Other Business May 28, 2024

3S-24-11

Three-Mile Limit Subdivision Review-Town of Salina Hinsdale Farms Subdivision

Resubdivide two lots into two new lots

Pursuant to the City of Syracuse Three-Mile Limit Review Ordinance, the applicant is submitting this request to adjust lot line between two lots

• Resubdivision is to adjust the lot line between two lots

New Lot A: 1.263 Acres/ 55020 SF

New Lot B: 0.196 Acres/ 8526 SF

- The Town of Salina Board made a negative SERQ declaration and approved the Resubdivision plan on April 23, 2024.
- The application included a Resubdivision map "Proposed Resubdivision on Lot 30 & Part of Lot 27 of Hinsdale Farms, Map #1684 to be new Lots A & B. Known as No. 152 Hinsdale Road & No. 155 Malden Road, Town of Salina, County of Onondaga, State of New York" dated 3/6/2024. The map illustrates the two proposed lots, Lot A and Lot B; the map is with the scale of 1" = 50, Drawn by State of New York Licensed land Surveyor Michael J. McCully.
- The Resubdivision maps were reviewed by the City of Syracuse Department of Engineering, Onondaga County Health Department, and Onondaga County Planning Agency, Onondaga County Planning Board.

City of Syracuse Office of Zoning Administration

THREE MILE LIMIT SUBDIVISION REVIEW

One Park Place, 300 S State St, Suite 700, Syracuse, NY 13202 315-448-8640 * zoning@syrgov.net * www.syrgov.net/Zoning.aspx

Office Use	Filing Date:	Case	:	
2) 1 3) - 4) -	TAX ASSESSM 52 hinsd gle 55 Malden 29		TAX MAP ID(S) (00000-00.0) 059-02-24 059-02-41	ACRES
5)	in the Municipal Assessment	property tax records.		
Municip Subdivi Number Existing Number	pality: ision Name: r of Proposed Lots: g/Proposed Land Use(s): r of Dwelling Units:	<u>Pesidential</u> u	lina ms Map # 1686 Portof Lot 27 sc Zhinsdale + 1-155	nalden 5/1/24
		ombining/Dividing/Realigning ect, including if it is a residential or of ent of 155 Male No prosect. Just		ile. Lires,

THREE MILE LIMIT SUBDIVISION REVIEW

INSTRUCTIONS AND REQUIRED SUBMITTALS

Incomplete forms will not be processed.

The form, together with the required submittals listed below must be submitted in HARD COPY, SINGLE-SIDED, and NOT BOUND to the City of Syracuse Office of Zoning Administration, One Park Place, 300 S State St, Suite 700, Syracuse, NY 13202.

Please submit ONE (1) COPY of the following:	
FORM – filled out completely, dated, and signed by property owner(s) as instructed.	
APPROVAL RESOLUTION, LETTER, or SURVEY MAP signed by the Town.	
SWPPP - when required by NYSDEC regulations and if the proposed subdivision is tributary within the City of Syracuse.	y to a watershed
SUBDIVISION MAP APPROVED BY the TOWN (per the Syracuse-Onondaga County Gu Please submit TWO (2) FULL-SIZED, SCALED paper maps, and ONE (1) REDUCED paper map.	ide 11-17-2011)

PROPERTY OW	NER(S)	(required)
-------------	--------	------------

As listed in the Town's Department of Assessment property tax records.

First Name Last Name Title Company Sireet Address Apt / Suite / Other City St Zip Email: First Name Last Name Title Company Signature: Date: First Name Last Name Title Company Street Address Apt / Suite / Other City St Zip Email: *Signature: Date: *Signature: Date: *Signature: Date: *Signature: Date: Street Address Apt / Suite / Other City St Zip Email: *Signature: Date: *Signature: Date: *Signature: Date: *Signature: Date: *Signature: Date: *Signature: *Signature: *Signature: Date: *Signature: Date: *Signature: Date: *Signature: Date: *Signature: Date: *Signature: *Signature: Date: *Signature: Dat	examer Min	nd Jones	anner	_	
Street Address	First Name	Last Name		Company	
Street Address Apt / Suite / Other City Si Zip Email: A 5 ance 2003 & 5 and 2	55 Hinsdule	Rd	Mattydale	NH (3211	Phone: 315-701-4295
*Signature: May Date: \$\frac{1}{2}\frac{1}{2}\frac{1}{4}		Apt / Suite / Other		St Zip	Email: aljones 2003 Domail,
Title Company Sirect Address Apt / Suite / Other City St Zip Email: *Signature: Date: First Name Last Name Title Company Phone: Street Address Apt / Suite / Other City St Zip Email: *Signature: Date: First Name Last Name Title Company Phone: Street Address Apt / Suite / Other City St Zip Email: *Signature: Date: First Name Last Name Title Company Phone: Street Address Apt / Suite / Other City St Zip Email: *Signature: Date: First Name Last Name Title Company Phone: Street Address Apt / Suite / Other City St Zip Email: *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 of the State of New York. I cleater 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) Ox + Milanda Jores Apt / Suite / Other City St Zip Email: SYRAGUS Unlike to the Penal Syragus Company If I Sell Phone: 1/5-708 4255 Street Address Apt / Suite / Other City St Zip Email: Phone: Title Company Title Company First Name Last Name Title Company Phone: Phone:	* Signature:	n Ma	1	Date: 5	, , –
Title Company Sireet Address Apt / Suite / Other City St Zip Email: Sireet Address Apt / Suite / Other City St Zip Email: Sireet Address Apt / Suite / Other City St Zip Email: Sireet Address Apt / Suite / Other City St Zip Email: Sireet Address Apt / Suite / Other City St Zip Email: Sireet Address Apt / Suite / Other City St Zip Email: Sireet Address Apt / Suite / Other City St Zip Email: *Signature: Date: First Name Last Name Title Company Fhone: Sireet Address Apt / Suite / Other City St Zip Email: *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 of the State of New York. I cleater 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) Ox + Miland Jox S STARUS Unit / Other City St Zip Email: SIZE Address Apt / Suite / Other City St Zip Email: SYRALUS Unit Live A STARUS Unit Live A STAR	Niranda				unlimited Resources LLC
*Signature: Date:	r irst Name				I DI GLE TE LE
*Signature: Date: First Name Last Name Title Company Phone:					Phone: 915-708-4845
First Name Last Name Last Name Title Company Phone: Street Address Apt / Suite / Other City St Zip Email: Date: First Name Last Name Title Company Phone: Street Address Apt / Suite / Other City St Zip Email: * Signature: Date: First Name Last Name Title Company Phone: Street Address Apt / Suite / Other City St Zip Email: * Signature: Phone: Street Address Apt / Suite / Other City St Zip Email: * 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 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) OK: + Milandra Jores Address Apt / Suite / Other City St Zip Email: STREET Address Apt / Suite / Other City St Zip Email: Phone: Y Street Address Apt / Suite / Other City St Zip Email: First Name Last Name Title Company Phone:		Apt / Suite / Other	City	St Zip	Email: aljones 20050 ang
Phone: Street Address Apt Suite Other City St Zip Email:	* Signature:	My.		Date:	- IV -
Phone: Street Address Apt Suite Other City St Zip Email:	First Name	Last Name	Title	Company	
* Signature: Phone: Phone: Phone:			11 10 10 10		Phone:
* Signature: Phone: Phone:	Street Address	Apt / Suite / Other	City	St Zip	Email:
Phone: Street Address Apt / Suite / Other City St Zip Email: * Signature: Date:	* Signature:		LEPART CLAS	Date:	
Phone: Street Address Apt / Suite / Other City St Zip Email: * Signature: Date:	Firet Name	Last Name	Title	Company	
Street Address	r irst rame	Lust Ivame	Time	Company	Phone:
* Signature: Date: First Name Last Name Title Company Phone:	Street Address	Ant / Suite / Other	City	St Zin	
Phone: Street Address Apt / Suite / Other City St Zip Email: * 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 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) OX + Mifacula Jone S Outle Output SYLAGUSC Unlined					
Phone: Street Address Apt / Suite / Other City St Zip Email: * 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 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) OX + Mifanda Jores Sullar Sullar Company			-		
*Signature: *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 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) **OWNER SIGNATURE DECLARATION I understand that false statements made on this application and any attachments made on this application and any attachments presented knowingly in connection with this application will be considered null and void. APPLICANT(S) (if applicable) **OWNER SIGNATURE DECLARATION I understand that false statements and/or attachments made on this application and any attachments made on th	First Name	Last Name	Title	Company	Phone
* Signature: * 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 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) **OWNER SIGNATURE DECLARATION I understand that false statements made on this application and any attachments made on this application and any attachments presented knowingly in connection with this application will be considered null and void. APPLICANT(S) (if applicable) **SYLAGUSC Unity of Phone: 7(5-708 4 285 Street Address	Stungt Address	Ant / Suita / Other	City	Cr Zin	
*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 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) Extended Jones Subject Company 152 Hindred Johns Title Company 152 Hindred Johns Title Company 153 Lip Email: REPRESENTATIVE(S)/CONTACT(S) (if applicable) First Name Last Name Title Company Phone:		Apt / Suite / Other	City		Email:
I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal 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) Extended Jones Subject Office Company Title Company Title Company Street Address Apt / Suite / Other City St Zip Email: REPRESENTATIVE(S)/CONTACT(S) (if applicable) First Name Last Name Title Company Phone:	* Signature:			Date:	
SYRAGUSC UNITALE First Name Last Name Title Company SZ Hindale Street Address Apt / Suite / Other City St. Zip Email: REPRESENTATIVE(S)/CONTACT(S) (if applicable) First Name Last Name Title Company Phone:	I understand that fal of the State of New attachments are the presented knowingl	lse statements made herei York. I declare that, sub truth and to the best of m y in connection with this	n are punishable as a Cla ject to the penalties of pe y knowledge correct. I a	rjury, any statements i lso understand that an	made on this application and any
First Name Last Name Title Company ISZ Hirshale Apt / Suite / Other City St Zip Email: REPRESENTATIVE(S)/CONTACT(S) (if applicable) First Name Last Name Title Company Phone:		if applicable)			
Street Address Apt / Suite / Other City St Zip Email: REPRESENTATIVE(S)/CONTACT(S) (if applicable) First Name Last Name Title Company Phone:					: Unlinited
Street Address Apt / Suite / Other City St Zip Email: REPRESENTATIVE(S)/CONTACT(S) (if applicable) First Name Last Name Title Company Phone:					
REPRESENTATIVE(S)/CONTACT(S) (if applicable) First Name Last Name Title Company Phone:			Mattedale		
First Name Last Name Title Company Phone:				St Zip	Email:
Phone:	REPRESENTATI	VE(S)/CONTACT(S) (i)	f applicable)		100
Phone:	First Name	Last Name	Title	Company	
Street Address Apt / Suite / Other City St Zip Email:					Phone:
	Street Address	Apt / Suite / Other	City	St Zip	Email:

TOWN OF SALINA

Department of Planning and Development 201 School Road Liverpool, New York 13088

Mark Lafaver
Director of Planning and Development

315-451-0492 Fax 315-457-4785 mlafaver@salina.ny.us

Certificate of Lot Line Adjustment

152 Hinsdale Rd.

The Town of Salina Department of Planning and Development has received an application for approval of an adjustment of lot lines on land situate in the Town of Salina, County of Onondaga and State of New York, said tract and or parcel of land being known as Lot A of a Resubdivision Map on Lot 30 and Part of Lot 27 of Hinsdale Farms, according to a map thereof by Michael J McCully Land Surveying PLLC, dated March 6, 2024 and being more particularly described as follows:

Beginning at the northeasterly corner of lands conveyed to Blackmore, now of formerly, said corner situate in the present southerly line of Hinsdale Road, and being easterly, a distance of 1,615 feet, as measured along said southerly line, from its intersection with the easterly line of Brewerton Road;

Thence, easterly, along said southerly line, a distance of 120 feet to the northwesterly corner of lands conveyed to Leader-Lamb, now or formerly;

Thence, southerly, along the westerly line of said Leader-Lamb lands, a distance of 357 feet to the southwesterly corner thereof, said corner situate in the northerly line of lands conveyed to Leader, now or formerly;

Thence, westerly, along the northerly line of said Leader lands, a distance of 5 feet to the northwesterly corner thereof;

Thence, southerly, along the westerly line of said Leader lands, a distance of 210 feet to a point;

Thence, westerly, a distance of 58 feet to a point situate in the easterly line of lands conveyed to Hemingway, now or formerly;

Thence, northerly, along the easterly line of said Hemingway lands, a distance of 210 feet to the northeasterly corner thereof;

Thence, west, along the northerly line of said Hemingway lands, a distance of 57 feet to the southeasterly corner of the before mentioned lands of Blackmore;

Thence, northerly, along the easterly line of said Blackmore lands, a distance of 357 feet to the point and place of beginning.

The hereinbefore described tract and or parcel of land contains 55,020 square feet, more or less.

The hereinbefore described parcel of land is subject to any easements, right of ways or restrictions of record.

I have reviewed the application and have found that this lot line adjustment will not result in a violation of the Code of the Town of Salina and is in conformance with the provisions of Chapter 210 of said Code of the Town of Salina.

Therefore, in my capacity as Director of Planning and Development for the Town of Salina, having authority to approve such application as found in the Code of the Town of Salina, Chapter 210, do hereby approve this lot line adjustment and issue this Certificate of Lot Line Adjustment as noted above.

Mark Lafaver

Director of Planning and Development

Dated: April 23, 2024

Approval Number: LL-24-2

Note: The code of the Town of Salina requires that this Certificate of Lot Line Adjustment be filed concurrently with the revised Deed affecting this lot line adjustment, a copy which must be returned to the Department of Planning and Development.

TOWN OF SALINA

Department of Planning and Development 201 School Road Liverpool, New York 13088

Mark Lafaver Director of Planning and Development 315-451-0492 Fax 315-457-4785 mlafaver@salina.nv.us

Certificate of Lot Line Adjustment

155 Malden Rd.

The Town of Salina Department of Planning and Development has received an application for approval of an adjustment of lot lines on land situate in the Town of Salina, County of Onondaga and State of New York, said tract and or parcel of land being known as Lot B of a Resubdivision Map on Lot 30 and Part of Lot 27 of Hinsdale Farms, according to a map thereof by Michael J McCully Land Surveying PLLC, dated March 6, 2024 and being more particularly described as follows:

Beginning at the southwesterly corner of lands conveyed to Tran/Jackowski, now of formerly, said corner situate in the present northerly line of Malden Road;

Thence, westerly, along said northerly line, a distance of 58 feet to the southeasterly corner of lands conveyed to Hemingway, now or formerly;

Thence, northerly, along the easterly line of said Hemingway lands, a distance of 147 feet to a point;

Thence, easterly, a distance of 58 feet to a point situate in the westerly line of lands conveyed to Leader, now or formerly;

Thence, southerly, along the westerly line of said Leader lands and the before mentioned lands of Tran/Jackowski, a distance of 147 feet to the point and place of beginning.

The hereinbefore described tract and or parcel of land contains 8,526 square feet.

The hereinbefore described parcel of land is subject to any easements, right of ways or restrictions of record.

I have reviewed the application and have found that this lot line adjustment will not result in a violation of the Code of the Town of Salina and is in conformance with the provisions of Chapter 210 of said Code of the Town of Salina.

Therefore in my capacity as Director of Planning and Development for the Town of Salina, having authority to approve such application as found in the Code of the Town of Salina, Chapter 210, do hereby approve this lot line adjustment and issue this Certificate of Lot Line Adjustment as noted above.

Mark Lafaver

Director of Planning and Development

Dated: April 23, 2024

Approval Number: LL-24-2

Note: The code of the Town of Salina requires that this Certificate of Lot Line Adjustment be filed concurrently with the revised Deed affecting this lot line adjustment, a copy which must be returned to the Department of Planning and Development.



J. Ryan McMahon, II, County Executive Don M. Jordan, Jr., Acting Director

LETTER OF COMPLIANCE STREET NAME DUPLICATION OUTSIDE OF THE CITY OF SYRACUSE & WITHIN THREE MILE JURISDICTIONAL AREA

This letter certifies that the property described on the map referred to herein is in compliance with "The Onondaga County Right of Way Designation Law". This letter also certifies that the property described on the map referred to herein is outside the City of Syracuse but within the City's three mile jurisdictional area. Therefore, approval by the City Planning Commission is necessary and needs to be acquired separately.

Map Title: Proposed Resubdivision on Lot 30 & Part of Lot 27 of Hinsdale Farms,

Map #1684, To be New Lots A & B

Street Name: Hinsdale Road (Existing)

Malden Road (Existing)

Municipality: Town of Salina

Tax Map Section: 059

County Reference #: SN-24-080

Edward Gove

Date: May 17, 2024

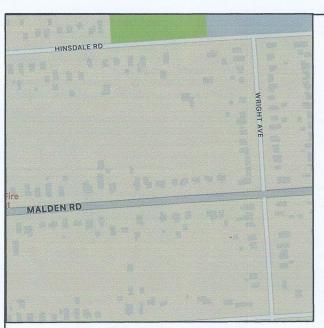
Edward Hart GIS Division



J. Ryan McMahon, II, County Executive Don M. Jordan, Jr., Acting Director

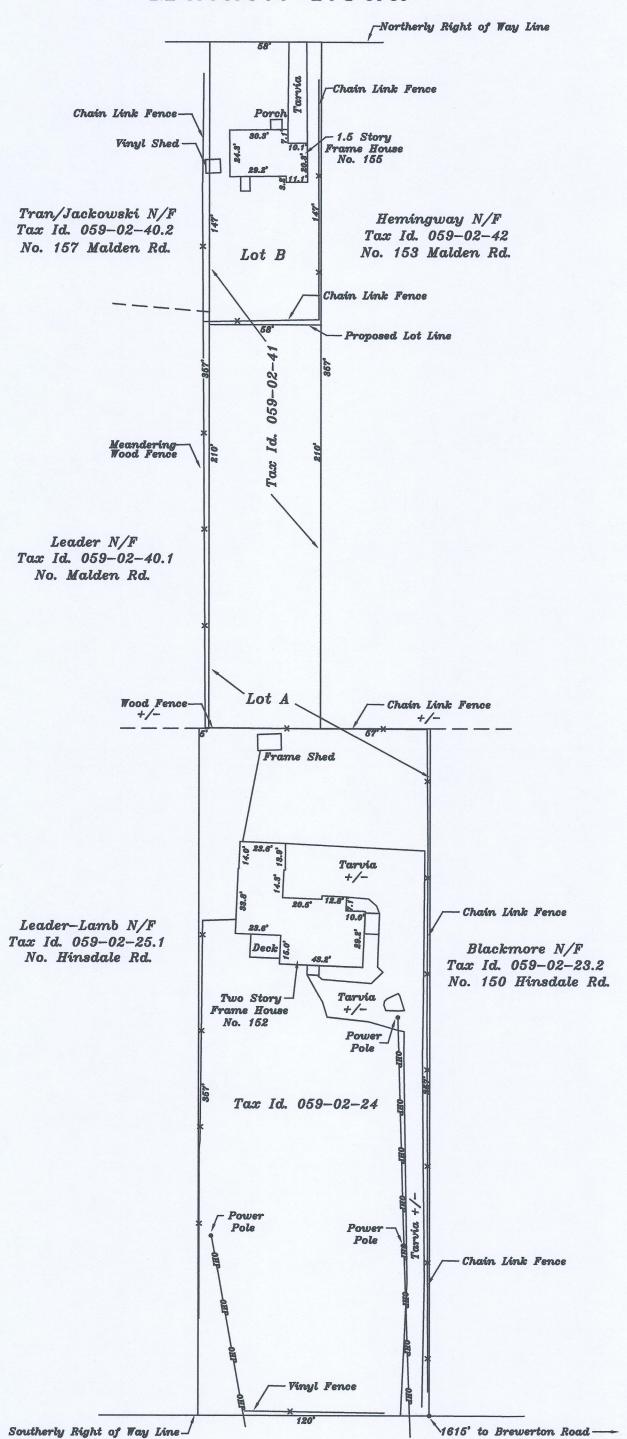
Lot line ad	justment between	n two lots, no	new addresses needed

Map on Shared drive



Site Vicinity Locator (not to scale)

Malden Road



Hinsdale Road

Notes/References:

*Survey prepared without the benefit of an up-to-date abstract of title. *Adjoiner information obtained using ImageMate Online. *Buildings/Structures shown for informational purposes only. *Subject parcel(s) has access to public utilities. *New Lot A Area = 55020 Sq. Ft. *New Lot B Area = 8526 Sq. Ft. *Parcel(s) Owner: Jones & Benjamin

4-----7

Date of Fieldwork: 02–26–24 Tax Id#: 059–02–24 & 41 Deed: 2023/30815 & 5256/793 Abstract: Not Provided

Approvals

Owner(s)

Town of Salina

APPROVED
Town of Salina
Planning & Development

Signed

Loommissioner
Date

5/17/2-4

Michael J. McCully
Land Surveying PLLC
5875 Fieldstone Drive
Casenovia New York 13035
Phone: (315) 815-5034

Phone: (315) 815-5034

I hereby certify that this map was made from an actual survey and same is correct.

M.J. McCully

NYSLLS 50696

TE OF NEW POPER

* STATE J. MCCUPY

* STATE J. MCCU

* Proposed Only *

Proposed Resubdivision on Lot 30 & Part of Lot 27 of Hinsdale Farms, Map #1684
To be New Lots A & B.

Known as No. 152 Hinsdale Road & No. 155 Malden Raod, Town of Salina, County of Onondaga State of New York

Drawn by: PFOB | Scale: 1"= 50'

Date(s): 03-06-24

Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of Section 7209, Subdivision 2 of the New York State Education Law. Only copies from the original of this survey marked with an original of the land surveyor's inked seal or his embossed seal shall be considered to be valid true copies. Certifications shall run only to the person or entities for whom the survey is prepared and are not transferable to subsequent persons or entities. Copyright 2024, Michael J. McCully Land Surveying, all rights reserved.

Jake Dishaw Zoning Administrator 300 South State St, Suite 700 Syracuse, NY 13202



OFFICE OF ZONING ADMINISTRATION Ben Walsh, Mayor

To: City Of Syracuse

From: Haohui Pan, Zoning Planner

Date: 5/22/2024 4:48:46 PM

Re: Three-Mile Limit Review 3S-24-11

Three Mile Limit,,

The Departments and/or Boards below have reviewed your application and provided the following comments for your information and action as appropriate.

Please modify the proposal as necessary to address the comments/recommendations. Upon receipt of any revisions and/or written justification to the Office of Zoning Administration, a Public Hearing will be scheduled.

Please contact the Zoning Office at (315) 448-8640 or Zoning@syrgov.net if you have any questions.

Approval	Status	Status Date	Reviewer	Comments
Eng Stormwater (SWPPP)- Zoning	Internal Review Complete	05/20/2024	Mirza Malkoc	Proposed development shall follow all local & state regulations.
Eng Sewers- Zoning	Internal Review Complete	05/20/2024	Mirza Malkoc	No comment
Eng. Mapping - Zoning	Approved	05/20/2024	Ray Wills	-No objection to the work proposed, as it lies outside of the plated area and should have no impact on Mapping Division assets or control in the area.
Eng. Design & Cons Zoning	Conditionally Approved	05/20/2024	Mirza Malkoc	Project site is located in the Beartrap Creek Basin. Ok for re-subdivision.
Planning Commission	Pending	05/20/2024		
City Engineer - Zoning	Approved	05/21/2024	Mary Robison	Approved - Tributary to Beartrap Creek Basin, so no adverse impact to City