

Town of Skaneateles Town Board
INSERT: Amend Zoning Map and/or Zoning Text

(Pursuant to §148-46)

Contact Town Staff if you need assistance

Applicant Name: _____
Property Tax Map# _____ (enter "not identifiable properties" if Town-wide effect)

Respond in writing to the following: (may be included in narrative report required below or use additional sheets if needed)

Summary of Request – briefly describe the proposed map or text amendment.

Rationale – Reason for Request – describe why you are requesting map or text amendment?

Zoning MAP Changes (*complete only if MAP change - see also submissions on reverse side*)

Existing Zone District(s) _____ # Properties affected: _____
Proposed Zone District(s) _____ Total area affected: _____ [sq. ft. OR acres]
Surrounding area (existing conditions): _____

| | <u>Zone Districts</u> | <u>Land uses</u> |
|-------|-----------------------|------------------|
| North | _____ | _____ |
| South | _____ | _____ |
| East | _____ | _____ |
| West | _____ | _____ |

Zoning TEXT changes (*complete only if TEXT change - see also submissions on reverse side*)

Cite existing section(s) of code to be amended:
§ _____ heading: _____ content summary: _____

§ _____ heading: _____ content summary: _____

Narrative – Attach a written statement (Please use **same headings**) responding to the following:

Applies to BOTH MAP AND TEXT amendments

- Description** of the site and the area surrounding a map change site or areas affected by text amendment (narrative may be generalized for text amendments):
 - describe the existing conditions (Zone Districts, land uses, structures, activities).
 - discuss changes to these areas since the current zoning went into effect, the need for the map or text amendment and how this request will affect those areas.
 - Map change only – compare all currently allowed uses and structures to proposed.
 - Text amendment only - Briefly describe the existing text and why the text needs to be changed by the proposed amendment
- Community impacts** – describe the existing natural resources, utility infrastructure, and community services and how the proposed map or text amendment will affect each.
- Other impacts** – identify and describe any relevant economic, cultural and/or social factors and how the proposed map or text amendment will affect each.
- Conformance to plans** - describe if and how the proposed map or text amendment conforms to and furthers any Town or other governmental plans (cite relevant/specific sections of documents-policies)
- Community Need & Benefit** – describe how the proposed map or text amendment addresses an unmet or unidentified community need and will benefit the community.

TURN OVER - for REQUIRED SUBMISSIONS

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SUBMISSION REQUIREMENTS

FILING FEE \$500.⁰⁰

ONE (1) original:

- ___ 1. Common Application Form – completed and signed
- ___ 2. TOWN BOARD ZONING insert - completed
- ___ 3. SEQR **Short** form – completed (Town Board may require completed Long Form or more information)
- ___ 4. Letter of authorization - if agent of property owner or applicant.
- ___ 5. For zoning map changes **ONLY** - Photocopy of tax map showing affected and surrounding properties, within at least 500 ft of site boundaries, **showing existing and proposed** Zone District boundaries.
- ___ 6. For zoning map changes **ONLY** - Photocopy of tax map showing affected and surrounding properties, within at least 500 ft of site boundaries, **showing existing and proposed** land uses and major structures.
- ___ 7. Zoning text changes **ONLY** - Photocopy of existing text in side-by-side comparison to proposed text.
- ___ 8. If within LWOD - Written statement or photocopy of transmittal letter that a copy of this application has been submitted to the City of Syracuse Water Department or the City of Auburn. (per §148-21E & F).

TEN (10) copies of:

- ___ 9. Current survey(s) (per §148-41D(1)), with location map, stamped/signed by licensed land surveyor.
- ___ 10. Site plan showing all existing site conditions and, if any, a proposed land use concept

REFERRALS AND CONTACTS WITH OTHER AGENCIES

The following agencies may be contacted to provide advisory review of applications before the Town. You may be required by the Town to contact these agencies directly.

Please indicate if you have **contacted any of these agencies**, the date of contact and the type of response (informal letter, permit issued, N/A - Not Applicable)

| | | <u>Contact Date</u> | <u>Response</u> |
|---------------------------|------------------------------|---------------------|-----------------|
| Highway Access: | Town Highway Dept. | _____ | _____ |
| | Onondaga County DOT | _____ | _____ |
| | NYS DOT | _____ | _____ |
| Water Supply: | Town Water Dept. | _____ | _____ |
| Sanitary Waste: | Onondaga Co Health Dept. | _____ | _____ |
| Natural Resources: | City of Syracuse Water Dept. | _____ | _____ |
| | NYS DEC | _____ | _____ |
| | US Army Corp of Engineers | _____ | _____ |

PROCEDURE SUMMARY

1. Pre-application meeting with Office of Planning & Zoning
2. Submittal Deadline (two [2] weeks prior to Town Board meeting date)
3. Preliminary Town Board review of application
 - a. Determine completeness
 - b. Request additional information or submissions
 - c. Schedule site visit and formal review meeting date; set escrow if needed.
 - d. Refer application to Town Planning Board and other agencies
4. Formal Board Review
 - a. Public hearing
 - b. Receipt of referral recommendations
 - c. Final action and adoption of resolution

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