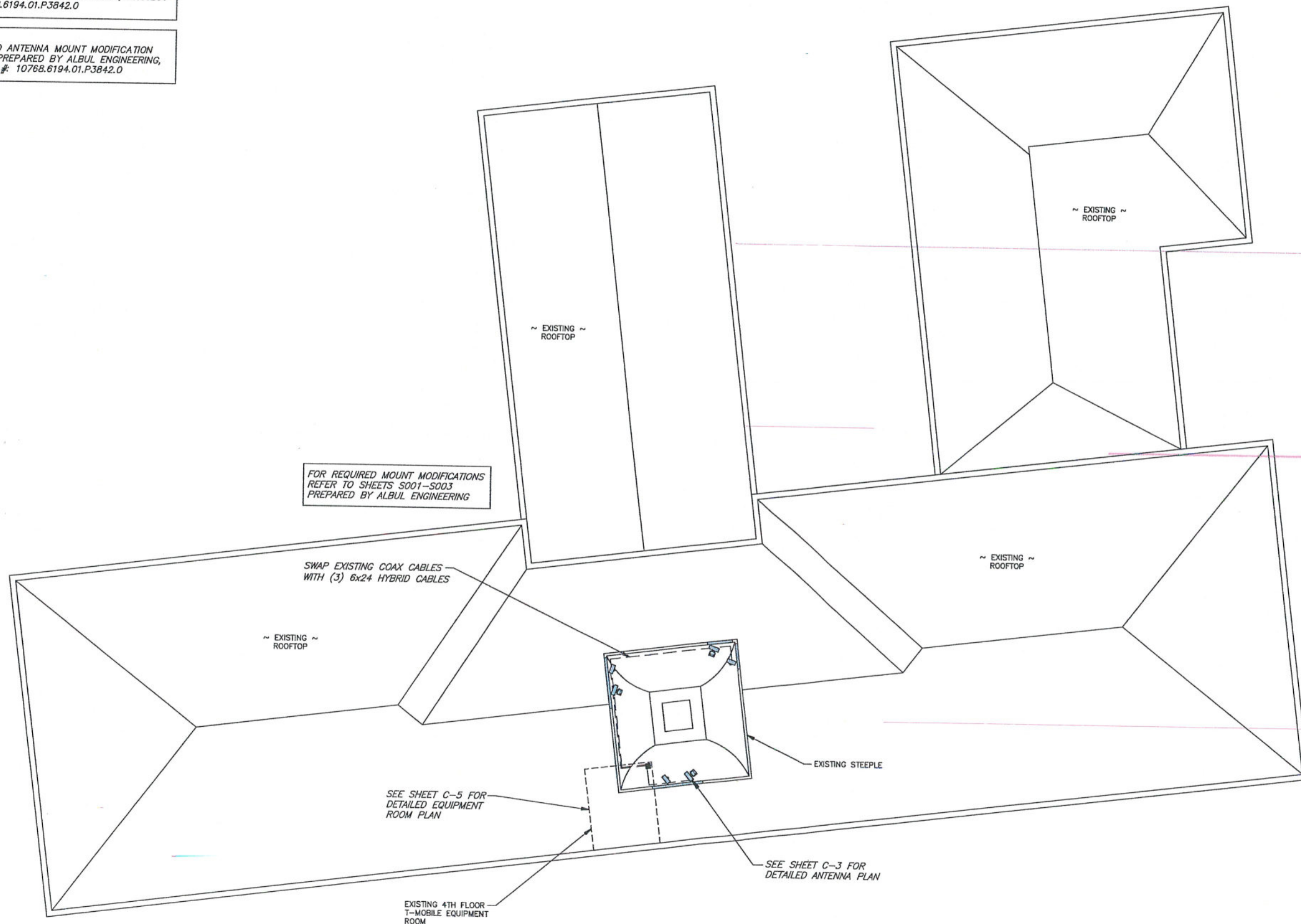
STATE OF NEW YORK  
 DIMITRY V. ALBUL  
 LICENSED PROFESSIONAL ENGINEER  
 089075  
 10-29-21

SITE INFORMATION  
 SITE I.D.# NUMBER:  
**3ONS220B**  
 SITE NAME:  
**WESTERN LIGHTS**  
 SITE ADDRESS:  
 1654 W. ONONDAGA STREET  
 SYRACUSE, NY 13204  
 SITE TYPE:  
**ROOFTOP**

SHEET TITLE  
**TITLE SHEET**  
 SHEET NUMBER  
**T-1**

NOTE:  
REFER TO STRUCTURAL ANALYSIS REPORT  
PREPARED BY ALBUL ENGINEERING, PROJECT  
#: 10768.6194.01.P3842.0

NOTE:  
REFER TO ANTENNA MOUNT MODIFICATION  
REPORT PREPARED BY ALBUL ENGINEERING,  
PROJECT #: 10768.6194.01.P3842.0



FOR REQUIRED MOUNT MODIFICATIONS  
REFER TO SHEETS S001-S003  
PREPARED BY ALBUL ENGINEERING

SWAP EXISTING COAX CABLES  
WITH (3) 6x24 HYBRID CABLES

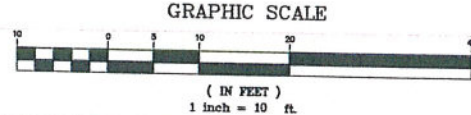
SEE SHEET C-5 FOR  
DETAILED EQUIPMENT  
ROOM PLAN

SEE SHEET C-3 FOR  
DETAILED ANTENNA PLAN

EXISTING 4TH FLOOR  
T-MOBILE EQUIPMENT  
ROOM

**SITE PLAN**

SCALE: 1"=10' (22X34)  
1"=20' (11X17)



**T-Mobile**  
T-Mobile Northeast, LLC  
103 Monarch Drive  
Liverpool, NY 13088  
(315) 453-1340

**CENTERLINE**  
COMMUNICATIONS  
750 W. Center Street, Suite 301  
West Bridgewater, MA 02379  
PHONE: (844) 748-8878

**CCG** CARPENTER  
CONSULTING  
GROUP  
DEVELOPMENT DESIGN  
RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
17 HICKORY STREET | ROCHESTER, NY 14614  
OFFICE: 585-482-2722 | FAX: 585-482-2719  
WWW.CCGDESIGN.COM

DESIGNED BY: DRB	DATE: 9/27/21
APPROVED BY: DWC	PROJECT NO: 21-CL-081

PLAN REVISIONS	NO.	DATE	DESCRIPTION	BY
	2	10/2/21	ADDED REQUIRED MOUNT MODIFICATION DETAILS	DRB
	1	10/4/21	REVISED PER COMMENTS	DRB
	0	10/1/21	ISSUED FOR REVIEW	DRB

STATE OF NEW YORK  
DMITRY V. ALBUL  
LICENSED PROFESSIONAL ENGINEER  
089075  
*D. Albul*  
10-29-21

SITE INFORMATION  
SITE ID# NUMBER:  
**3ONS220B**  
SITE NAME:  
**WESTERN LIGHTS**  
SITE ADDRESS:  
1654 W. ONONDAGA STREET  
SYRACUSE, NY 13204  
SITE TYPE:  
**ROOFTOP**

SHEET TITLE  
**SITE PLAN**

SHEET NUMBER  
**C-1**



FOR REQUIRED MOUNT MODIFICATIONS  
REFER TO SHEETS S001-S003  
PREPARED BY ALBUL ENGINEERING

PROPOSED ERICSSON AIR6449  
B41 ANTENNA  
(TYP. OF 3, 1 PER SECTOR)

PROPOSED T-MOBILE  
ANTENNAS @ 83'-0"± AGL

PROPOSED RFS APXVAALL18\_43-U-NA20  
ANTENNA (TYP. OF 3, 1 PER SECTOR)

PROPOSED RADIO 4480 B71&B85  
(TYP. OF 3, 1 PER SECTOR)

PROPOSED RADIO 4460 B25&B66  
(TYP. OF 3, 1 PER SECTOR)

NOTE:  
REFER TO STRUCTURAL ANALYSIS REPORT  
PREPARED BY ALBUL ENGINEERING, PROJECT  
#: 10768.6194.01.P3842.0

NOTE:  
REFER TO ANTENNA MOUNT MODIFICATION  
REPORT PREPARED BY ALBUL ENGINEERING,  
PROJECT #: 10768.6194.01.P3842.0

**T-Mobile**  
T-Mobile Northeast, LLC  
103 Monarch Drive  
Liverpool, NY 13088  
(315) 453-1340

**CENTERLINE**  
COMMUNICATIONS  
750 W. Center Street, Suite 301  
West Bridgewater, MA 02379  
PHONE: (844) 748-8878

**CICG** CARPENTER  
CONSULTING  
GROUP  
DEVELOPMENT DESIGN  
RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
17 INDUSTRIAL STREET | ROCHESTER, NY 14614  
OFFICE: 583-888-2224 | FAX: 583-888-2728  
WWW.CICG-USA.COM

DESIGNED BY: DRB	DATE: 9/27/21
APPROVED BY: DWC	PROJECT NO.: 21-CL-081

NO.	DATE	DESCRIPTION	BY
2	10/26/21	ADDED REQUIRED MOUNT MODIFICATION DETAILS	DRB
1	10/02/21	REVISED PER COMMENTS	DRB
0	10/01/21	ISSUED FOR REVIEW	DRB

STATE OF NEW YORK  
DMITRY V. ALBUL  
LICENSED PROFESSIONAL ENGINEER  
089075  
*D. Albul*  
10-29-21

SITE INFORMATION  
SITE I.D.# NUMBER:  
**3ONS220B**  
SITE NAME:  
**WESTERN LIGHTS**  
SITE ADDRESS:  
1654 W. ONONDAGA STREET  
SYRACUSE, NY 13204  
SITE TYPE:  
ROOFTOP

SHEET TITLE  
**ELEVATION**

SHEET NUMBER  
**C-2**

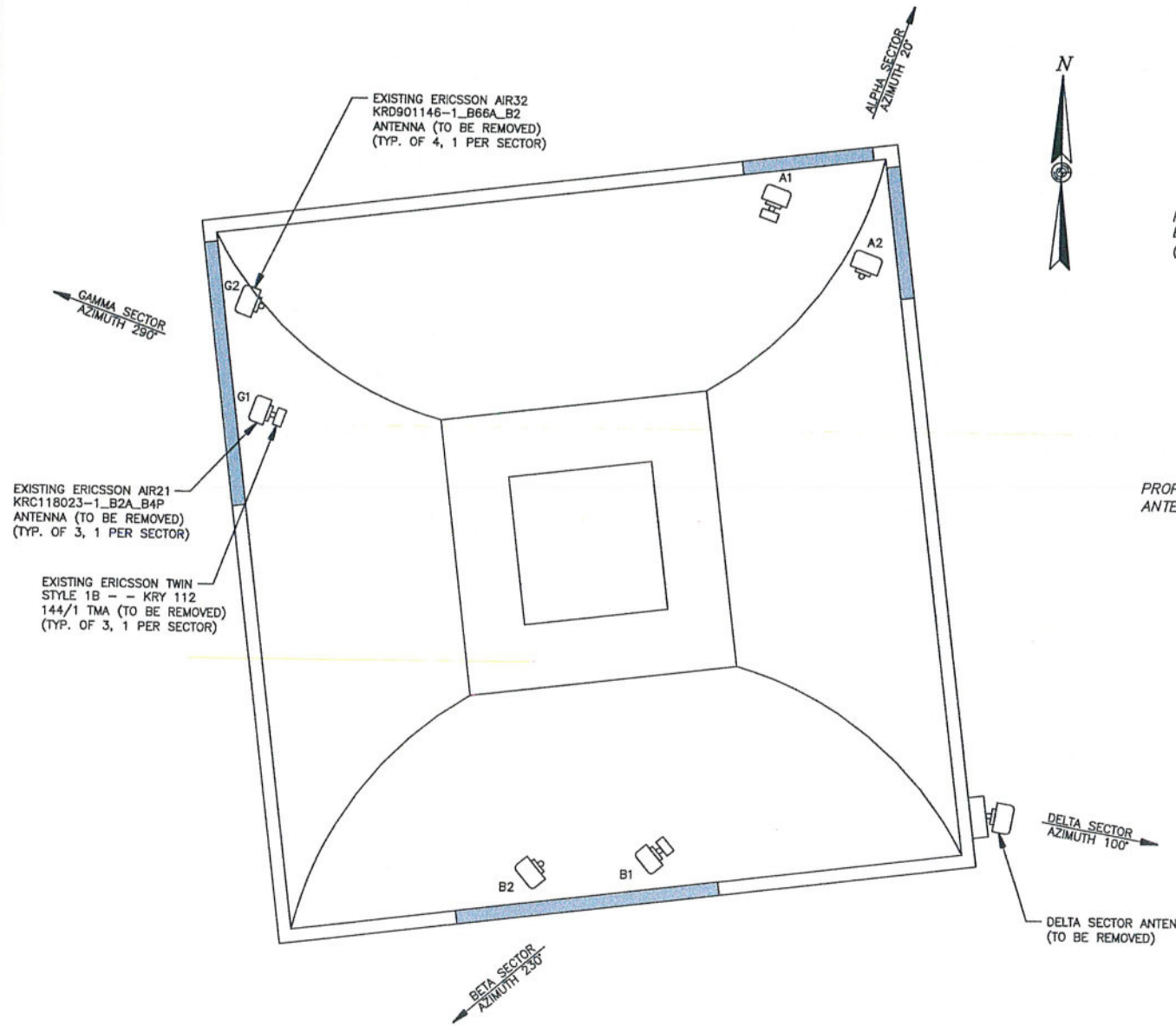
PARTIAL SOUTH BUILDING ELEVATION  
N.T.S.

ANTENNA SCHEDULE									
SECTOR	STATUS	ANTENNA MANUFACTURER	ANTENNA MODEL	ANTENNA DIMENSIONS (HxWxD)	RAD CENTER	AZIMUTH	TMA/RRU QUANTITY & MODEL	CABLE QUANTITY & TYPE	CABLE LENGTH
A1	PROPOSED	RFS	APXVAALL18_43-U-NA20	72.0"x24.0"x8.5"	83'±	20°	(1) ERICSSON RADIO 4460 (P)	(1) PROPOSED 6X24 HCS CABLE	50 METER
A2	PROPOSED	ERICSSON	AIR6449 B41	33.1"x20.5"x8.6"	83'±	20°	(1) ERICSSON RADIO 4480 (P)	(1) EXISTING 6X12 HCS CABLE (2) EXISTING 3X8 HCS CABLES	50 METER 50 METER
B1	PROPOSED	RFS	APXVAALL18_43-U-NA20	72.0"x24.0"x8.5"	83'±	230°	(1) ERICSSON RADIO 4460 (P)	(1) PROPOSED 6X24 HCS CABLE	50 METER
B2	PROPOSED	ERICSSON	AIR6449 B41	33.1"x20.5"x8.6"	83'±	230°	(1) ERICSSON RADIO 4480 (P)	(1) EXISTING 3X8 HCS CABLES	50 METER
G1	PROPOSED	RFS	APXVAALL18_43-U-NA20	72.0"x24.0"x8.5"	83'±	290°	(1) ERICSSON RADIO 4460 (P)	(1) PROPOSED 6X24 HCS CABLE	50 METER
G2	PROPOSED	ERICSSON	AIR6449 B41	33.1"x20.5"x8.6"	83'±	290°	(1) ERICSSON RADIO 4480 (P)	(1) EXISTING 3X8 HCS CABLES	50 METER

NOTE:  
REFER TO STRUCTURAL ANALYSIS REPORT  
PREPARED BY ALBUL ENGINEERING, PROJECT  
#: 10768.6194.01.P3842.0

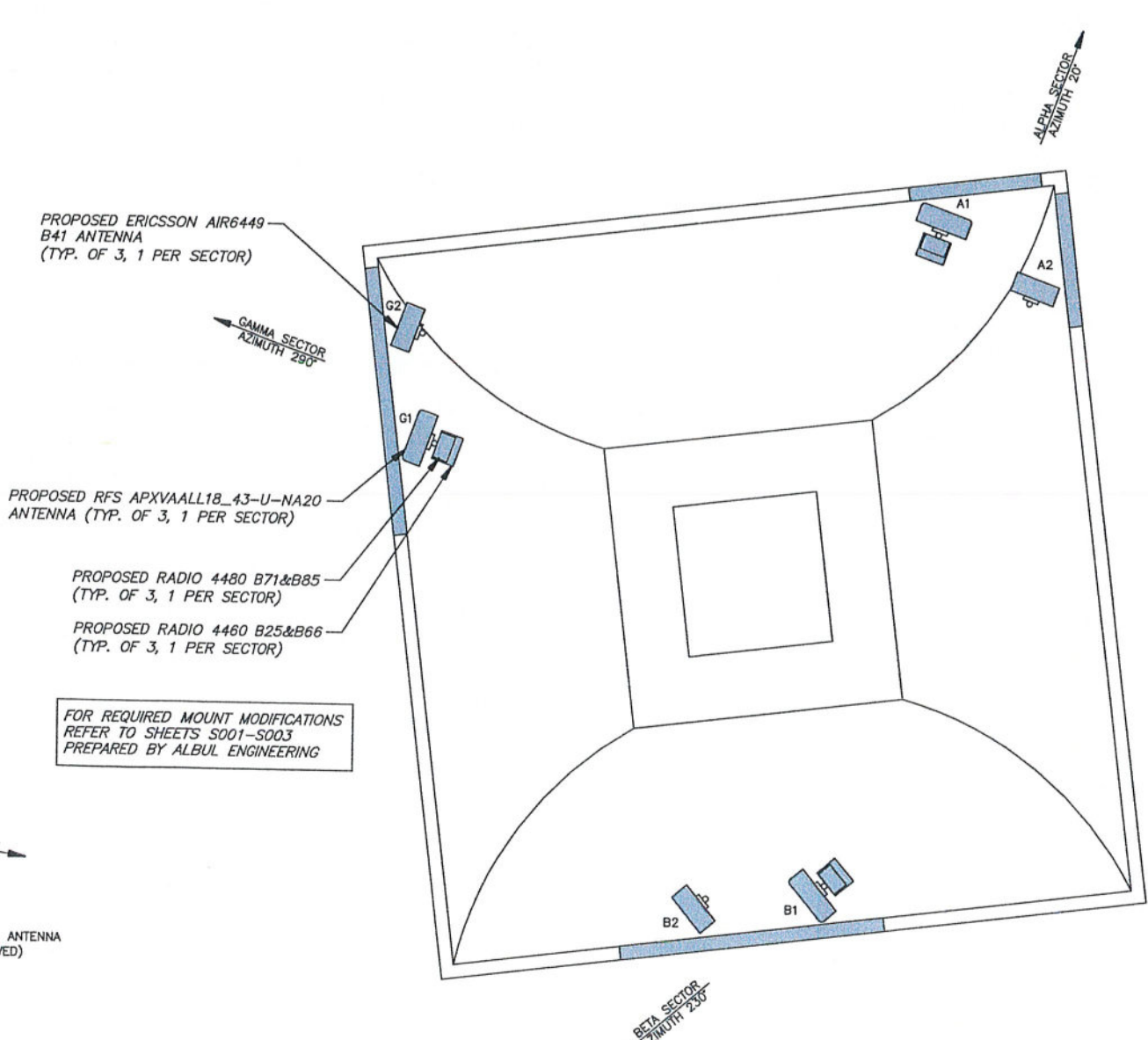
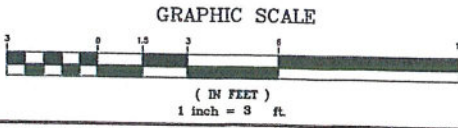
NOTE:  
REFER TO ANTENNA MOUNT MODIFICATION  
REPORT PREPARED BY ALBUL ENGINEERING,  
PROJECT #: 10768.6194.01.P3842.0

NOTES:  
1. CONTRACTOR TO VERIFY PROPOSED ANTENNA INFORMATION IS THE MOST CURRENT DATA AT TIME OF CONSTRUCTION.  
2. CONTRACTOR TO CONFIRM CABLE LENGTHS PRIOR TO CONSTRUCTION.



EXISTING ANTENNA PLAN

SCALE: 1"=3' (22X34)  
1"=6' (11X17)



PROPOSED ANTENNA PLAN

SCALE: 1"=3' (22X34)  
1"=6' (11X17)

**T-Mobile**  
T-Mobile Northeast, LLC  
103 Monarch Drive  
Liverpool, NY 13088  
(315) 453-1340

**CENTERLINE**  
COMMUNICATIONS  
750 W. Center Street, Suite 301  
West Bridgewater, MA 02379  
PHONE: (844) 748-8878

**CICG** CARPENTER CONSULTING GROUP  
DEVELOPMENT DESIGN  
RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
17 INDUSTRIAL STREET | ROCHESTER, NY 14609  
OFFICE: 716-244-2211 | FAX: 716-244-2278  
WWW.CICGONLINE.COM

DESIGNED BY: DRB	DATE: 9/27/21
APPROVED BY: DW	PROJECT NO: 21-CL-081

NO.	DATE	DESCRIPTION	BY			
			DRB	DWB	DRB	DRB
2	10/22/21	ADDED REQUIRED MOUNT MODIFICATION DETAILS				
1	10/21/21	REVISED PER COMMENTS				
0	10/21/21	ISSUED FOR REVIEW				

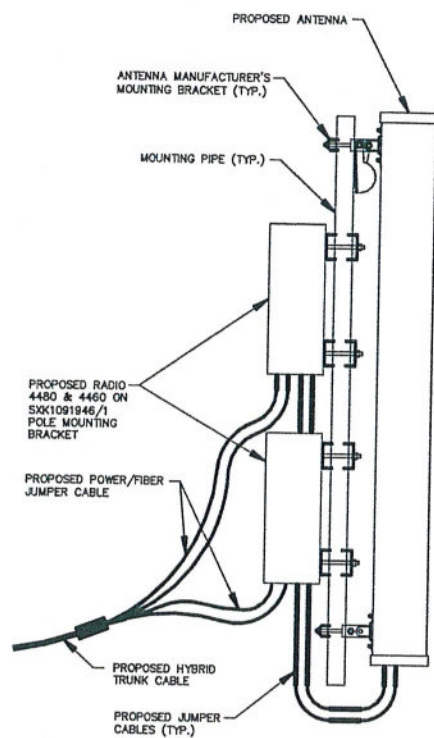
STATE OF NEW YORK  
DMITRY V. ALBUL  
LICENSED PROFESSIONAL ENGINEER  
089075  
*D. Albul*  
10-29-21

SITE INFORMATION  
SITE ID # NUMBER:  
**3ONS220B**  
SITE NAME:  
**WESTERN\_LIGHTS**  
SITE ADDRESS:  
1654 W. ONONDAGA STREET  
SYRACUSE, NY 13204  
SITE TYPE:  
**ROOFTOP**

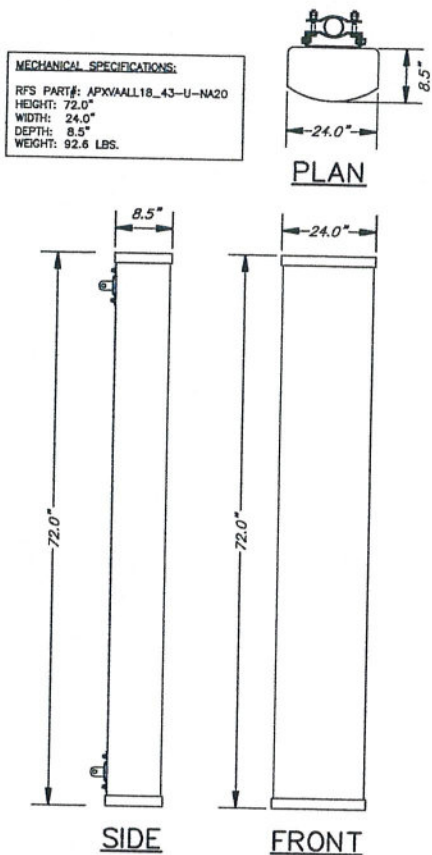
SHEET TITLE  
**ANTENNA PLAN & SCHEDULE**

SHEET NUMBER  
**C-3**

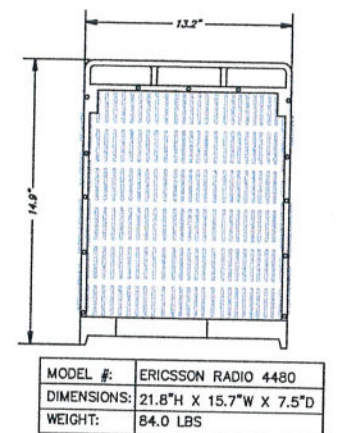




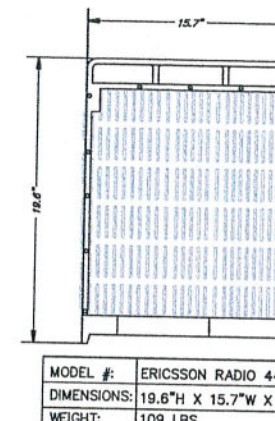
**RFS MOUNTING DETAIL**  
N.T.S.



**RFS PANEL ANTENNA**  
N.T.S.



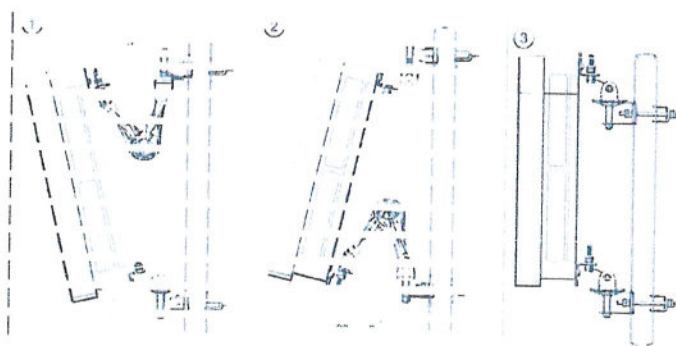
**RADIO 4480 DETAIL**  
N.T.S.



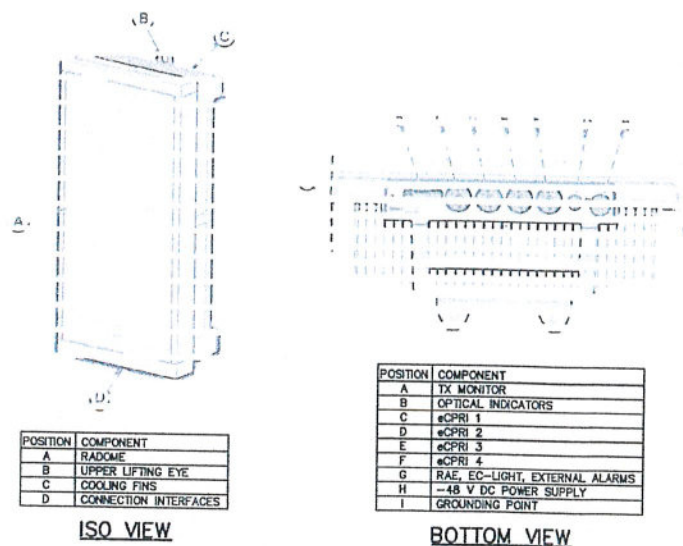
**RADIO 4460 DETAIL**  
N.T.S.

NOTE:  
REFER TO STRUCTURAL ANALYSIS REPORT  
PREPARED BY ALBUL ENGINEERING, PROJECT  
#: 10768.6194.01.P3842.0

NOTE:  
REFER TO ANTENNA MOUNT MODIFICATION  
REPORT PREPARED BY ALBUL ENGINEERING,  
PROJECT #: 10768.6194.01.P3842.0

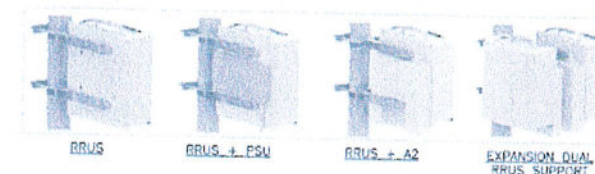


**ERICSSON AIR 6449 MOUNTING DETAIL**  
N.T.S.



**ERICSSON AIR 6449 DETAIL**  
N.T.S.

MODEL #:	ERICSSON AIR 6449
DIMENSIONS:	33.1"H X 20.5"W X 8.6"D
WEIGHT:	112.5 LBS



CLAMP MOUNTING RANGE	TUBES	SQUARE PROFILES	90° ANGLE
MINIMUM	ø25 mm (1.0 in)	35 x 35 mm (1.4 x 1.4 in)	35 x 35 mm (1.4 x 1.4 in)
MAXIMUM	ø114 mm (4.5 in)	80 x 80 mm (3.2 x 3.2 in)	80 x 80 mm (3.2 x 3.2 in)

**HOT DIP GALVANIZED STEEL BRACKET**  
- MATERIAL: S355MC F2V, FASTENERS 8.8 F2V OR EQUIVALENT  
- MINIMUM 70 UM ZINC COATING, DESIGNED FOR >20 YEARS CORROSION-FREE  
- DESIGNED TO 67 M/S WIND SPEED REQUIREMENT (150 MPH)

**SUPPORTS RRUW/RRUS01, RRUS11/12, RRUS32 WITH RRUSA2 OR PSU**  
- SXX1091946/1 FOR FIRST RRUS & SXX109146/2 TO ADD SECOND RRUS

**SXX1091946/1 SIDE MOUNT DETAIL**  
N.T.S.

**T-Mobile**  
T-Mobile Northeast, LLC  
103 Monarch Drive  
Liverpool, NY 13088  
(315) 453-1340

**CENTERLINE**  
COMMUNICATIONS  
750 W. Center Street, Suite 301  
West Bridgewater, MA 02379  
PHONE: (844) 748-8878

**CG** CARPENTER  
CONSULTING  
GROUP  
DEVELOPMENT DESIGN  
RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
17 INDUSTRIAL STREET | ROCHESTER, NY 14614  
OFFICE: 585-988-7229 | FAX: 585-988-7278  
WWW.ALBULGROUP.COM

DESIGNED BY: DRB  
APPROVED BY: DWK  
DATE: 9/27/21  
PROJECT NO.: 21-CL-081

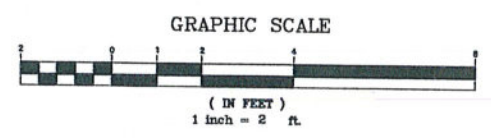
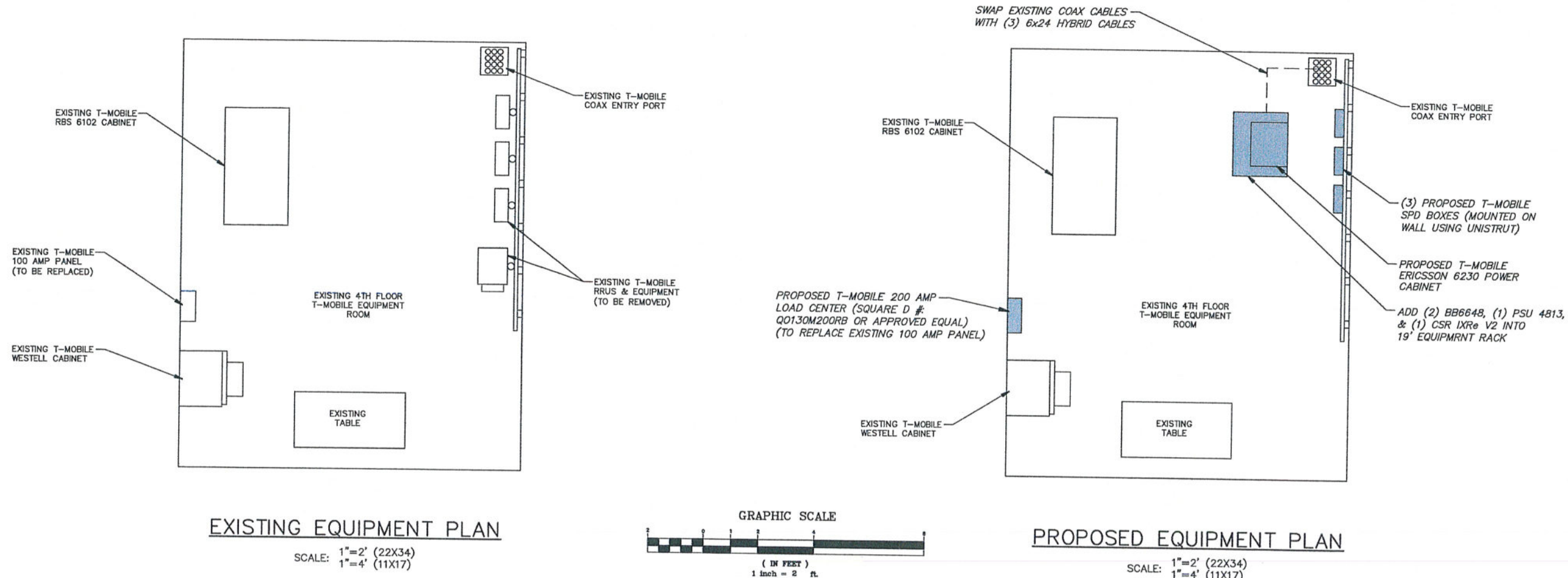
PLAN REVISIONS	NO.	DATE	DESCRIPTION	BY	DRB	DRB	DRB
					ISSUED FOR REVIEW	REVISED PER COMMENTS	ADDED REQUIRED MOUNT MODIFICATION DETAILS
	2	10/20/21					
	1	10/02/21					
	0	10/01/21					

STATE OF NEW YORK  
DMITRY V. ALBUL  
LICENSED PROFESSIONAL ENGINEER  
089075  
10-29-21

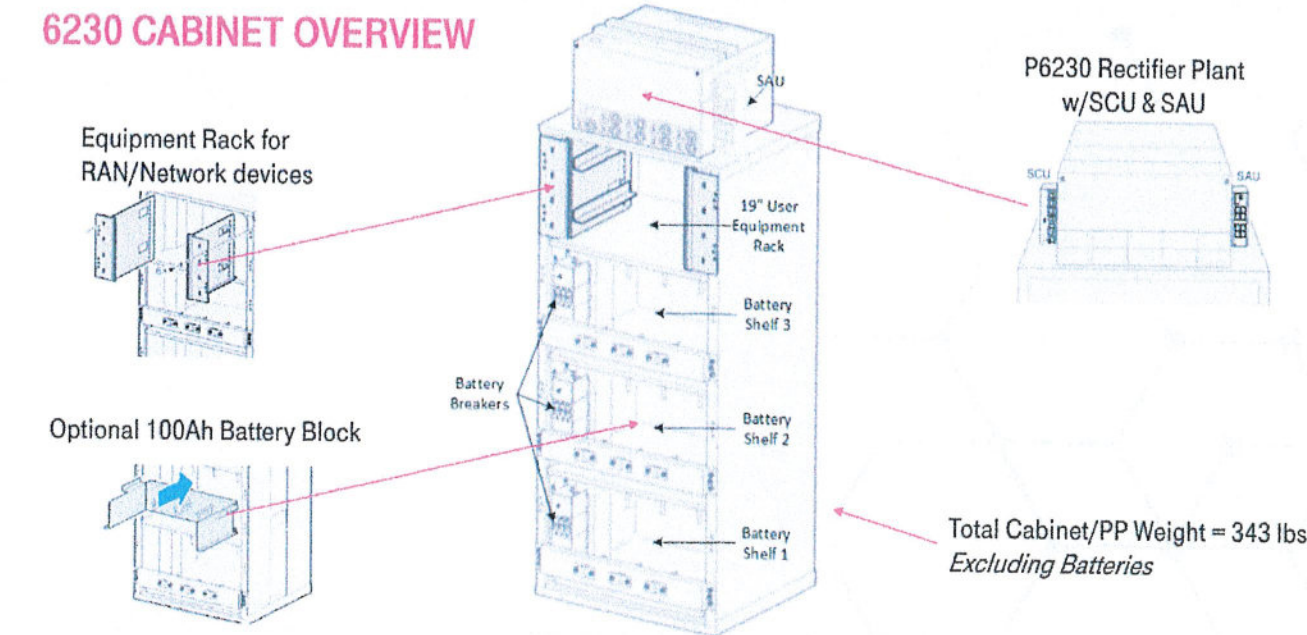
**SITE INFORMATION**  
SITE I.D.# NUMBER:  
**3ONS220B**  
SITE NAME:  
**WESTERN LIGHTS**  
SITE ADDRESS:  
1654 W. ONONDAGA STREET  
SYRACUSE, NY 13204  
SITE TYPE:  
**ROOFTOP**

SHEET TITLE  
**ANTENNA SPEC'S & DETAILS**

SHEET NUMBER  
**C-4**



**6230 CABINET OVERVIEW**



**ERICSSON 6230 CABINET DETAIL**  
N.T.S.

**T-Mobile**  
T-Mobile Northeast, LLC  
103 Monarch Drive  
Liverpool, NY 13088  
(315) 453-1340

**CENTERLINE COMMUNICATIONS**  
750 W. Center Street, Suite 301  
West Bridgewater, MA 02379  
PHONE: (844) 748-8878

**CICG CARPENTER CONSULTING GROUP**  
DEVELOPMENT DESIGN  
RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
17 INDUSTRIAL STREET | ROCHESTER, NY 14654  
OFFICE: 353-860-5723 | FAX: 353-860-5729

DESIGNED BY: DRB	DATE: 9/27/21
APPROVED BY: DWC	PROJECT NO.: 21-CL-081

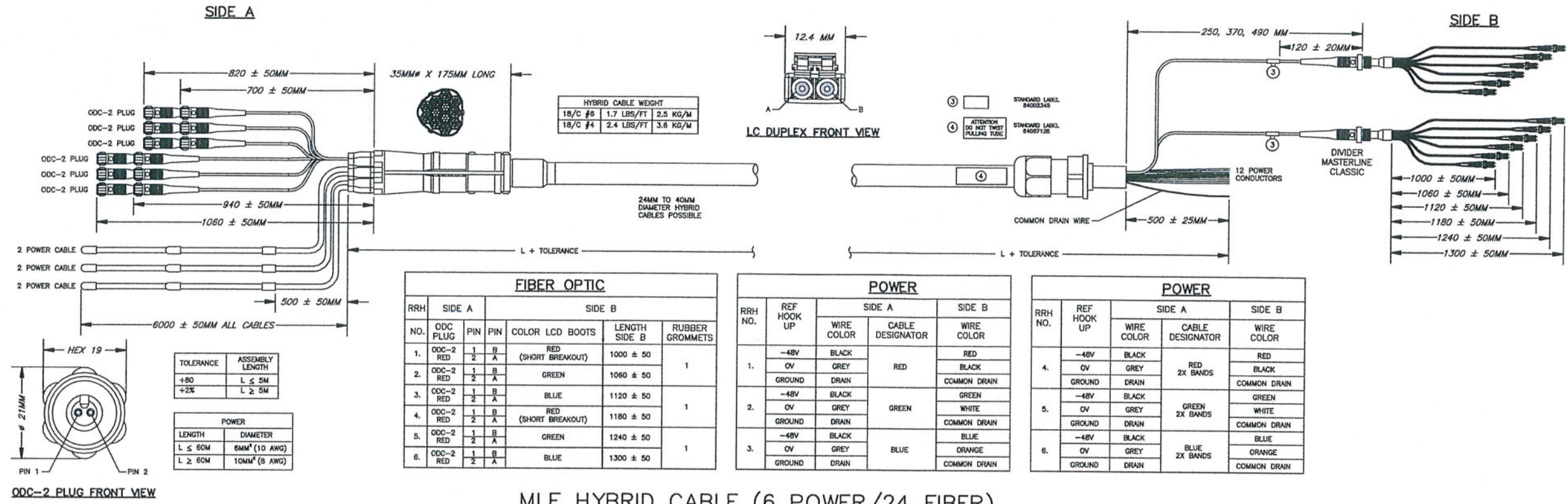
NO.	DATE	DESCRIPTION	BY	
			DRB	DWB
2	10/26/21	ADDED REQUIRED MOUNT MODIFICATION DETAILS		
1	10/02/21	REVISED PER COMMENTS		
0	10/07/21	ISSUED FOR REVIEW		

STATE OF NEW YORK  
DMITRY V. ALBUL  
LICENSED PROFESSIONAL ENGINEER  
089075  
*D. Albul*  
10-29-21

**SITE INFORMATION**  
SITE I.D.# NUMBER:  
**3ONS220B**  
SITE NAME:  
**WESTERN\_LIGHTS**  
SITE ADDRESS:  
1654 W. ONONDAGA STREET  
SYRACUSE, NY 13204  
SITE TYPE:  
**ROOFTOP**

SHEET TITLE  
**CABINET LAYOUT & DETAILS**

SHEET NUMBER  
**C-5**



HYBRID CABLE WEIGHT					
18/C #6	1.7 LBS/FT	2.5 KG/M			
18/C #4	2.4 LBS/FT	3.6 KG/M			

FIBER OPTIC						
RRH NO.	ODC PLUG	PIN	PIN	COLOR LCD BOOTS	LENGTH SIDE B	RUBBER GROMMETS
1.	ODC-2 RED	1	B	RED (SHORT BREAKOUT)	1000 ± 50	1
	ODC-2 RED	2	A			
2.	ODC-2 RED	1	B	GREEN	1060 ± 50	1
	ODC-2 RED	2	A			
3.	ODC-2 RED	1	B	BLUE	1120 ± 50	1
	ODC-2 RED	2	A			
4.	ODC-2 RED	1	B	RED (SHORT BREAKOUT)	1180 ± 50	1
	ODC-2 RED	2	A			
5.	ODC-2 RED	1	B	GREEN	1240 ± 50	1
	ODC-2 RED	2	A			
6.	ODC-2 RED	1	B	BLUE	1300 ± 50	1
	ODC-2 RED	2	A			

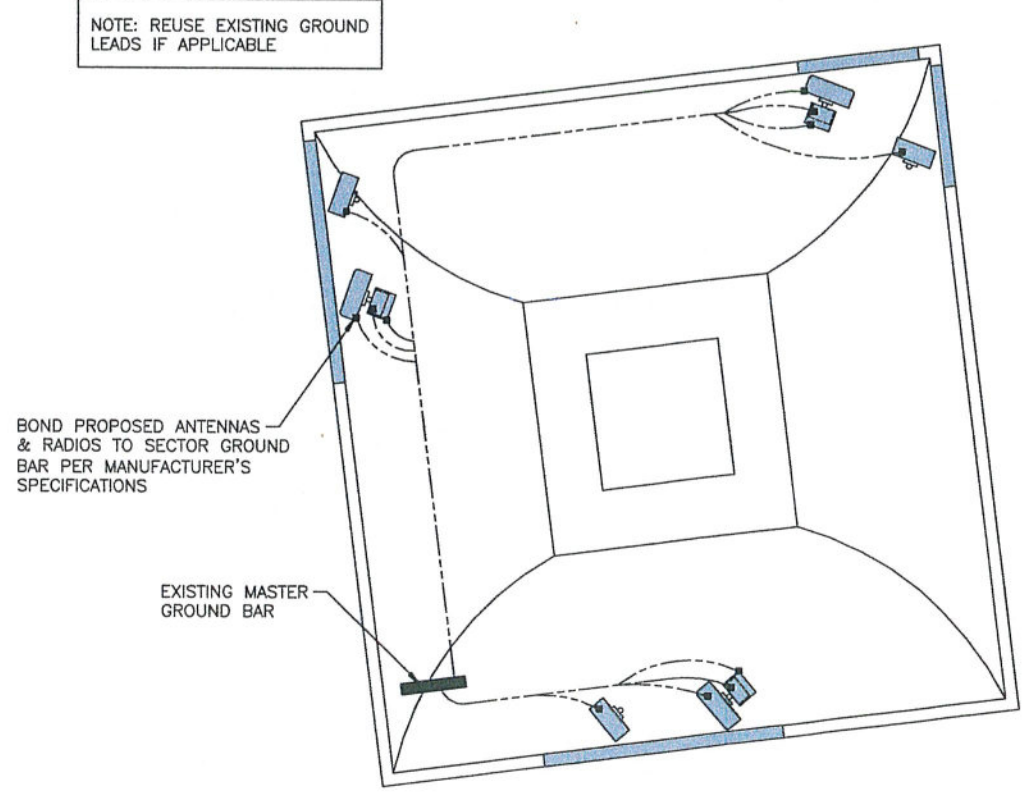
  

POWER				
RRH NO.	REF HOOK UP	WIRE COLOR	CABLE DESIGNATOR	WIRE COLOR
1.	-48V	BLACK		RED
	0V	GREY	RED	BLACK
	GROUND	DRAIN		COMMON DRAIN
2.	-48V	BLACK		GREEN
	0V	GREY	GREEN	WHITE
	GROUND	DRAIN		COMMON DRAIN
3.	-48V	BLACK		BLUE
	0V	GREY	BLUE	ORANGE
	GROUND	DRAIN		COMMON DRAIN

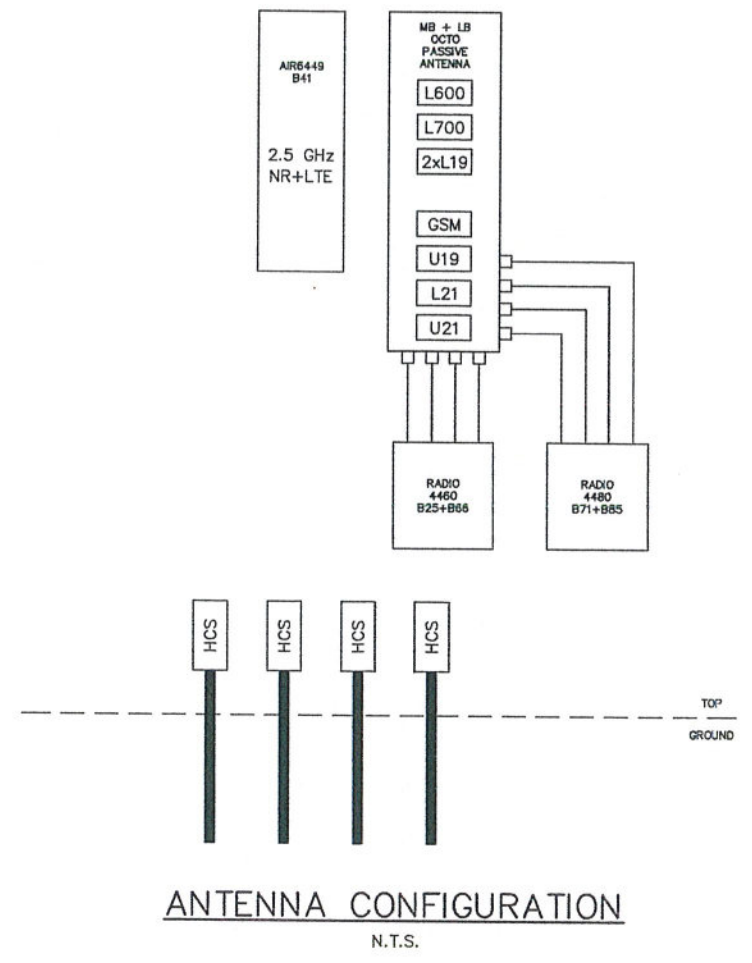
  

POWER				
RRH NO.	REF HOOK UP	WIRE COLOR	CABLE DESIGNATOR	WIRE COLOR
4.	-48V	BLACK		RED
	0V	GREY	RED 2X BANDS	BLACK
	GROUND	DRAIN		COMMON DRAIN
5.	-48V	BLACK		GREEN
	0V	GREY	GREEN 2X BANDS	WHITE
	GROUND	DRAIN		COMMON DRAIN
6.	-48V	BLACK		BLUE
	0V	GREY	BLUE 2X BANDS	ORANGE
	GROUND	DRAIN		COMMON DRAIN

MLE HYBRID CABLE (6 POWER/24 FIBER)  
N.T.S.



ANTENNA GROUNDING PLAN  
N.T.S.



ANTENNA CONFIGURATION  
N.T.S.

**T-Mobile**  
T-Mobile Northeast, LLC  
103 Monarch Drive  
Liverpool, NY 13088  
(315) 453-1340

**CENTERLINE** COMMUNICATIONS  
750 W. Center Street, Suite 301  
West Bridgewater, MA 02379  
PHONE: (844) 748-8878

**CCG** CARPENTER CONSULTING GROUP  
DEVELOPMENT DESIGN  
RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
17 INDUSTRIAL STREET | ROCHESTER, NY 14624  
OFFICE: 583-300-7777 | FAX: 583-300-2728  
WWW.CCG-USA.COM

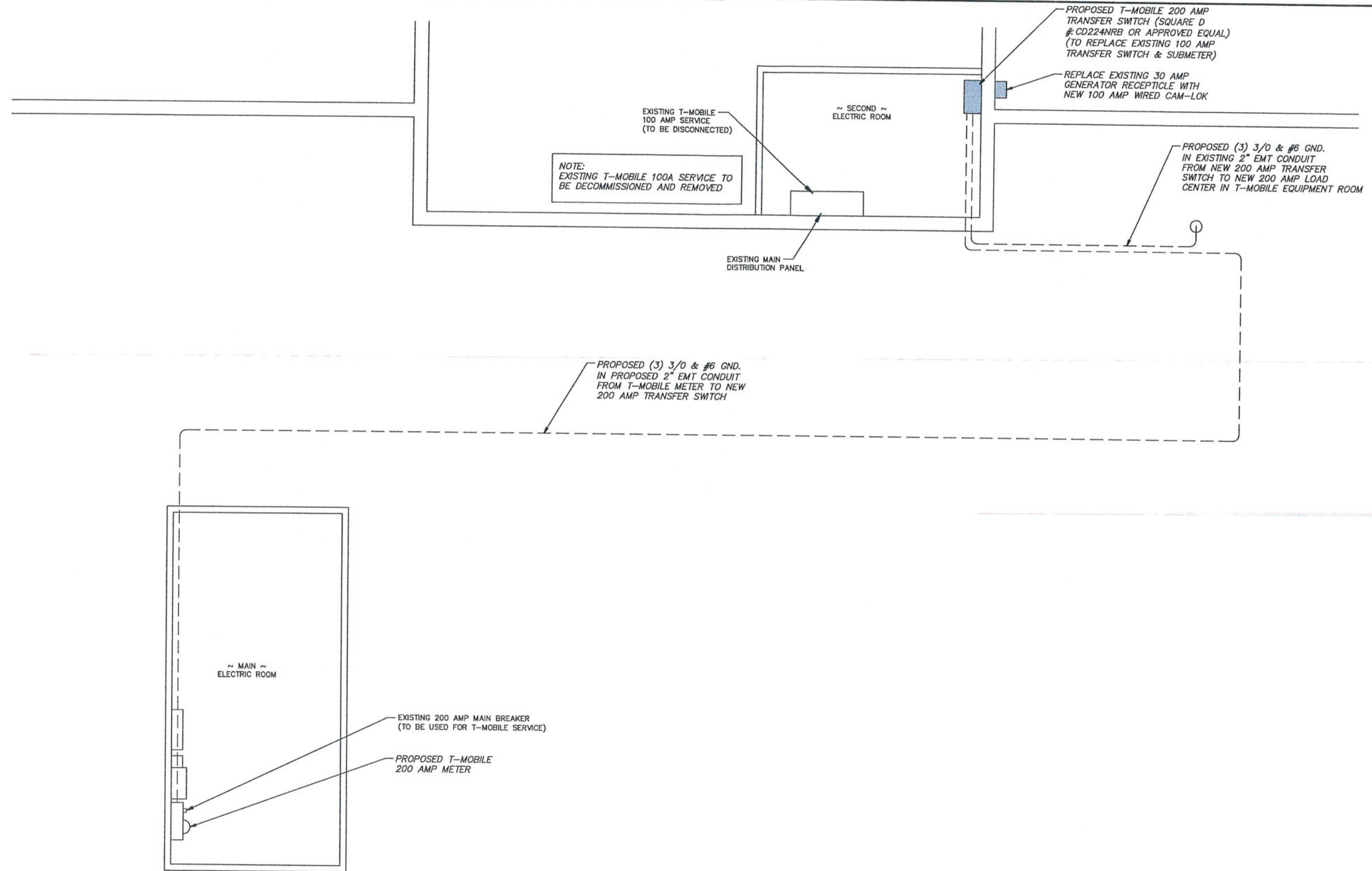
DESIGNED BY: DRB	DATE: 9/27/21
APPROVED BY: DWC	PROJECT NO: 21-CL-081

PLAN REVISIONS	NO.	DATE	DESCRIPTION	BY
	2	10/24/21	ADDED REQUIRED MOUNT MODIFICATION DETAILS	DRB
	1	10/01/21	REVISED PER COMMENTS	DRB
	0	10/01/21	ISSUED FOR REVIEW	DRB

STATE OF NEW YORK  
DMITRIY V. ALBUK  
LICENSED PROFESSIONAL ENGINEER  
089075  
*D. Albuk*  
10-29-21

SITE INFORMATION  
SITE ID# NUMBER: 3ONS220B  
SITE NAME: WESTERN\_LIGHTS  
SITE ADDRESS: 1654 W. ONONDAGA STREET SYRACUSE, NY 13204  
SITE TYPE: ROOFTOP

SHEET TITLE: SITE DETAILS  
SHEET NUMBER: C-6



NOTE:  
EXISTING T-MOBILE 100A SERVICE TO BE DECOMMISSIONED AND REMOVED

PROPOSED T-MOBILE 200 AMP TRANSFER SWITCH (SQUARE D #CD224NRB OR APPROVED EQUAL) (TO REPLACE EXISTING 100 AMP TRANSFER SWITCH & SUBMETER)

REPLACE EXISTING 30 AMP GENERATOR RECEPTACLE WITH NEW 100 AMP WIRED CAM-LOK

PROPOSED (3) 3/0 & #6 GND. IN EXISTING 2" EMT CONDUIT FROM NEW 200 AMP TRANSFER SWITCH TO NEW 200 AMP LOAD CENTER IN T-MOBILE EQUIPMENT ROOM

PROPOSED (3) 3/0 & #6 GND. IN PROPOSED 2" EMT CONDUIT FROM T-MOBILE METER TO NEW 200 AMP TRANSFER SWITCH

EXISTING T-MOBILE 100 AMP SERVICE (TO BE DISCONNECTED)

EXISTING MAIN DISTRIBUTION PANEL

~ MAIN ~  
ELECTRIC ROOM

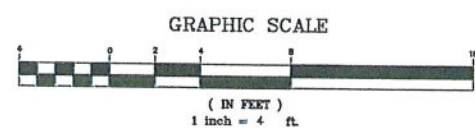
~ SECOND ~  
ELECTRIC ROOM

EXISTING 200 AMP MAIN BREAKER (TO BE USED FOR T-MOBILE SERVICE)

PROPOSED T-MOBILE 200 AMP METER

**GROUND FLOOR ELECTRICAL PLAN**

SCALE: 1"=4' (22X34)  
1"=8' (11X17)



T-Mobile Northeast, LLC  
103 Monarch Drive  
Liverpool, NY 13088  
(315) 453-1340



750 W. Center Street, Suite 301  
West Bridgewater, MA 02379  
PHONE: (844) 748-8878



DEVELOPMENT DESIGN  
RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
17 INDUSTRIAL STREET | ROCHESTER, NY 14624  
OFFICE: 585-980-2211 | FAX: 585-980-2215  
WWW.CGCARPENTER.COM

DESIGNED BY: DRB	DATE: 9/27/21
APPROVED BY: DWC	PROJECT NO.: 21-CL-081

NO.	DATE	DESCRIPTION	BY		
			DRB	DRB	DRB
2	10/29/21	ADDED REQUIRED MISC. MODIFICATION DETAILS			
1	10/01/21	REVISED PER COMMENTS			
0	10/21/21	ISSUED FOR REVIEW			

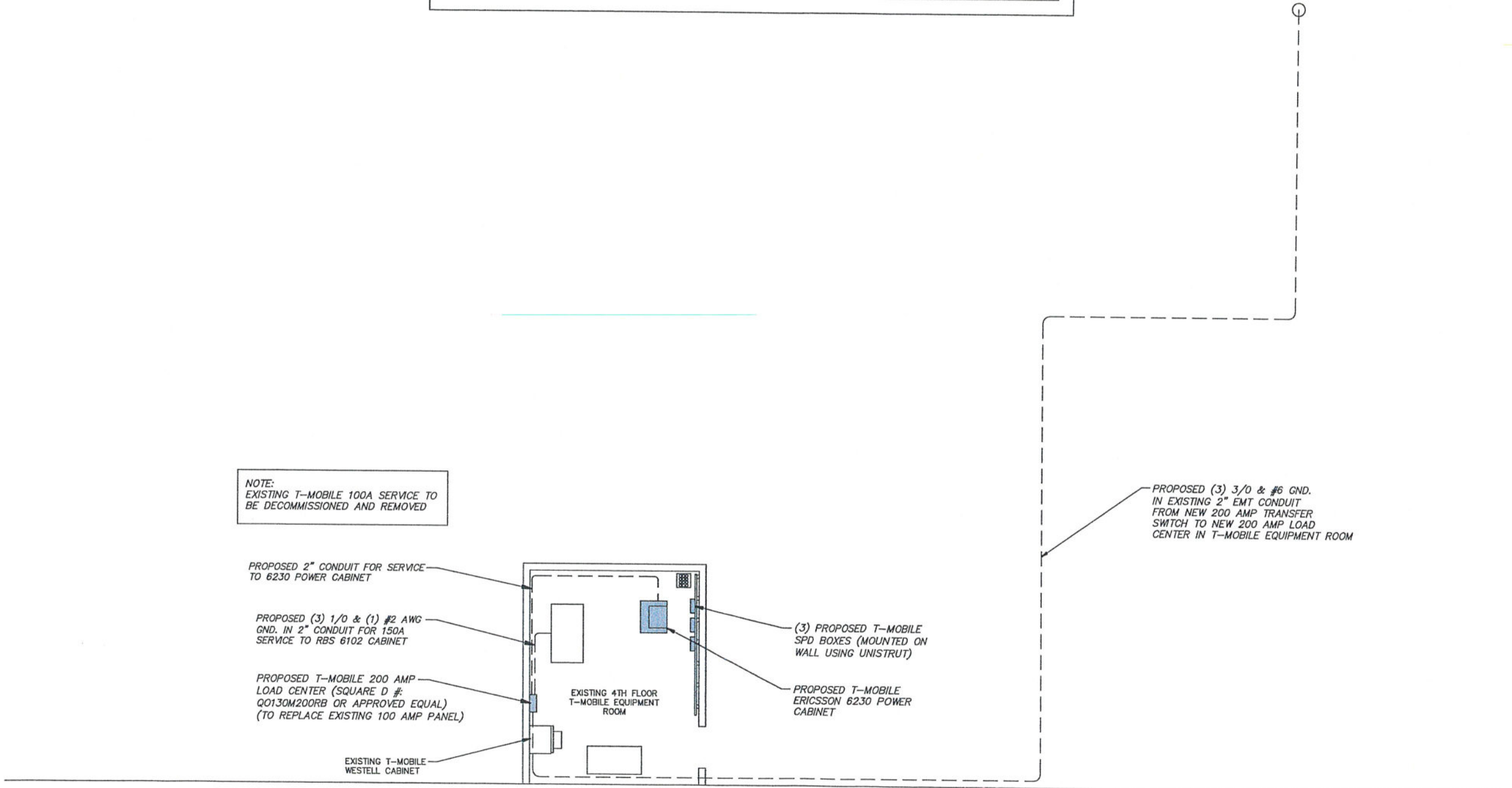
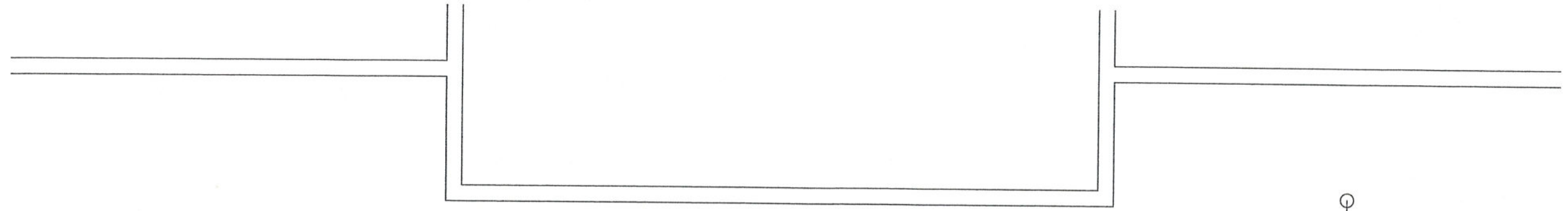


*D. Alebul*  
10-29-21

SITE INFORMATION  
SITE ID.# NUMBER:  
**3ONS220B**  
SITE NAME:  
**WESTERN\_LIGHTS**  
SITE ADDRESS:  
1654 W. ONONDAGA STREET  
SYRACUSE, NY 13204  
SITE TYPE:  
**ROOFTOP**

SHEET TITLE  
**ELECTRICAL PLAN A**

SHEET NUMBER  
**E-1**



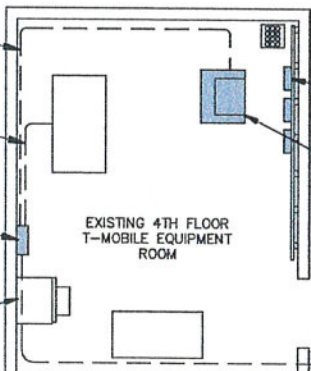
NOTE:  
EXISTING T-MOBILE 100A SERVICE TO BE DECOMMISSIONED AND REMOVED

PROPOSED 2" CONDUIT FOR SERVICE TO 6230 POWER CABINET

PROPOSED (3) 1/0 & (1) #2 AWG GND. IN 2" CONDUIT FOR 150A SERVICE TO RBS 6102 CABINET

PROPOSED T-MOBILE 200 AMP LOAD CENTER (SQUARE D #: Q0130M200RB OR APPROVED EQUAL) (TO REPLACE EXISTING 100 AMP PANEL)

EXISTING T-MOBILE WESTELL CABINET



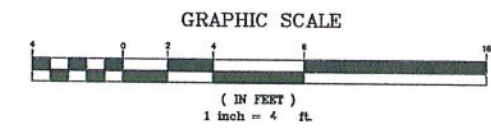
(3) PROPOSED T-MOBILE SPD BOXES (MOUNTED ON WALL USING UNISTRUT)

PROPOSED T-MOBILE ERICSSON 6230 POWER CABINET

PROPOSED (3) 3/0 & #6 GND. IN EXISTING 2" EMT CONDUIT FROM NEW 200 AMP TRANSFER SWITCH TO NEW 200 AMP LOAD CENTER IN T-MOBILE EQUIPMENT ROOM

**FOURTH FLOOR ELECTRICAL PLAN**

SCALE: 1"=4' (22X34)  
1"=8' (11X17)



**T-Mobile**  
T-Mobile Northeast, LLC  
103 Monarch Drive  
Liverpool, NY 13088  
(315) 453-1340

**CENTERLINE**  
COMMUNICATIONS  
750 W. Center Street, Suite 301  
West Bridgewater, MA 02379  
PHONE: (844) 748-8878

**CCG** CARPENTER CONSULTING GROUP  
DEVELOPMENT DESIGN  
RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
17 HIGHLAND STREET | ROCHESTER, NY 14608  
OFFICE: 585-360-2723 | FAX: 585-360-2728  
www.ccgny.com

DESIGNED BY: DRB	DATE: 9/27/21
APPROVED BY: DWC	PROJECT NO.: 21-CL-081

NO.	DATE	DESCRIPTION	BY	
			DRB	BY
2	10/26/21	ADDED REQUIRED MOUNT MODIFICATION DETAILS	DRB	
1	10/02/21	REVISED PER COMMENTS	DRB	
0	10/21/21	ISSUED FOR REVIEW	DRB	

STATE OF NEW YORK  
DMITRY V. ALBU  
LICENSED PROFESSIONAL ENGINEER  
089075  
*D. Albu*  
10-29-21

SITE INFORMATION  
SITE ID.# NUMBER:  
**3ONS220B**  
SITE NAME:  
**WESTERN\_LIGHTS**  
SITE ADDRESS:  
1654 W. ONONDAGA STREET  
SYRACUSE, NY 13204  
SITE TYPE:  
**ROOFTOP**

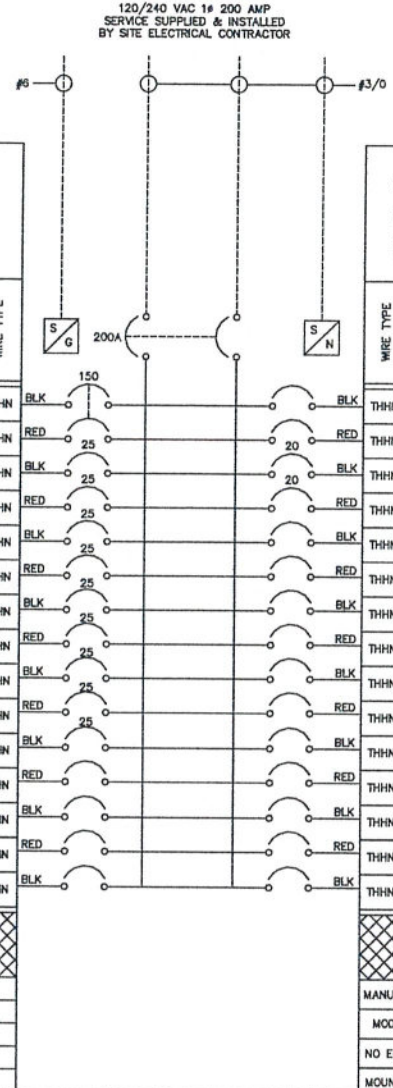
SHEET TITLE  
**ELECTRICAL PLAN B**

SHEET NUMBER  
**E-2**

### PANEL CIRCUIT AND LOAD SCHEDULE

LOAD DESCRIPTION	QTY.	UNIT V.A.	LOAD PER PHASE (VA)		LOAD CONTINUOUS	LOAD NON-CONTINUOUS	TRIP	POLES	WIRE SIZE	A.I.C.	WIRE TYPE
			PHASE								
			A	B							
1 T-MOBILE RBS 6102	1	5,760	5,760		X		150	2	1/0	10,000	THHN BLK
3	1	5,760		5,760	X		150	2	1/0	10,000	THHN RED
5 6230 BTS	1	1,350	1,350		X		25	1	1/0	10,000	THHN BLK
7 6230 BTS	1	1,350		1,350	X		25	1	1/0	10,000	THHN RED
9 6230 BTS	1	1,350	1,350		X		25	1	1/0	10,000	THHN BLK
11 6230 BTS	1	1,350		1,350	X		25	1	1/0	10,000	THHN RED
13 6230 BTS	1	1,350	1,350		X		25	1	1/0	10,000	THHN BLK
15 6230 BTS	1	1,350		1,350	X		25	1	1/0	10,000	THHN RED
17 6230 BTS	1	1,350	1,350		X		25	1	1/0	10,000	THHN BLK
19 6230 BTS	1	1,350		1,350	X		25	1	1/0	10,000	THHN RED
21 6230 BTS	1	1,350	1,350		X		25	1	1/0	10,000	THHN BLK
23 SPACE	-	-	-	-						10,000	THHN RED
25 SPACE	-	-	-	-						10,000	THHN BLK
27 SPACE	-	-	-	-						10,000	THHN RED
29 SPACE	-	-	-	-						10,000	THHN BLK
SUBTOTAL CONTINUOUS			12,510	11,160							
SUBTOTAL NON-CONTINUOUS			-	-							

VOLTAGE: 120/240	CYCLE: 60	PHASE: 1	WIRE: 3
NEUTRAL: 200 AMPS			
MAIN BREAKER: 200 AMP FRAME			
MAIN LUGS: AMPS		MAIN COPPER BUS: 200 AMP	
MOUNTING: TOP <input checked="" type="checkbox"/> BOTTOM <input type="checkbox"/>			



SERVICE: 120/240 VAC  
DESIGNATION: N/A  
LOCATION: N/A

WIRE TYPE	A.I.C.	WIRE SIZE	POLES	TRIP	LOAD CONTINUOUS	LOAD NON-CONTINUOUS	LOAD PER PHASE (VA)		UNIT V.A.	QTY.	DESCRIPTION
							PHASE				
							A	B			
THHN 10,000							-	-	-	-	SPACE 2
THHN 10,000							-	-	-	-	SPACE 4
THHN 10,000	12	1	20	X	435		435		1		LIGHT 6
THHN 10,000	12	1	20	X		180	180		1		RECEPTACLE 8
THHN 10,000							-	-	-	-	SPACE 10
THHN 10,000							-	-	-	-	SPACE 12
THHN 10,000							-	-	-	-	SPACE 14
THHN 10,000							-	-	-	-	SPACE 16
THHN 10,000							-	-	-	-	SPACE 18
THHN 10,000							-	-	-	-	SPACE 20
THHN 10,000							-	-	-	-	SPACE 22
THHN 10,000							-	-	-	-	SPACE 24
THHN 10,000							-	-	-	-	SPACE 26
THHN 10,000							-	-	-	-	SPACE 28
THHN 10,000							-	-	-	-	SPACE 30
SUBTOTAL CONTINUOUS							435	180			
SUBTOTAL NON-CONTINUOUS											
MANUFACTURER: SQUARE D							TOTAL KVA CONTINUOUS X 1.25		21.60		
MODEL NUMBER: Q0130M200RB							TOTAL KVA NON-CONTINUOUS		0.62		
NO EQUAL <input type="checkbox"/> APPROVED EQUAL <input checked="" type="checkbox"/>							TOTAL KVA		22.22		
MOUNTING: SURFACE <input checked="" type="checkbox"/> FLUSH <input type="checkbox"/>							TOTAL AMPS		92.58		

NOTE:  
CONTRACTOR TO SUPPLY & INSTALL THE FOLLOWING:  
SQUARE D MODEL Q0130M200RB 200 AMP  
30 SPACE OUTDOOR MAIN BREAKER LOAD PANEL

**ELECTRICAL PANEL**  
N.T.S.



SQUARE-D POWER PANEL DIMENSIONS

MODEL #	Q0130M200RB
MANUF.	SQUARE-D
WIDTH	14.76"
HEIGHT	29.84"

**ELECTRICAL PANEL DETAIL**  
N.T.S.



SQUARE-D DISCONNECT DIMENSIONS

MODEL #	CD224NRB
MANUF.	SQUARE-D
WIDTH	19.0"
HEIGHT	29.25"

**DISCONNECT SWITCH DETAIL**  
N.T.S.

**T-Mobile**  
T-Mobile Northeast, LLC  
103 Monarch Drive  
Liverpool, NY 13088  
(315) 453-1340

**CENTERLINE COMMUNICATIONS**  
750 W. Center Street, Suite 301  
West Bridgewater, MA 02379  
PHONE: (844) 748-8878

**CCG CARPENTER CONSULTING GROUP**  
DEVELOPMENT DESIGN  
RESIDENTIAL | COMMERCIAL | WIRELESS | ENERGY  
1700 FRANK STREET | ROCHESTER, NY 14621  
716-586-8878 | WWW.CCGDESIGN.COM

DESIGNED BY: DRB	DATE: 9/27/21
APPROVED BY: DWC	PROJECT NO: 21-CL-081

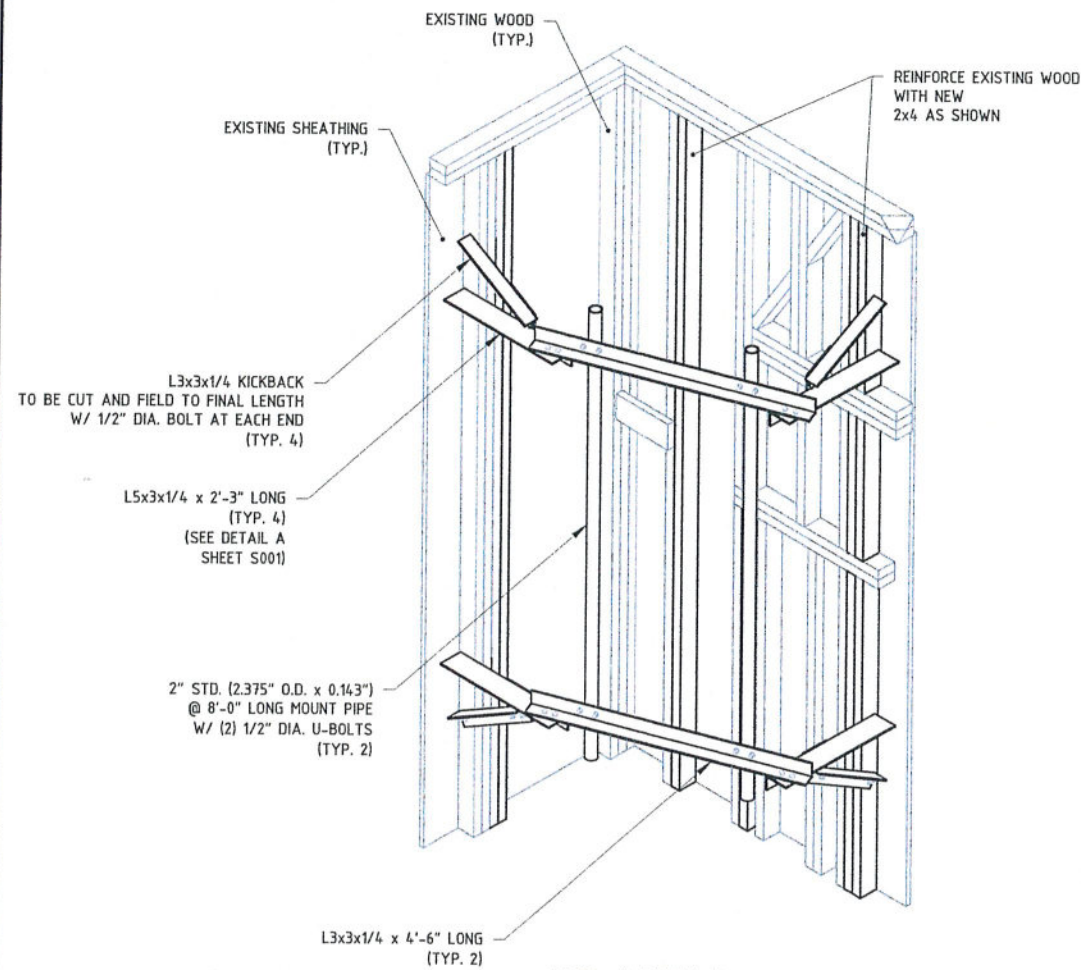
PLAN REVISIONS	NO.	DATE	DESCRIPTION	BY
	2	10/26/21	ADDED REQUIRED MOUNT MODIFICATION DETAILS	DRB
	1	10/01/21	REVISED PER COMMENTS	DRB
	0	10/01/21	ISSUED FOR REVIEW	DRB

STATE OF NEW YORK  
DMITRY V. ALBU  
LICENSED PROFESSIONAL ENGINEER  
089076  
*D. V. Albu*  
10-29-21

SITE INFORMATION  
SITE I.D.# NUMBER: 30NS220B  
SITE NAME: WESTERN\_LIGHTS  
SITE ADDRESS: 1654 W. ONONDAGA STREET SYRACUSE, NY 13204  
SITE TYPE: ROOFTOP

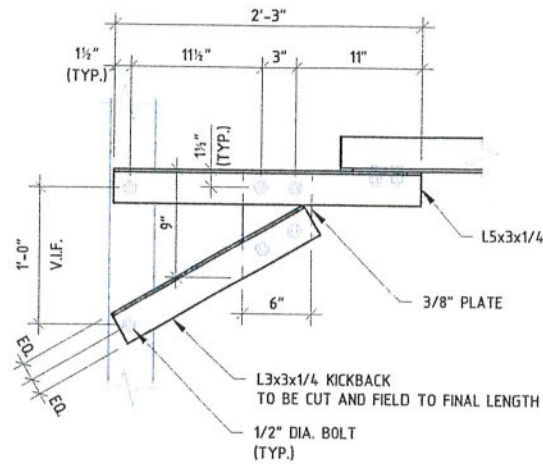
SHEET TITLE  
**ELECTRICAL DETAILS**  
SHEET NUMBER  
**E-3**

- NOTES:
- EQUIPMENT NOT SHOWN FOR CLARITY;
  - STEEPLE SHOWN PARTIALLY FOR CLARITY;
  - VERIFY ALL DIMENSIONS PRIOR TO FABRICATION.



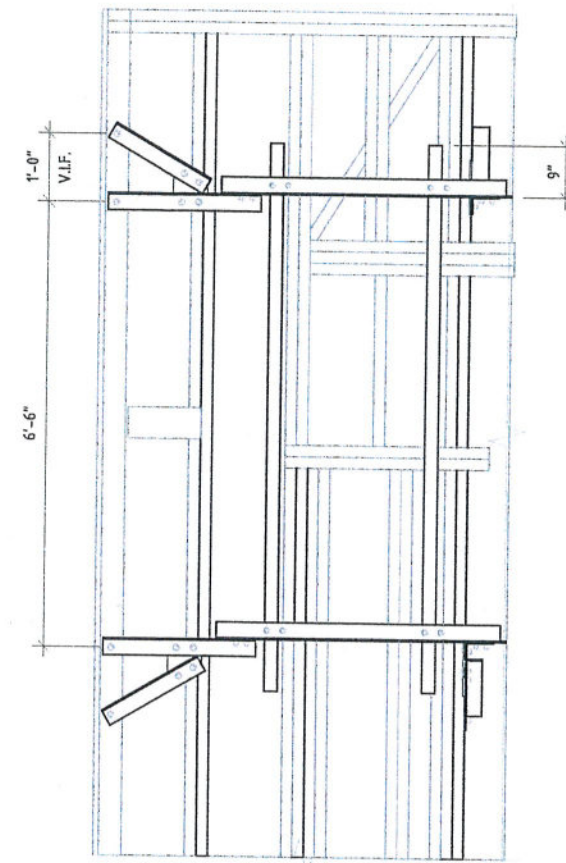
3D VIEW

N.T.S.



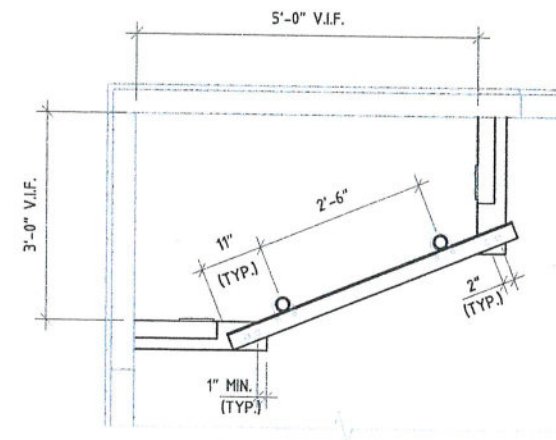
DETAIL A

N.T.S.



ELEVATION VIEW

N.T.S.



PLAN VIEW

N.T.S.

STRUCTURAL STEEL MATERIAL PROPERTIES

- |             |                |
|-------------|----------------|
| 1. Bolts:   | ASTM A325      |
| 2. Pipes:   | ASTM A53 Gr. B |
| 3. Angles:  | ASTM A36       |
| 4. U-Bolts: | ASTM A307      |

ALL BOLTS ARE 1/2" DIA. MIN. UNLESS NOTED OTHERWISE.

NOTE: All structural steel should be Hot Dipped Galvanized per ASTM A123 / A123M. Provide shop drawings for structural steel for approval before fabrication.

INSTALLATION

- All edge and gage distances should meet or exceed minimum values provided by AISC Manual of Steel Construction.
- All structural steel fabrication, erection, and connections to conform with current edition of AISC handbook.

MISCELLANEOUS

- It is solely the contractor's responsibility to determine erection procedure and sequence in order to insure the safety of the building, workmen, and occupants during construction (means & methods of construction). This includes, but is not limited to, the addition of shoring, under pinning, and temporary bracing, as necessary. USA Groups may bill contractor on a time and expense basis for additional work, for all new sketches, and for all additional review time related to means & methods.
- Contractor shall survey the existing tower for all dimensions, elevations, and conditions needed to perform the work shown on these plans. This includes verifying dimensions, elevations, & conditions shown on the construction documents contractor shall report any non-conformance with design drawings to the USA Groups immediately.

**T-Mobile**

T-MOBILE NORTHEAST, LLC  
103 MONARCH DRIVE  
LIVERPOOL, NY 13088  
(315) 453-1340



750 W. CENTER STREET, SUITE 301  
WEST BRIDGEWATER, MA 02379  
(844) 748-8878



DEVELOPMENT DESIGN  
168 NORTH WATER STREET  
ROCHESTER, NY 14604  
(585) 360-2733  
WWW.CARPENTERCG.COM



3840 E. ROBINSON ROAD  
AMHERST, NY 14228  
WWW.ALBULENG.COM

ISSUE STATUS



*D. Albul*  
10-29-21

DRAWN BY: AVM  
CHECKED BY: RSD  
DATE: 10/22/2021

SITE INFORMATION

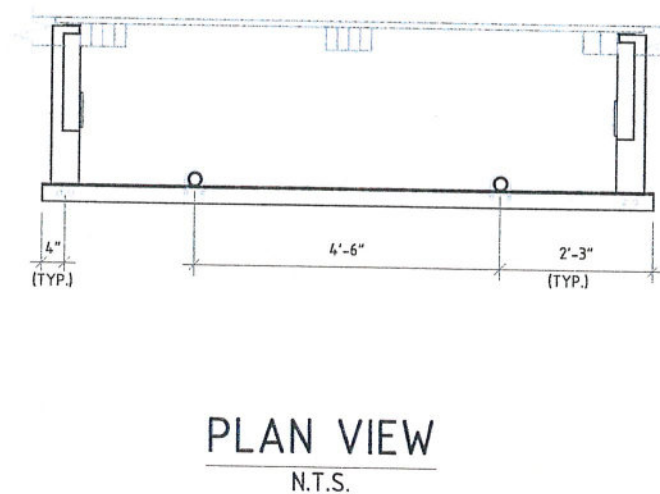
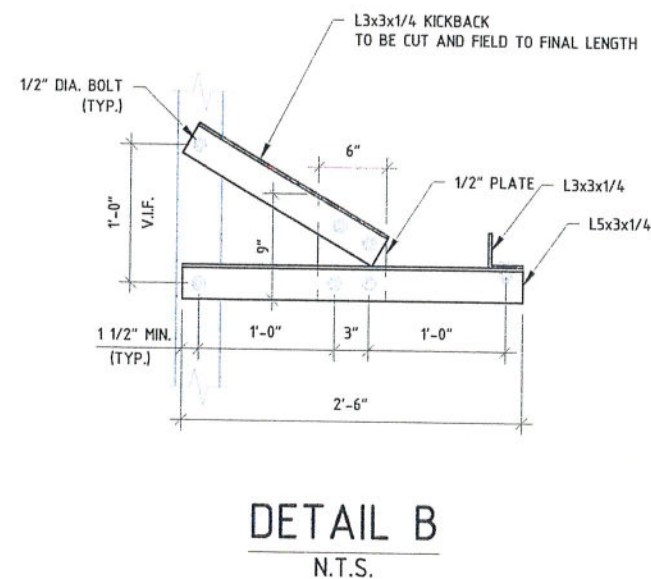
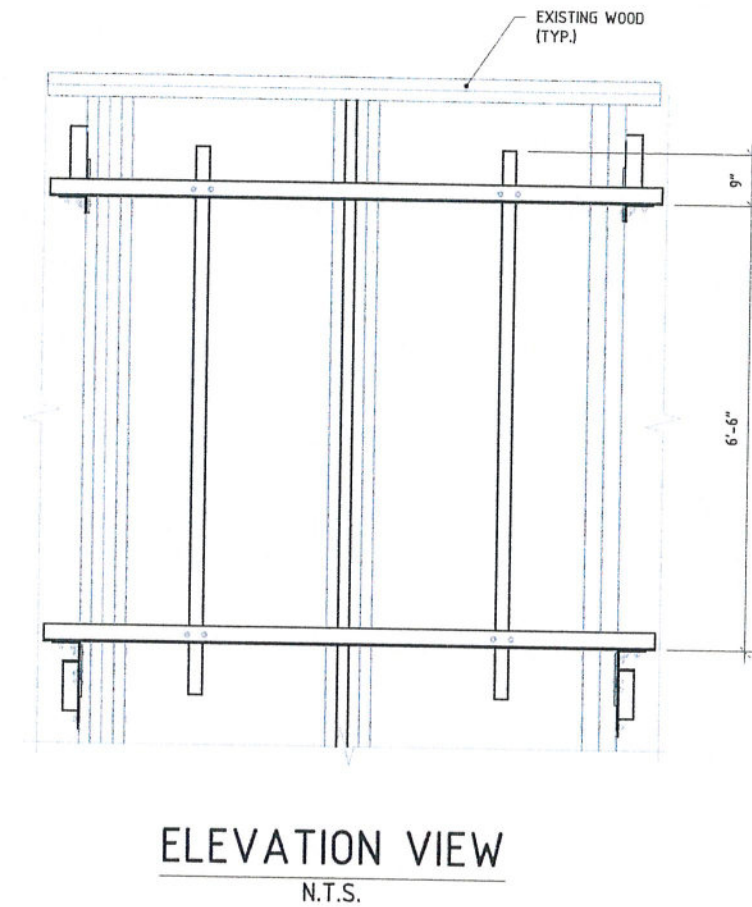
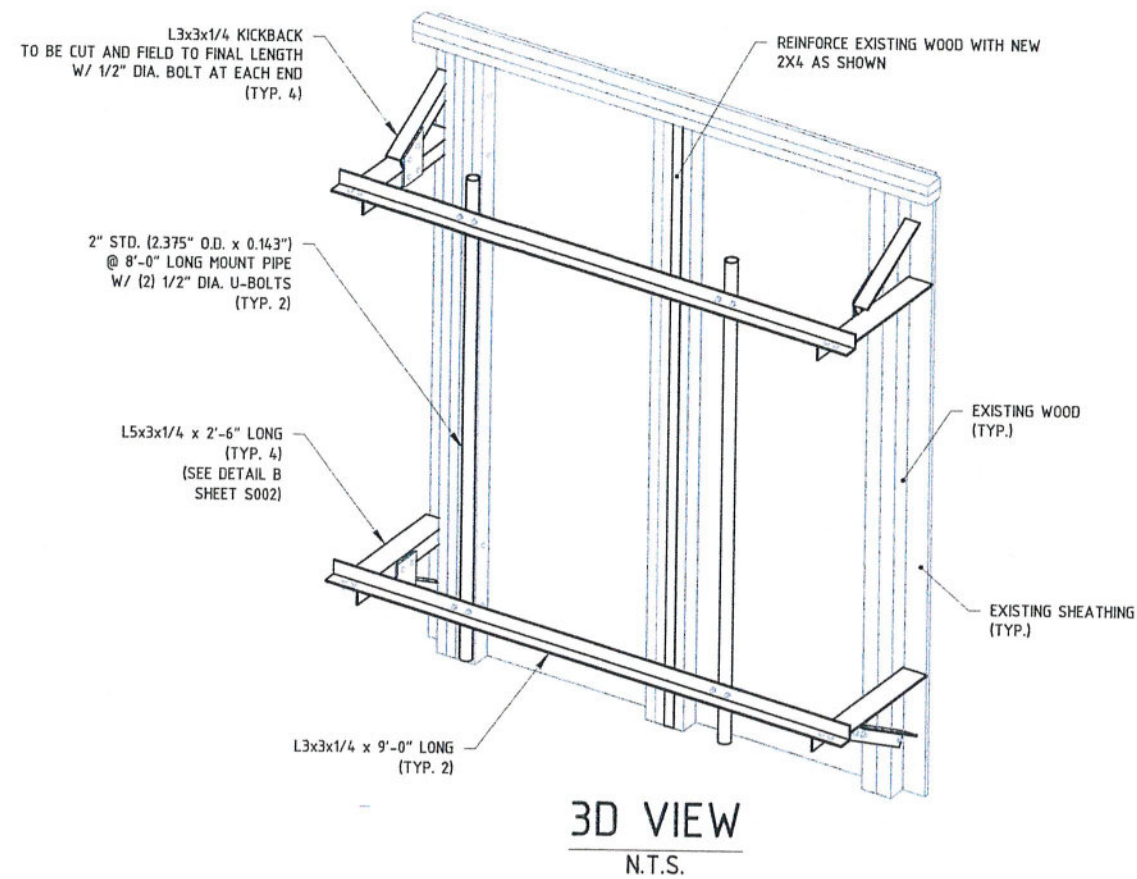
30NS220B  
WESTERN LIGHTS

1654 WEST ONONDAGA STREET  
SYRACUSE, NY 13204  
ONONDAGA COUNTY

SHEET:  
**S001**

GENERAL NOTES &  
ALPHA SECTOR MODIFICATION DESIGN

- NOTES:
- EQUIPMENT NOT SHOWN FOR CLARITY;
  - STEEPLE SHOWN PARTIALLY FOR CLARITY;
  - VERIFY ALL DIMENSIONS PRIOR TO FABRICATION.



**T-Mobile**

T-MOBILE NORTHEAST, LLC  
103 MONARCH DRIVE  
LIVERPOOL, NY 13088  
(315) 453-1340



750 W. CENTER STREET, SUITE 301  
WEST BRIDGEWATER, MA 02379  
(844) 748-8878



DEVELOPMENT DESIGN  
168 NORTH WATER STREET  
ROCHESTER, NY 14604  
(585) 360-2733  
WWW.CARPENTERCG.COM



3840 E. ROBINSON ROAD  
AMHERST, NY 14228  
WWW.ALBULENG.COM

ISSUE STATUS



*D. Albul*  
10-29-21

DRAWN BY: AVM  
CHECKED BY: RSD  
DATE: 10/22/2021

SITE INFORMATION

3ONS220B  
WESTERN LIGHTS

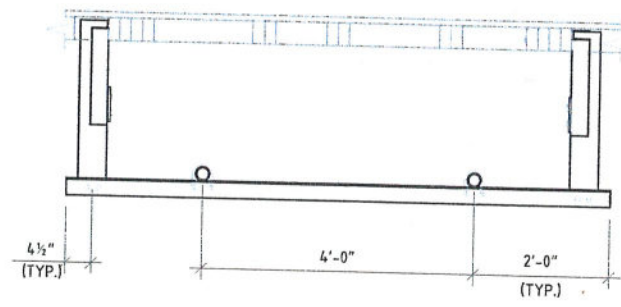
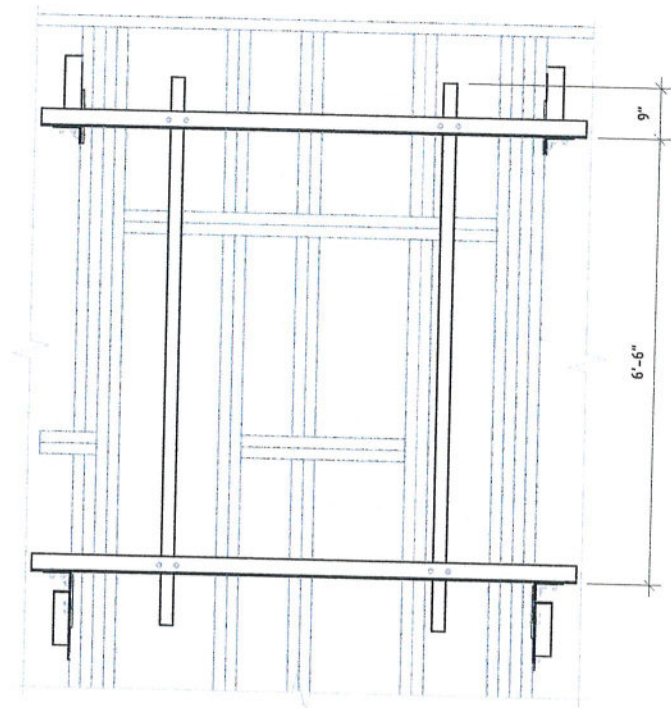
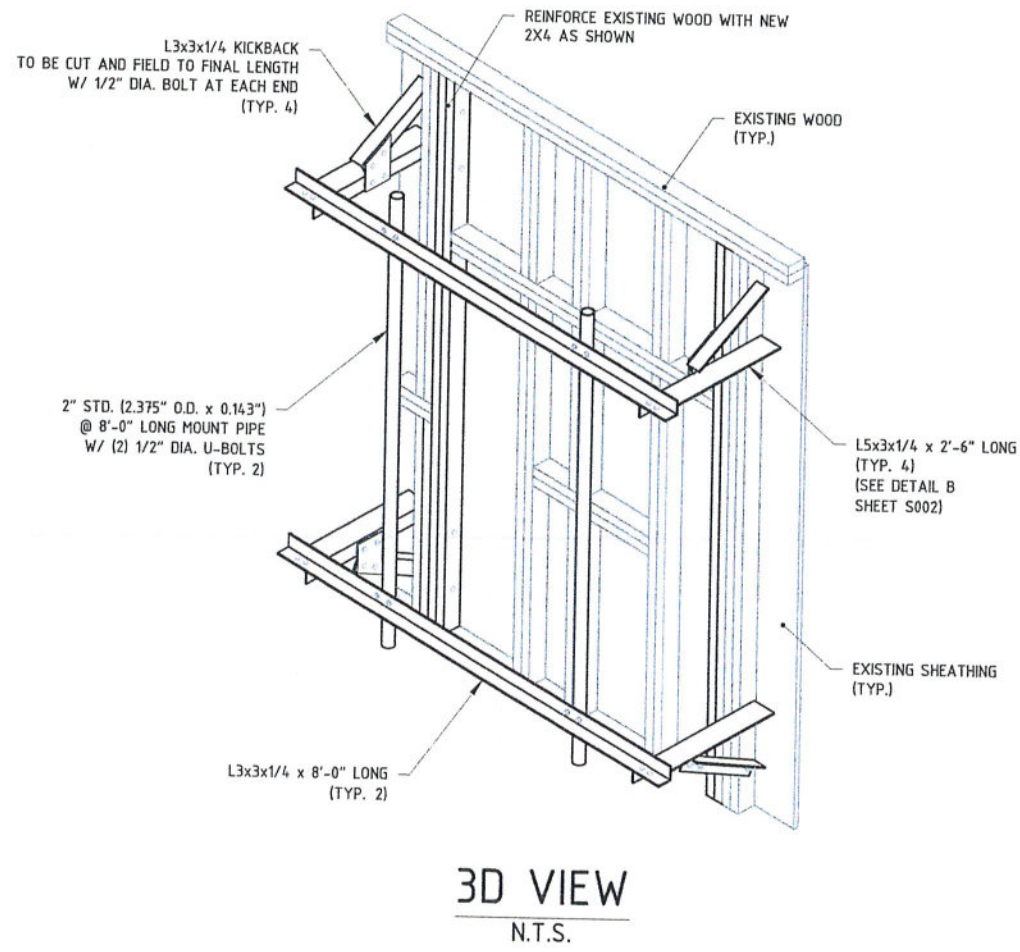
1654 WEST ONONDAGA STREET  
SYRACUSE, NY 13204  
ONONDAGA COUNTY

SHEET:  
**S002**

BETA SECTOR MODIFICATION DESIGN



- NOTES:
1. EQUIPMENT NOT SHOWN FOR CLARITY;
  2. STEEPLE SHOWN PARTIALLY FOR CLARITY;
  3. VERIFY ALL DIMENSIONS PRIOR TO FABRICATION.



**T-Mobile**

T-MOBILE NORTHEAST, LLC  
103 MONARCH DRIVE  
LIVERPOOL, NY 13088  
(315) 453-1340

**CENTERLINE**  
COMMUNICATIONS

150 W. CENTER STREET, SUITE 301  
WEST BRIDGEWATER, MA 02379  
(844) 743-8878

**CICG** CARPENTER CONSULTING GROUP

DEVELOPMENT DESIGN  
168 NORTH WATER STREET  
ROCHESTER, NY 14604  
(585) 360-2733  
WWW.CARPENTERCICG.COM

**ALBUL**  
ENGINEERING

3840 E. ROBINSON ROAD  
AMHERST, NY 14228  
WWW.ALBULENG.COM

ISSUE STATUS


STATE OF NEW YORK  
DMITRIY V. ALBUL  
LICENSED PROFESSIONAL ENGINEER  
089075

*D. Albul*  
10-29-21

DRAWN BY: AVM  
CHECKED BY: RSD  
DATE: 10/22/2021

SITE INFORMATION  
30NS220B  
WESTERN LIGHTS

1654 WEST ONONDAGA STREET  
SYRACUSE, NY 13204  
ONONDAGA COUNTY

SHEET:  
**S003**  
GAMMA SECTOR MODIFICATION DESIGN

<b>RAN Template:</b> 67E5A998E PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+1OP
---	--

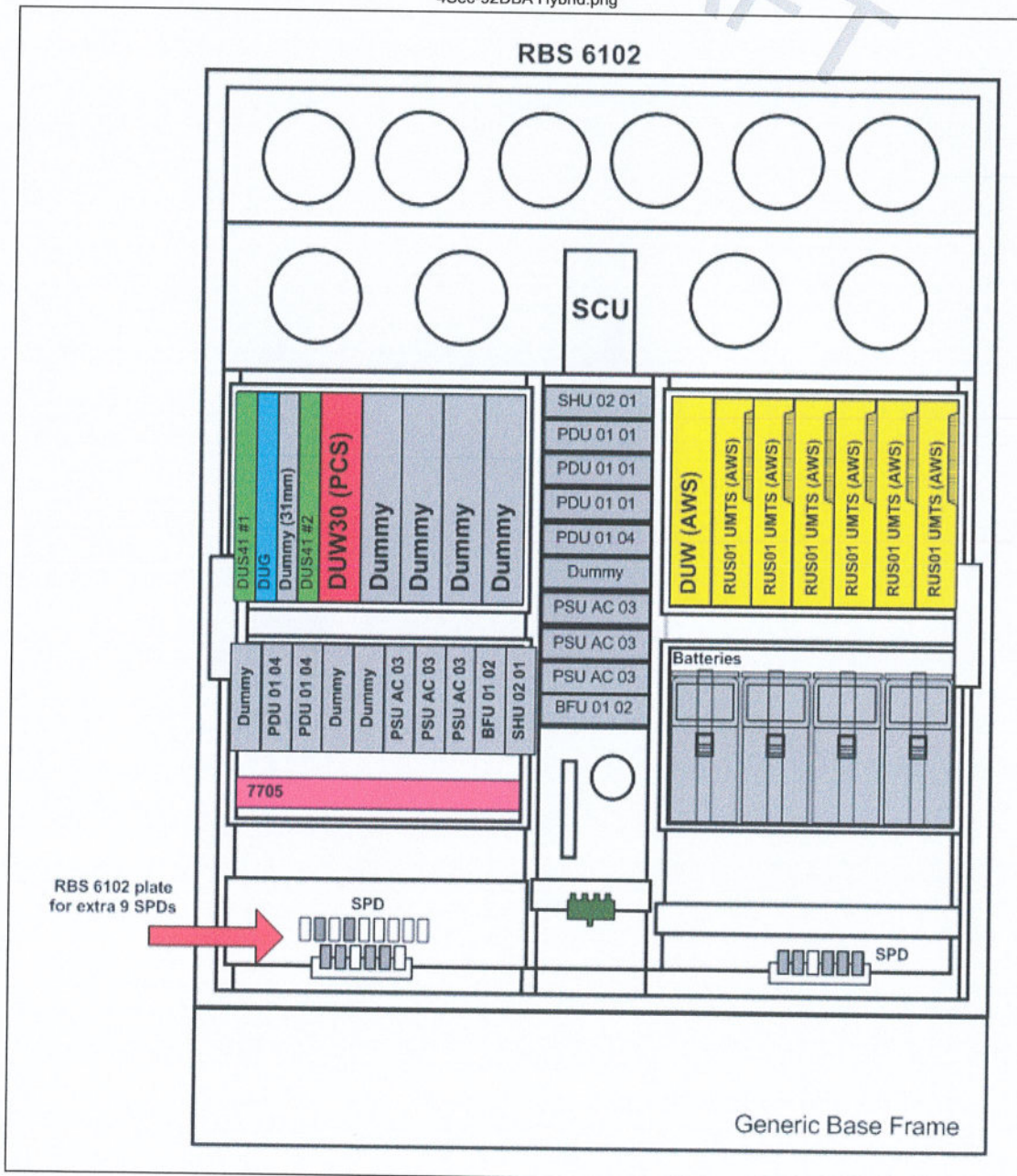
Section 1 - Site Information

<b>Site ID:</b> 3ONS220B	<b>Site Name:</b> western_lights	<b>Latitude:</b> 43.03406000
<b>Status:</b> Draft	<b>Site Class:</b> Rooftop Structure	<b>Longitude:</b> -76.18174000
<b>Version:</b> 9	<b>Site Type:</b> Building	<b>Address:</b> 1654 West Onondaga Street
<b>Project Type:</b> Anchor	<b>Plan Year:</b> 2022	<b>City, State:</b> Syracuse, NY
<b>Approved:</b> Not Approved	<b>Market:</b> UPSTATE NY	<b>Region:</b> NORTHEAST
<b>Approved By:</b> Not Approved	<b>Vendor:</b> Ericsson	
<b>Last Modified:</b> 7/27/2021 3:8:53 PM	<b>Landlord:</b> Catholic Charities	
<b>Last Modified By:</b> Gaurav.Patel1@T-Mobile.com		

<b>RAN Template:</b> 67E5A998E PBC6200+P6230	<b>AL Template:</b> 67E5998E_1xAIR+1OP			
<b>Sector Count:</b> 3	<b>Antenna Count:</b> 6	<b>Coax Line Count:</b> 0	<b>TMA Count:</b> 0	<b>RRU Count:</b> 6

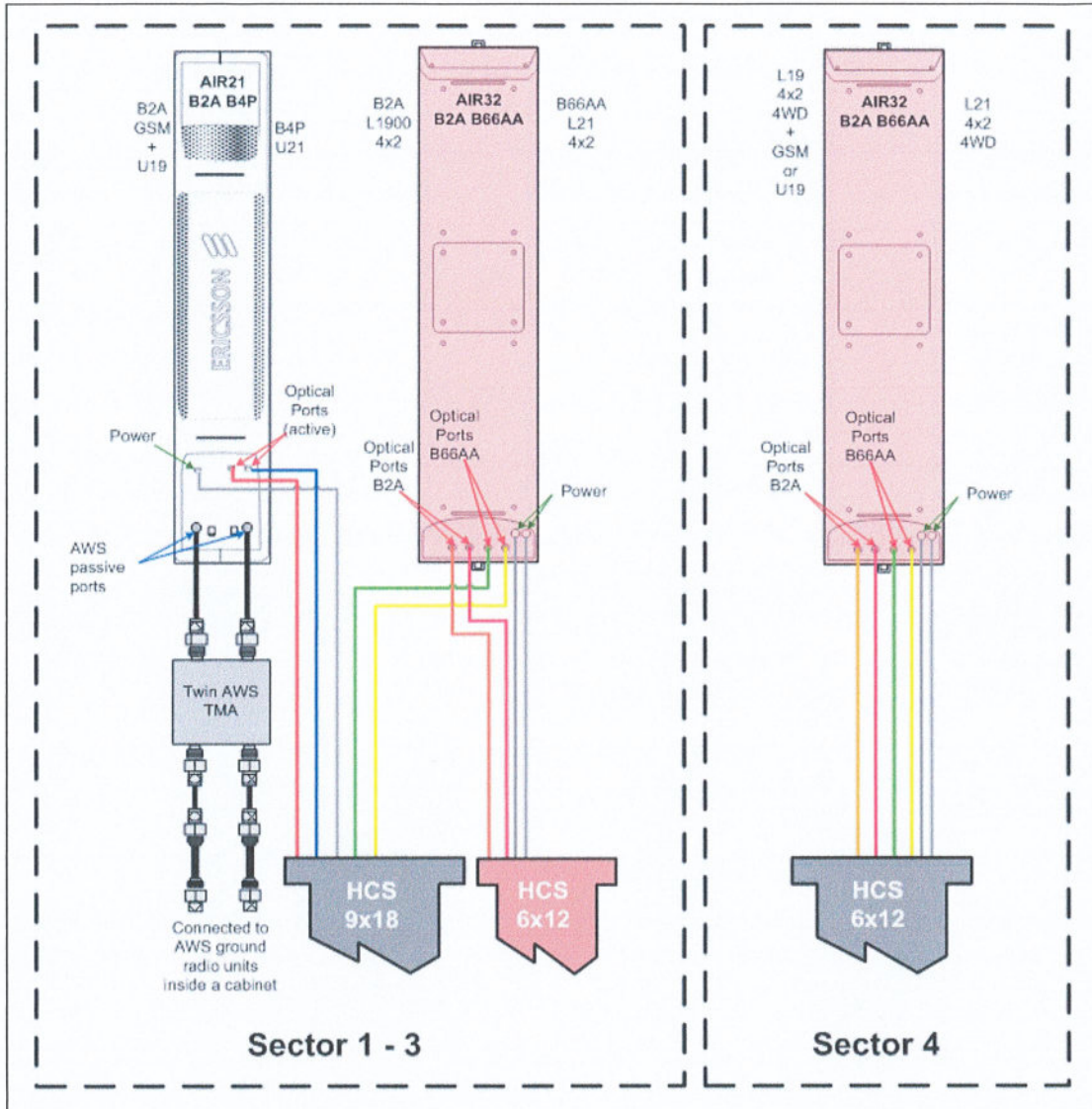
Section 2 - Existing Template Images

4Sec-92DBA Hybrid.png



Notes:

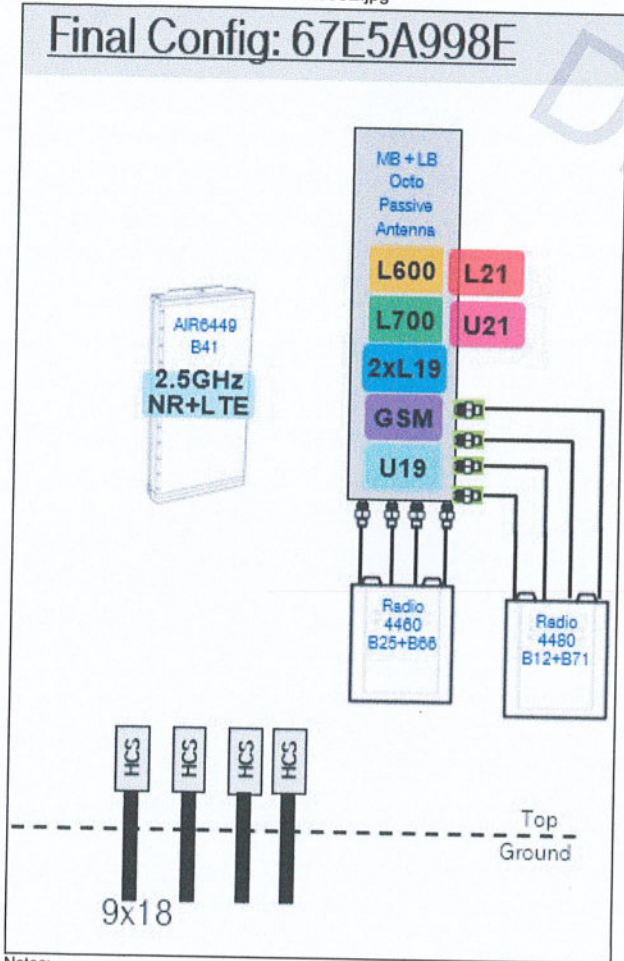
4Sec-92DBA.png



Notes:

Section 3 - Proposed Template Images

67E5A998E.jpg



Notes:

DRAFT

Section 4 - Siteplan Images

----- This section is intentionally blank. -----

DRAFT

<b>RAN Template:</b> 67E5A998E PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+1OP
---	--

**Section 5 - RAN Equipment**

<b>Existing RAN Equipment</b>					
<b>Template:</b> 4Sec-92DBA Hybrid					
<b>Enclosure</b>	1				
<b>Enclosure Type</b>	RBS 6102 MU AC				
<b>Baseband</b>	<table border="0"> <tr> <td>DUW30 U1900</td> <td>DUW30 U2100 (DECOMMISSIONED)</td> <td>DUG20 G1900</td> <td>BB 6630 L2100 L1900</td> </tr> </table>	DUW30 U1900	DUW30 U2100 (DECOMMISSIONED)	DUG20 G1900	BB 6630 L2100 L1900
DUW30 U1900	DUW30 U2100 (DECOMMISSIONED)	DUG20 G1900	BB 6630 L2100 L1900		
<b>Hybrid Cable System</b>	Ericsson 3x6 HCS *Select Length* (x 6)    Ericsson 6x12 HCS *Select Length & AWG*				
<b>Radio</b>	RUS01 B4 (x 6) U2100 (DECOMMISSIONED)				

<b>Proposed RAN Equipment</b>								
<b>Template:</b> 67E5A998E PBC6200+P6230								
	1	2	3					
<b>Enclosure Type</b>	RBS 6102 MU AC	19 Inch Rack (Ericsson)	Power 6230					
<b>Baseband</b>	<table border="0"> <tr> <td>DUG20 G1900</td> <td>DUW30 U1900</td> </tr> </table>	DUG20 G1900	DUW30 U1900	<table border="0"> <tr> <td>BB 6648 L2500 N2500</td> <td>BB 6648 L700 L600 N600</td> <td>BB 6630 L2100 L1900</td> </tr> </table>	BB 6648 L2500 N2500	BB 6648 L700 L600 N600	BB 6630 L2100 L1900	
DUG20 G1900	DUW30 U1900							
BB 6648 L2500 N2500	BB 6648 L700 L600 N600	BB 6630 L2100 L1900						
<b>Hybrid Cable System</b>	PSU 4813 Ericsson 3x6 HCS *Select Length* (x 6) Ericsson 6x12 HCS *Select Length & AWG*		PSU 4813 Ericsson Hybrid Trunk 6/24 4AWG 50m (x 3)					
<b>Transport System</b>	CSR 7210 SAS-Mxp    CSR SAR-F		CSR IXRe V2 (Gen2)					

**RAN Scope of Work:**

RAN SOW;  
 100A service @ site and need to 200 Amps PPC @ site.  
 Add 6230 indoor solution and indoor SPD boxes.  
 Add (1) BB 6648 for MM Low Bands L7/L6/N6 in E// Cabinet. Add (1) BB 6648 for MM B41s L25/N25, add (1) PSU 4813 Voltage Booster and (1) IXRe Router into 19' rack.  
 HCS: keep (3) 6X24 HCS (type, length and AWG requirement will be decided by Construction);

A&L SOW (total for site);  
 During Anchor upgrade we will remove Capacity additional sector.  
 Swap (3) Air32 antennas with (3) Air6449 antennas.  
 Swap (3) Air21 Antennas with 6' Octoport antennas, add (3) Radio 4480s for MM L7/L6/N6 to Low Band ports and add (3) Radio 4460 B25s for the 2xL19s/GSM to Mid Band ports.

<b>RAN Template:</b> 67E5A998E_PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+1OP
---	--

**Section 6 - A&L Equipment**

Existing Template: 4Sec-92DBA\_2xAIR  
 Proposed Template: 67E5998E\_1xAIR+1OP

**Sector 1 (Existing) view from behind**

<b>Coverage Type</b>	A - Outdoor Macro							
<b>Antenna</b>	1			2				
<b>Antenna Model</b>	Ericsson - AIR21 KRC118023-1_B2A_B4P (Quad)			Ericsson - AIR32 KRD901146-1_B66A_B2A (Octo)				
<b>Azimuth</b>	20			20				
<b>M. Tilt</b>	0			0				
<b>Height</b>	83			83				
<b>Ports</b>	P1		P2		P3	P4	P5	P6
<b>Active Tech.</b>	U1900 G1900				L2100	L2100	L1900	L1900
<b>Dark Tech.</b>								
<b>Restricted Tech.</b>								
<b>Decomm. Tech.</b>			U2100					
<b>E. Tilt</b>	4	4		7	7	8	8	
<b>Cables</b>								
<b>TMA</b>								
<b>Diplexers / Combiners</b>								
<b>Radio</b>								
<b>Sector Equipment</b>								
<b>Unconnected Equipment:</b>								
Cable: 7/8" Coax - 65 ft. TMA: Ericsson Twin Style 1B - KRY 112 144/1								
<b>Scope of Work:</b>								

<b>RAN Template:</b> 67E5A998E PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+1OP
---	--

Sector 1 (Proposed) view from behind						
<b>Coverage Type</b>	A - Outdoor Macro					
<b>Antenna</b>	1			2		
<b>Antenna Model</b>	RFS - APXVAALL18_43-U-NA20 (Octo)			Ericsson - AIR6449 B41 (Active Antenna - Massive MIMO)		
<b>Azimuth</b>	20			20		
<b>M. Tilt</b>	0			0		
<b>Height</b>	83			83		
<b>Ports</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>	<b>P5</b>	<b>P6</b>
<b>Active Tech.</b>	L700 L600 N600	L700 L600 N600	L2100 L1900 G1900 U1900	L2100 L1900 G1900 U1900	L2500 N2500	L2500 N2500
<b>Dark Tech.</b>						
<b>Restricted Tech.</b>						
<b>Decomm. Tech.</b>						
<b>E. Tilt</b>	4	4	7	7	7	7
<b>Cables</b>	Coax Jumper (x2)	Coax Jumper (x2)	Coax Jumper (x2)	Coax Jumper (x2)		
<b>TMA's</b>						
<b>Diplexers / Combiners</b>						
<b>Radio</b>	Radio 4480 B71+B85 (At Antenna)	SHARED Radio 4480 B71+B85 (At Antenna)	Radio 4460 B25+B66 (At Antenna)	SHARED Radio 4460 B25+B66 (At Antenna)		
<b>Sector Equipment</b>						
<b>Unconnected Equipment:</b>						
<b>Scope of Work:</b>						
During Anchor upgrade we will remove Capacity additional sector. Swap (1) Air32 antenna with (1) Air6449 antennas. Swap (1) Air21 Antenna with 6' Octoport antenna, add (1) Radio 4480 for MM L7/L6/N6 to Low Band ports and add (1) Radio 4460 B25 for the 2xL19s/GSM/U19 to Mid Band ports.						
*A dashed border indicates shared equipment. Any connected equipment is denoted with the SHARED keyword.						



<b>RAN Template:</b> 67E5A998E_PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+10P
---	--

Sector 2 (Existing) view from behind						
Coverage Type	A - Outdoor Macro					
Antenna	1			2		
Antenna Model	Ericsson - AIR21 KRC118023-1_B2A_B4P (Quad)			Ericsson - AIR32 KRD901146-1_B66A_B2A (Octo)		
Azimuth	230			230		
M. Tilt	0			0		
Height	83			83		
Ports	P1	P2	P3	P4	P5	P6
Active Tech.	U1900 G1900		L2100	L2100	L1900	L1900
Dark Tech.						
Restricted Tech.						
Decomm. Tech.		U2100				
E. Tilt	2	2	4	4	5	5
Cables						
TMA's						
Diplexers / Combiners						
Radio						
Sector Equipment						
Unconnected Equipment:						
Cable: 7/8" Coax - 30 ft. TMA: Ericsson Twin Style 1B - KRY 112 144/1						
Scope of Work:						

<b>RAN Template:</b> 67E5A998E PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+1OP
---	--

Sector 2 (Proposed) view from behind						
<b>Coverage Type</b>	A - Outdoor Macro					
<b>Antenna</b>	1			2		
<b>Antenna Model</b>	RFS - APXVAALL18_43-U-NA20 (Octo)			Ericsson - AIR6449 B41 (Active Antenna - Massive MIMO)		
<b>Azimuth</b>	230			230		
<b>M. Tilt</b>	0			0		
<b>Height</b>	83			83		
<b>Ports</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>	<b>P5</b>	<b>P6</b>
<b>Active Tech.</b>	L700 L600 N600	L700 L600 N600	L2100 L1900 G1900 U1900	L2100 L1900 G1900 U1900	L2500 N2500	L2500 N2500
<b>Dark Tech.</b>						
<b>Restricted Tech.</b>						
<b>Decomm. Tech.</b>						
<b>E. Tilt</b>	4	4	4	4	4	4
<b>Cables</b>	Coax Jumper (x2)	Coax Jumper (x2)	Coax Jumper (x2)	Coax Jumper (x2)		
<b>TMA's</b>						
<b>Diplexers / Combiners</b>						
<b>Radio</b>	Radio 4480 B71+B85 (At Antenna)	SHARED Radio 4480 B71+B85 (At Antenna)	Radio 4460 B25+B66 (At Antenna)	SHARED Radio 4460 B25+B66 (At Antenna)		
<b>Sector Equipment</b>						
<b>Unconnected Equipment:</b>						
<b>Scope of Work:</b>						
During Anchor upgrade we will remove Capacity additional sector. Swap (1) Air32 antenna with (1) Air6449 antennas. Swap (1) Air21 Antenna with 6' Octoport antenna, add (1) Radio 4480 for MM L7/L6/N6 to Low Band ports and add (1) Radio 4460 B25 for the 2xL19s/GSM/U19 to Mid Band ports.						
*A dashed border indicates shared equipment. Any connected equipment is denoted with the SHARED keyword.						

<b>RAN Template:</b> 67E5A998E_PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+10P
---	--

Sector 3 (Existing) view from behind						
<b>Coverage Type</b>	A - Outdoor Macro					
<b>Antenna</b>	1			2		
<b>Antenna Model</b>	Ericsson - AIR21 KRC118023-1_B2A_B4P (Quad)			Ericsson - AIR32 KRD901146-1_B66A_B2A (Octo)		
<b>Azimuth</b>	290			290		
<b>M. Tilt</b>	0			0		
<b>Height</b>	83			83		
<b>Ports</b>	P1	P2		P3	P4	P5
<b>Active Tech.</b>	U1900 G1900			L2100	L2100	L1900 L1900
<b>Dark Tech.</b>						
<b>Restricted Tech.</b>						
<b>Decomm. Tech.</b>		U2100				
<b>E. Tilt</b>	3	3		4	4	5 5
<b>Cables</b>						
<b>TMA's</b>						
<b>Diplexers / Combiners</b>						
<b>Radio</b>						
<b>Sector Equipment</b>						
<b>Unconnected Equipment:</b>						
Cable: 7/8" Coax - 45 ft. TMA: Ericsson Twin Style 1B - KRY 112 144/1						
<b>Scope of Work:</b>						

<b>RAN Template:</b> 67E5A998E PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+10P
---	--

Sector 3 (Proposed) view from behind						
<b>Coverage Type</b>	A - Outdoor Macro					
<b>Antenna</b>	1			2		
<b>Antenna Model</b>	RFS - APXVAALL18_43-U-NA20 (Octo)			Ericsson - AIR6449 B41 (Active Antenna - Massive MIMO)		
<b>Azimuth</b>	290			290		
<b>M. Tilt</b>	0			0		
<b>Height</b>	83			83		
<b>Ports</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>	<b>P5</b>	<b>P6</b>
<b>Active Tech.</b>	L700 L600 N600	L700 L600 N600	L2100 L1900 G1900 U1900	L2100 L1900 G1900 U1900	L2500 N2500	L2500 N2500
<b>Dark Tech.</b>						
<b>Restricted Tech.</b>						
<b>Decomm. Tech.</b>						
<b>E. Tilt</b>	4	4	4	4	4	4
<b>Cables</b>	Coax Jumper (x2)	Coax Jumper (x2)	Coax Jumper (x2)	Coax Jumper (x2)		
<b>TMA's</b>						
<b>Diplexers / Combiners</b>						
<b>Radio</b>	Radio 4480 B71+B85 (At Antenna)	SHARED Radio 4480 B71+B85 (At Antenna)	Radio 4460 B25+B66 (At Antenna)	SHARED Radio 4460 B25+B66 (At Antenna)		
<b>Sector Equipment</b>						
<b>Unconnected Equipment:</b>						
<b>Scope of Work:</b>						
During Anchor upgrade we will remove Capacity additional sector. Swap (1) Air32 antenna with (1) Air6449 antennas. Swap (1) Air21 Antenna with 6' Octoport antenna, add (1) Radio 4480 for MM L7/L6/N6 to Low Band ports and add (1) Radio 4460 B25 for the 2xL19s/GSM/U19 to Mid Band ports.						
*A dashed border indicates shared equipment. Any connected equipment is denoted with the SHARED keyword.						

<b>RAN Template:</b> 67E5A998E_PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+1OP
---	--

**Sector 4 (Existing) view from behind**

<b>Coverage Type</b>	A - Outdoor Macro			
<b>Antenna</b>	1			
<b>Antenna Model</b>	Ericsson - AIR32 KRD901146-1_B66A_B2A (Octo)			
<b>Azimuth</b>	100			
<b>M. Tilt</b>	0			
<b>Height</b>	83			
<b>Ports</b>	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>
<b>Active Tech.</b>	L2100	L2100	U1900 L1900	U1900 L1900
<b>Dark Tech.</b>				
<b>Restricted Tech.</b>				
<b>Decomm. Tech.</b>				
<b>E. Tilt</b>	2	2	2	2
<b>Cables</b>				
<b>TMA's</b>				
<b>Diplexers / Combiners</b>				
<b>Radio</b>				
<b>Sector Equipment</b>				
<b>Unconnected Equipment:</b>				
<b>Scope of Work:</b>				
This AIR32 B66Aa/B2a DB antenna is on the RIGHT side of the First (Alpha) Sector outside of structure.				

<b>RAN Template:</b> 67E5A998E PBC6200+P6230	<b>A&amp;L Template:</b> 67E5998E_1xAIR+1OP
---	--

<b>Section 7 - Power Systems Equipment</b>
--

<b>Existing Power Systems Equipment</b>
----- This section is intentionally blank. -----

<b>Proposed Power Systems Equipment</b>	
<b>Enclosure</b>	1
<b>Enclosure Type</b>	Power 6230

**Full Environmental Assessment Form  
Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the applicant or project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Applicant/Sponsor Information.**

Name of Action or Project: 3ONS220B (CK21-9976)		
Project Location (describe, and attach a general location map): 1654 W. Onondaga Street, Syracuse, Onondaga County, NY 13204 (43.0340638° N / -76.1818607° W)		
Brief Description of Proposed Action (include purpose or need): T-Mobile proposes the modification of an existing unmanned wireless telecommunications facility. Specifically, the following will be completed: Upgrade 100A electric service to 200A, add power 6230 cabinet, add 19" Ericsson rack, add (2) BB 6648, (1) PSU 4813 & (1) IXRe router to 19" rack, add (3) indoor SPD boxes, swap existing coax cables with (3) 6x24 hybrid cables, swap (3) AIR32 antennas with (3) AIR6449 antennas, swap (3) AIR21 antennas with 6' octoport antennas, add (3) radio 4480S and add (3) radio 4460 B25S. Remove existing TMA's.		
Name of Applicant/Sponsor: T-Mobile Northeast, LLC	Telephone: (315) 461-0345	E-Mail: N/A
Address: 103 Monarch Drive		
City/PO: Liverpool	State: NY	Zip Code: 13088
Project Contact (if not same as sponsor; give name and title/role): Kelley Cross	Telephone: (657) 237-9590	E-Mail: kcross@clinellc.com
Address: 750 West Center Street, Suite 301		
City/PO: West Bridgewater	State: MA	Zip Code: 02379
Property Owner (if not same as sponsor): T-Mobile Northeast, LLC (same as Applicant/Sponsor)	Telephone:	E-Mail:
Address:		
City/PO:	State:	Zip Code:

**B. Government Approvals**

**B. Government Approvals, Funding, or Sponsorship.** (“Funding” includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Counsel, Town Board, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or Village Board of Trustees		
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Planning Board - Special Use Permit, Site Plan Review and Building Permit	TBD
c. City, Town or Village Zoning Board of Appeals <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Board - Special Use Permit, Site Plan Review and Building Permit	TBD
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NYSHPO	TBD
h. Federal agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FCC License	TBD
i. Coastal Resources. i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No iii. Is the project site within a Coastal Erosion Hazard Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**C. Planning and Zoning**

<b>C.1. Planning and zoning actions.</b>	
Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If Yes, complete sections C, F and G.</li> <li>• If No, proceed to question C.2 and complete all remaining sections and questions in Part 1</li> </ul>	
<b>C.2. Adopted land use plans.</b>	
a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway; Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	
_____	
_____	
_____	
c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	
_____	
_____	
_____	



**C.3. Zoning**

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance.  Yes  No  
 If Yes, what is the zoning classification(s) including any applicable overlay district?  
 Residential District RB \_\_\_\_\_

b. Is the use permitted or allowed by a special or conditional use permit?  Yes  No

c. Is a zoning change requested as part of the proposed action?  Yes  No  
 If Yes,  
 i. What is the proposed new zoning for the site? \_\_\_\_\_

**C.4. Existing community services.**

a. In what school district is the project site located? Syracuse School District

b. What police or other public protection forces serve the project site?  
Syracuse Police Department

c. Which fire protection and emergency medical services serve the project site?  
Syracuse Fire Department

d. What parks serve the project site?  
James J. O'Connor Park

**D. Project Details**

**D.1. Proposed and Potential Development**

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Modification of an existing unmanned wireless telecommunications facility.

b. a. Total acreage of the site of the proposed action? \_\_\_\_\_ 0.001 acres  
 b. Total acreage to be physically disturbed? \_\_\_\_\_ 0.001 acres  
 c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? \_\_\_\_\_ 0.001 acres

c. Is the proposed action an expansion of an existing project or use?  Yes  No  
 i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ Units: \_\_\_\_\_

d. Is the proposed action a subdivision, or does it include a subdivision?  Yes  No  
 If Yes,  
 i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types) \_\_\_\_\_  
 ii. Is a cluster/conservation layout proposed?  Yes  No  
 iii. Number of lots proposed? \_\_\_\_\_  
 iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

e. Will the proposed action be constructed in multiple phases?  Yes  No  
 i. If No, anticipated period of construction: \_\_\_\_\_ 10day months  
 ii. If Yes:  
 • Total number of phases anticipated \_\_\_\_\_  
 • Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year  
 • Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year  
 • Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

f. Does the project include new residential uses?  Yes  No  
 If Yes, show numbers of units proposed.

	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion	_____	_____	_____	_____
of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)?  Yes  No  
 If Yes,  
 i. Total number of structures 24  
 ii. Dimensions (in feet) of largest proposed structure: 6' height; 8.5" width; and 24" length  
 iii. Approximate extent of building space to be heated or cooled: \_\_\_\_\_ 0 square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage?  Yes  No  
 If Yes,  
 i. Purpose of the impoundment: \_\_\_\_\_  
 ii. If a water impoundment, the principal source of the water:  Ground water  Surface water streams  Other specify: \_\_\_\_\_  
 iii. If other than water, identify the type of impounded/contained liquids and their source. \_\_\_\_\_  
 iv. Approximate size of the proposed impoundment. Volume: \_\_\_\_\_ million gallons; surface area: \_\_\_\_\_ acres  
 v. Dimensions of the proposed dam or impounding structure: \_\_\_\_\_ height; \_\_\_\_\_ length  
 vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): \_\_\_\_\_

**D.2. Project Operations**

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)  Yes  No  
 If Yes:  
 i. What is the purpose of the excavation or dredging? \_\_\_\_\_  
 ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?  
 • Volume (specify tons or cubic yards): \_\_\_\_\_  
 • Over what duration of time? \_\_\_\_\_  
 iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. \_\_\_\_\_  
 iv. Will there be onsite dewatering or processing of excavated materials?  Yes  No  
 If yes, describe. \_\_\_\_\_  
 v. What is the total area to be dredged or excavated? \_\_\_\_\_ acres  
 vi. What is the maximum area to be worked at any one time? \_\_\_\_\_ acres  
 vii. What would be the maximum depth of excavation or dredging? \_\_\_\_\_ feet  
 viii. Will the excavation require blasting?  Yes  No  
 ix. Summarize site reclamation goals and plan: \_\_\_\_\_

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area?  Yes  No  
 If Yes:  
 i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): \_\_\_\_\_

300 4 1 100

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

iii. Will the proposed action cause or result in disturbance to bottom sediments?  Yes  No  
 If Yes, describe: \_\_\_\_\_

iv. Will the proposed action cause or result in the destruction or removal of aquatic vegetation?  Yes  No  
 If Yes:

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_
- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_
- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

---

c. Will the proposed action use, or create a new demand for water?  Yes  No  
 If Yes:

i. Total anticipated water usage/demand per day: \_\_\_\_\_ gallons/day

ii. Will the proposed action obtain water from an existing public water supply?  Yes  No  
 If Yes:

- Name of district or service area: \_\_\_\_\_
- Does the existing public water supply have capacity to serve the proposal?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No
- Do existing lines serve the project site?  Yes  No

iii. Will line extension within an existing district be necessary to supply the project?  Yes  No  
 If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_
- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site?  Yes  No  
 If, Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

vi. If water supply will be from wells (public or private), what is the maximum pumping capacity: \_\_\_\_\_ gallons/minute.

---

d. Will the proposed action generate liquid wastes?  Yes  No  
 If Yes:

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): \_\_\_\_\_

\_\_\_\_\_

iii. Will the proposed action use any existing public wastewater treatment facilities?  Yes  No  
 If Yes:

- Name of wastewater treatment plant to be used: \_\_\_\_\_
- Name of district: \_\_\_\_\_
- Does the existing wastewater treatment plant have capacity to serve the project?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No

- Do existing sewer lines serve the project site?  Yes  No
- Will a line extension within an existing district be necessary to serve the project?  Yes  No

 If Yes:
 

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_

iv. Will a new wastewater (sewage) treatment district be formed to serve the project site?  Yes  No  
 If Yes:
 

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- What is the receiving water for the wastewater discharge? \_\_\_\_\_

v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge or describe subsurface disposal plans):  
 \_\_\_\_\_  
 \_\_\_\_\_

vi. Describe any plans or designs to capture, recycle or reuse liquid waste: \_\_\_\_\_  
 \_\_\_\_\_

---

e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction?  Yes  No  
 If Yes:
 

- i. How much impervious surface will the project create in relation to total size of project parcel?  
 \_\_\_\_\_ Square feet or \_\_\_\_\_ acres (impervious surface)  
 \_\_\_\_\_ Square feet or \_\_\_\_\_ acres (parcel size)
- ii. Describe types of new point sources. \_\_\_\_\_
- iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?  
 \_\_\_\_\_  
 \_\_\_\_\_
  - If to surface waters, identify receiving water bodies or wetlands: \_\_\_\_\_
- Will stormwater runoff flow to adjacent properties?  Yes  No

iv. Does the proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?  Yes  No

---

f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations?  Yes  No  
 If Yes, identify:
 

- i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)  
 Only during construction phase - cranes, etc. \_\_\_\_\_
- ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)  
 Only during construction phase - cranes, etc. \_\_\_\_\_
- iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)  
 Only during construction phase - cranes, etc. \_\_\_\_\_

---

g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit?  Yes  No  
 If Yes:
 

- i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year)  Yes  No
- ii. In addition to emissions as calculated in the application, the project will generate:
  - \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)
  - \_\_\_\_\_ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)
  - \_\_\_\_\_ Tons/year (short tons) of Perfluorocarbons (PFCs)
  - \_\_\_\_\_ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)
  - \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)
  - \_\_\_\_\_ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

1000 1000

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)?  Yes  No

If Yes:

i. Estimate methane generation in tons/year (metric): \_\_\_\_\_

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): \_\_\_\_\_

---

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations?  Yes  No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): \_\_\_\_\_

---

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services?  Yes  No

If Yes:

i. When is the peak traffic expected (Check all that apply):  Morning  Evening  Weekend  
 Randomly between hours of \_\_\_\_\_ to \_\_\_\_\_.

ii. For commercial activities only, projected number of truck trips/day and type (e.g., semi trailers and dump trucks): \_\_\_\_\_

---

iii. Parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Net increase/decrease \_\_\_\_\_

iv. Does the proposed action include any shared use parking?  Yes  No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: \_\_\_\_\_

---

vi. Are public/private transportation service(s) or facilities available within ½ mile of the proposed site?  Yes  No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles?  Yes  No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes?  Yes  No

---

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy?  Yes  No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: \_\_\_\_\_

---

ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other): \_\_\_\_\_

---

iii. Will the proposed action require a new, or an upgrade, to an existing substation?  Yes  No

---

l. Hours of operation. Answer all items which apply.

i. During Construction:		ii. During Operations:	
• Monday - Friday:	_____ 8 hrs	• Monday - Friday:	_____ 24 hr (unmanned)
• Saturday:	_____	• Saturday:	_____ 24 hr (unmanned)
• Sunday:	_____	• Sunday:	_____ 24 hr (unmanned)
• Holidays:	_____	• Holidays:	_____ 24 hr (unmanned)

100-1-9-1000

<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>_____</p>
<p>ii. Will the proposed action remove existing natural barriers that could act as a noise barrier or screen? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>Describe: _____</p> <p>_____</p>
<p>n. Will the proposed action have outdoor lighting? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:</p> <p>_____</p>
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>Describe: _____</p> <p>_____</p>
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____</p> <p>_____</p>
<p>p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally, describe the proposed storage facilities: _____</p> <p>_____</p>
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Describe proposed treatment(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>ii. Will the proposed action use Integrated Pest Management Practices? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> <li>• Construction: _____ tons per _____ (unit of time)</li> <li>• Operation : _____ tons per _____ (unit of time)</li> </ul> <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> <li>• Construction: _____</li> <li>_____</li> <li>• Operation: _____</li> <li>_____</li> </ul> <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> <li>• Construction: _____</li> <li>_____</li> <li>• Operation: _____</li> <li>_____</li> </ul>

10/14/09 10:40 AM

s. Does the proposed action include construction or modification of a solid waste management facility?  Yes  No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_

ii. Anticipated rate of disposal/processing: \_\_\_\_\_

- \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
- \_\_\_\_\_ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: \_\_\_\_\_ years

---

t. Will the proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste?  Yes  No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_

ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_

iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility?  Yes  No

If Yes: provide name and location of facility: \_\_\_\_\_

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: \_\_\_\_\_

**E. Site and Setting of Proposed Action**

**E.1. Land uses on and surrounding the project site**

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

Urban  Industrial  Commercial  Residential (suburban)  Rural (non-farm)

Forest  Agriculture  Aquatic  Other (specify): \_\_\_\_\_

ii. If mix of uses, generally describe: \_\_\_\_\_

---

b. Land uses and covertypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	2.39	2.39	0
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	1.42	1.42	0
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: _____			

c. Is the project site presently used by members of the community for public recreation?  Yes  No  
 i. If Yes: explain: \_\_\_\_\_

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site?  Yes  No  
 If Yes,  
 i. Identify Facilities: \_\_\_\_\_  
 \_\_\_\_\_

e. Does the project site contain an existing dam?  Yes  No  
 If Yes:  
 i. Dimensions of the dam and impoundment:  
 • Dam height: \_\_\_\_\_ feet  
 • Dam length: \_\_\_\_\_ feet  
 • Surface area: \_\_\_\_\_ acres  
 • Volume impounded: \_\_\_\_\_ gallons OR acre-feet  
 ii. Dam's existing hazard classification: \_\_\_\_\_  
 iii. Provide date and summarize results of last inspection: \_\_\_\_\_  
 \_\_\_\_\_

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility?  Yes  No  
 If Yes:  
 i. Has the facility been formally closed?  Yes  No  
 • If yes, cite sources/documentation: \_\_\_\_\_  
 ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: \_\_\_\_\_  
 \_\_\_\_\_  
 iii. Describe any development constraints due to the prior solid waste activities: \_\_\_\_\_  
 \_\_\_\_\_

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste?  Yes  No  
 If Yes:  
 i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: \_\_\_\_\_  
 \_\_\_\_\_

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site?  Yes  No  
 If Yes:  
 i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply:  Yes  No  
 Yes – Spills Incidents database Provide DEC ID number(s): \_\_\_\_\_  
 Yes – Environmental Site Remediation database Provide DEC ID number(s): \_\_\_\_\_  
 Neither database  
 ii. If site has been subject of RCRA corrective activities, describe control measures: \_\_\_\_\_  
 \_\_\_\_\_  
 iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database?  Yes  No  
 If yes, provide DEC ID number(s): \_\_\_\_\_  
 iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): \_\_\_\_\_  
 \_\_\_\_\_

REC'D  
 JUN 10 2014



v. Is the project site subject to an institutional control limiting property uses?  Yes  No

- If yes, DEC site ID number: \_\_\_\_\_
- Describe the type of institutional control (e.g., deed restriction or easement): \_\_\_\_\_
- Describe any use limitations: \_\_\_\_\_
- Describe any engineering controls: \_\_\_\_\_
- Will the project affect the institutional or engineering controls in place?  Yes  No
- Explain: \_\_\_\_\_

---

**E.2. Natural Resources On or Near Project Site**

a. What is the average depth to bedrock on the project site? N/A existing building feet

b. Are there bedrock outcroppings on the project site?  Yes  No  
 If Yes, what proportion of the site is comprised of bedrock outcroppings? \_\_\_\_\_ %

c. Predominant soil type(s) present on project site: Urban land \_\_\_\_\_ 100 %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

d. What is the average depth to the water table on the project site? Average: \_\_\_\_\_ feet

e. Drainage status of project site soils:  Well Drained: N/A % of site  
 Moderately Well Drained: N/A % of site  
 Poorly Drained N/A % of site

f. Approximate proportion of proposed action site with slopes:  0-10%: 100 % of site  
 10-15%: \_\_\_\_\_ % of site  
 15% or greater: \_\_\_\_\_ % of site

g. Are there any unique geologic features on the project site?  Yes  No  
 If Yes, describe: \_\_\_\_\_

---

h. Surface water features.

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?  Yes  No

ii. Do any wetlands or other waterbodies adjoin the project site?  Yes  No  
 If Yes to either *i* or *ii*, continue. If No, skip to E.2.i.

iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?  Yes  No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Lakes or Ponds: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Wetlands: Name \_\_\_\_\_ Approximate Size \_\_\_\_\_
- Wetland No. (if regulated by DEC) \_\_\_\_\_

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies?  Yes  No  
 If yes, name of impaired water body/bodies and basis for listing as impaired: \_\_\_\_\_

---

i. Is the project site in a designated Floodway?  Yes  No

j. Is the project site in the 100-year Floodplain?  Yes  No

k. Is the project site in the 500-year Floodplain?  Yes  No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer?  Yes  No  
 If Yes:  
 i. Name of aquifer: \_\_\_\_\_

DEC 10 2009

m. Identify the predominant wildlife species that occupy or use the project site: N/A. Project meets the NYS DEC and _____ the USFWS exemptions based on _____ previously disturbed ground.	
n. Does the project site contain a designated significant natural community? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes:	
i. Describe the habitat/community (composition, function, and basis for designation): _____	
ii. Source(s) of description or evaluation: _____	
iii. Extent of community/habitat:	
<ul style="list-style-type: none"> <li>• Currently: _____ acres</li> <li>• Following completion of project as proposed: _____ acres</li> <li>• Gain or loss (indicate + or -): _____ acres</li> </ul>	
o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes:	
i. Species and listing (endangered or threatened): _____	
_____	
_____	
p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes:	
i. Species and listing: _____	
_____	
q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If yes, give a brief description of how the proposed action may affect that use: _____	
_____	
<b>E.3. Designated Public Resources On or Near Project Site</b>	
a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes, provide county plus district name/number: _____	
b. Are agricultural lands consisting of highly productive soils present? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> i. If Yes: acreage(s) on project site? _____ ii. Source(s) of soil rating(s): _____	
c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes:	
i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature	
ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____	
_____	
d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes:	
i. CEA name: _____	
ii. Basis for designation: _____	
iii. Designating agency and date: _____	

e. 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?  Yes  No

If Yes:

i. Nature of historic/archaeological resource:  Archaeological Site  Historic Building or District

ii. Name: Eligible property: Catholic Charities of Onondaga County and the Toomey Residential and Community Services

iii. Brief description of attributes on which listing is based:

Architecture and Social History

f. 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?  Yes  No

g. Have additional archaeological or historic site(s) or resources been identified on the project site?  Yes  No

If Yes:

i. Describe possible resource(s):

ii. Basis for identification:

h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?  Yes  No

If Yes:

i. Identify resource: Onondaga Lake

ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): Scenic

iii. Distance between project and resource: 1.97 miles.

i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?  Yes  No

If Yes:

i. Identify the name of the river and its designation:

ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?  Yes  No

#### F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

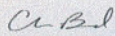
#### G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Nova Group, GBC

Date 9/28/2021

Signature



Title Project Manager - Biologist

PRINT FORM



B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	No
C.2.b. [Special Planning District]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	No
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	No
E.2.n. [Natural Communities]	No
E.2.o. [Endangered or Threatened Species]	No
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No

E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National or State Register of Historic Places or State Eligible Sites]	Yes - Digital mapping data for archaeological site boundaries are not available. Refer to EAF Workbook.
E.3.e.ii [National or State Register of Historic Places or State Eligible Sites - Name]	Eligible property:Catholic Charities of Onondaga County and the Toomey Residential and Community Services
E.3.f. [Archeological Sites]	No
E.3.i. [Designated River Corridor]	No

**06740.000807: Building - Eligible**  
Catholic Charities of Onondaga County and the Toomey Residential and Community Services  
1654-1656 West Onondaga Street, Syracuse NY 13204

Inventory Form

Close

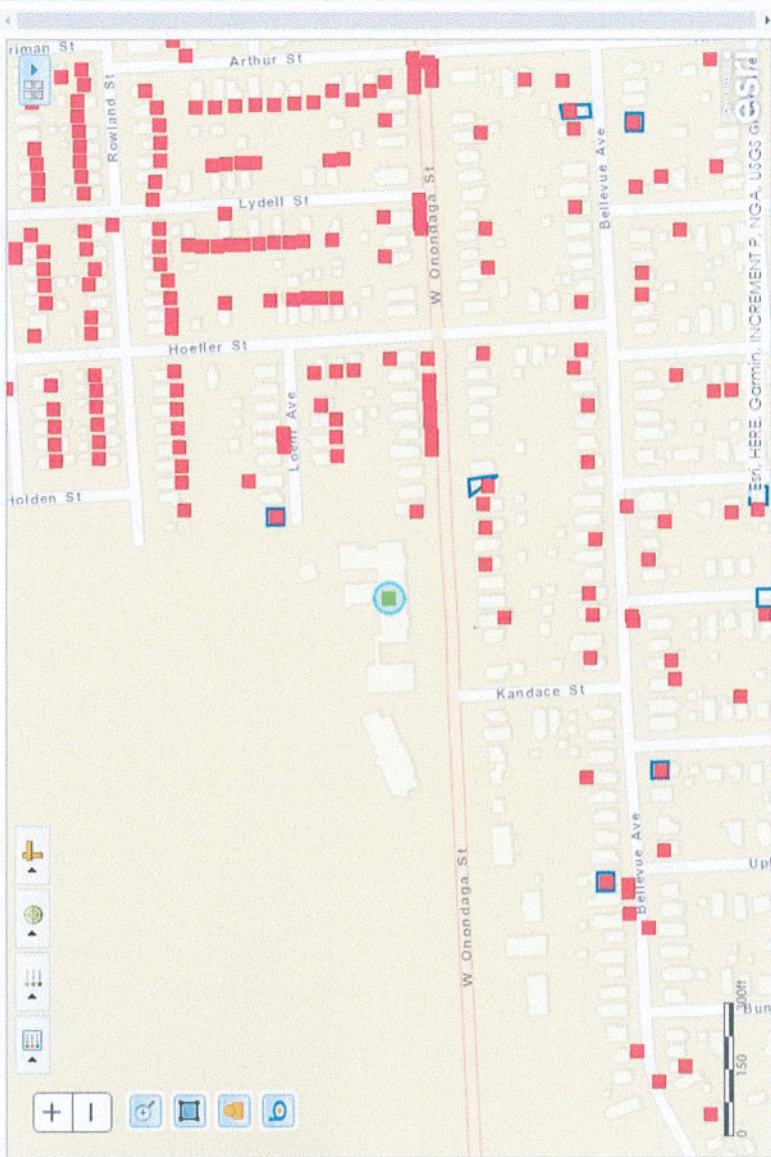
Overview | Inventory Data | NR Status (0) | MCDs (1) | Children (0) | Determinations (1) | Photos (2) | Atts. (2) | Agmts. (0) | Projects (0) | Surveys (3) | Submitted (1)

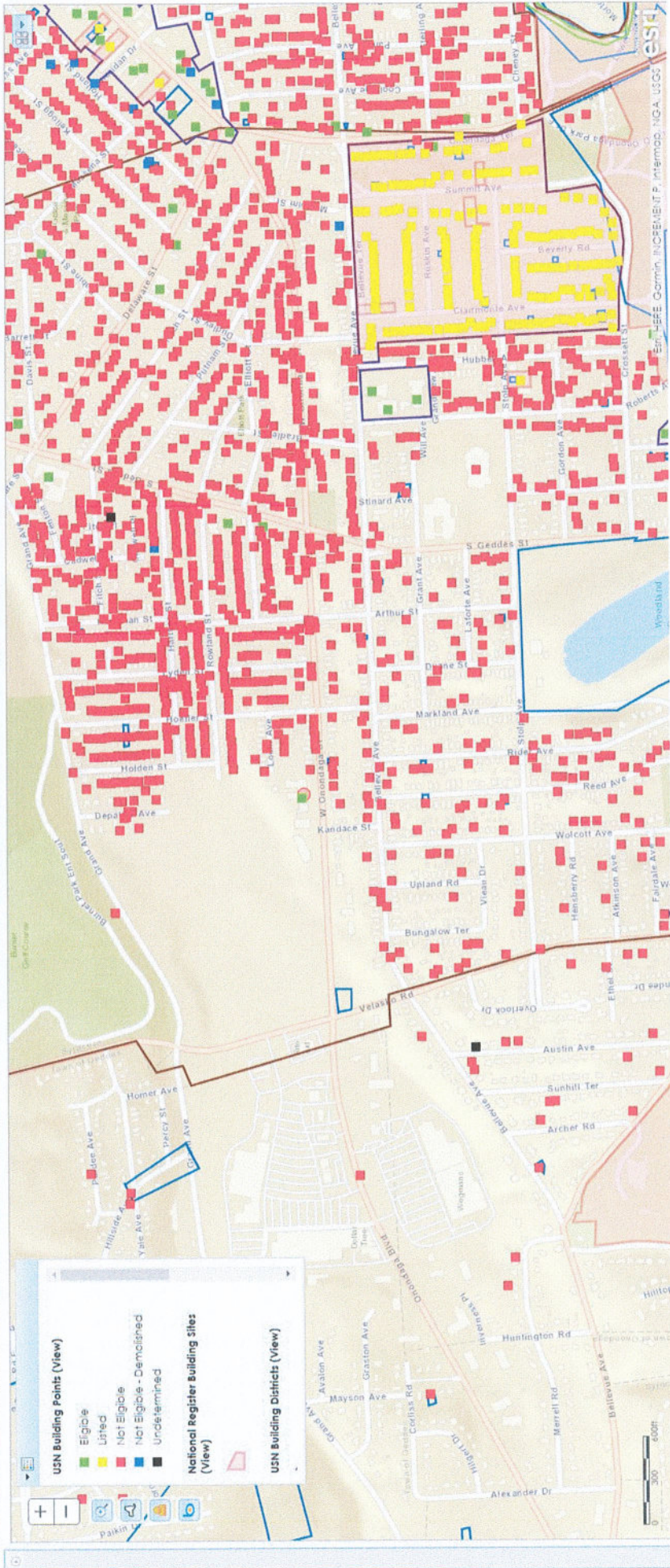


- Type: Building
- Classification: Building
- Parent USN:
- Is Contributing:
- Is Demolished:
- Is in a Certified District:
- Is a National Historic Landmark:
- Is State Board Approved:
- Is State Register Listed:

Eligibility: Eligible  
Notes:

County	MCD
Onondaga	SYRACUSE (City)







# City of Syracuse Zoning Atlas

MAP # 18  
LAST UPDATE: AUG 2021

### LEGEND

**Zoning Designations**

- Residential Districts**
  - RA-1
  - RA
  - RA-2
  - RA-3
  - RA-4
  - RA-5
  - RA-6
  - RA-7
  - RA-8
  - RA-9
  - RA-10
  - RA-11
  - RA-12
  - RA-13
  - RA-14
  - RA-15
  - RA-16
  - RA-17
  - RA-18
  - RA-19
  - RA-20
  - RA-21
  - RA-22
  - RA-23
  - RA-24
  - RA-25
  - RA-26
  - RA-27
  - RA-28
  - RA-29
  - RA-30
- Office Districts**
  - OA
  - OA-1
  - OA-2
  - OA-3
  - OA-4
  - OA-5
  - OA-6
  - OA-7
  - OA-8
  - OA-9
  - OA-10
  - OA-11
  - OA-12
  - OA-13
  - OA-14
  - OA-15
  - OA-16
  - OA-17
  - OA-18
  - OA-19
  - OA-20
  - OA-21
  - OA-22
  - OA-23
  - OA-24
  - OA-25
  - OA-26
  - OA-27
  - OA-28
  - OA-29
  - OA-30
- Local Business Districts**
  - LB
  - LB-1
  - LB-2
  - LB-3
  - LB-4
  - LB-5
  - LB-6
  - LB-7
  - LB-8
  - LB-9
  - LB-10
  - LB-11
  - LB-12
  - LB-13
  - LB-14
  - LB-15
  - LB-16
  - LB-17
  - LB-18
  - LB-19
  - LB-20
  - LB-21
  - LB-22
  - LB-23
  - LB-24
  - LB-25
  - LB-26
  - LB-27
  - LB-28
  - LB-29
  - LB-30
- Central Business Districts**
  - CB
  - CB-1
  - CB-2
  - CB-3
  - CB-4
  - CB-5
  - CB-6
  - CB-7
  - CB-8
  - CB-9
  - CB-10
  - CB-11
  - CB-12
  - CB-13
  - CB-14
  - CB-15
  - CB-16
  - CB-17
  - CB-18
  - CB-19
  - CB-20
  - CB-21
  - CB-22
  - CB-23
  - CB-24
  - CB-25
  - CB-26
  - CB-27
  - CB-28
  - CB-29
  - CB-30
- Commercial Districts**
  - CA
  - CA-1
  - CA-2
  - CA-3
  - CA-4
  - CA-5
  - CA-6
  - CA-7
  - CA-8
  - CA-9
  - CA-10
  - CA-11
  - CA-12
  - CA-13
  - CA-14
  - CA-15
  - CA-16
  - CA-17
  - CA-18
  - CA-19
  - CA-20
  - CA-21
  - CA-22
  - CA-23
  - CA-24
  - CA-25
  - CA-26
  - CA-27
  - CA-28
  - CA-29
  - CA-30
- Industrial Districts**
  - IA
  - IA-1
  - IA-2
  - IA-3
  - IA-4
  - IA-5
  - IA-6
  - IA-7
  - IA-8
  - IA-9
  - IA-10
  - IA-11
  - IA-12
  - IA-13
  - IA-14
  - IA-15
  - IA-16
  - IA-17
  - IA-18
  - IA-19
  - IA-20
  - IA-21
  - IA-22
  - IA-23
  - IA-24
  - IA-25
  - IA-26
  - IA-27
  - IA-28
  - IA-29
  - IA-30
- Special Districts**
  - SD
  - SD-1
  - SD-2
  - SD-3
  - SD-4
  - SD-5
  - SD-6
  - SD-7
  - SD-8
  - SD-9
  - SD-10
  - SD-11
  - SD-12
  - SD-13
  - SD-14
  - SD-15
  - SD-16
  - SD-17
  - SD-18
  - SD-19
  - SD-20
  - SD-21
  - SD-22
  - SD-23
  - SD-24
  - SD-25
  - SD-26
  - SD-27
  - SD-28
  - SD-29
  - SD-30
- Lakefront Districts**
  - LK-1
  - LK-2
  - LK-3
  - LK-4
  - LK-5
  - LK-6
  - LK-7
  - LK-8
  - LK-9
  - LK-10
  - LK-11
  - LK-12
  - LK-13
  - LK-14
  - LK-15
  - LK-16
  - LK-17
  - LK-18
  - LK-19
  - LK-20
  - LK-21
  - LK-22
  - LK-23
  - LK-24
  - LK-25
  - LK-26
  - LK-27
  - LK-28
  - LK-29
  - LK-30

**Other Symbols**

- BY: SETBACK FOOTING
- FR: FRONT YARD
- PS: POND
- SI: SETBACK LINE
- ST: STREET LIGHT
- UT: UTILITY
- VE: VEGETATION
- WA: WATER
- WI: WETLAND
- WU: WETLAND
- WV: WETLAND
- WY: WETLAND
- WZ: WETLAND
- W1: WETLAND
- W2: WETLAND
- W3: WETLAND
- W4: WETLAND
- W5: WETLAND
- W6: WETLAND
- W7: WETLAND
- W8: WETLAND
- W9: WETLAND
- W10: WETLAND
- W11: WETLAND
- W12: WETLAND
- W13: WETLAND
- W14: WETLAND
- W15: WETLAND
- W16: WETLAND
- W17: WETLAND
- W18: WETLAND
- W19: WETLAND
- W20: WETLAND
- W21: WETLAND
- W22: WETLAND
- W23: WETLAND
- W24: WETLAND
- W25: WETLAND
- W26: WETLAND
- W27: WETLAND
- W28: WETLAND
- W29: WETLAND
- W30: WETLAND

**Other Symbols**

- TOWNSHIP BOUNDARY
- TOWNSHIP BLOCK NUMBER
- TOWNSHIP SECTION NUMBER
- TOWNSHIP QUARTER NUMBER
- TOWNSHIP ADDRESS NUMBER
- TOWNSHIP ADDRESS NUMBER

Scale: 1" = 200' FEET

### ADJACENT MAPS

#11	#12	#13
#17	#18	#19
NA	#22	#23

