

PROCEDURE FOR ZONE CHANGE APPLICATIONS

1. Application (in triplicate) is presented to the Town Clerk along with:
 - A. A legal description of the property involved
 - B. A map of the property involved
 - C. A completed Environmental Assessment Form
 - D. There is no fee for a Zone Change Petition

2. The Petition for Zone Change is placed on the agenda for a Town Board meeting. The Town Board then takes the following action:
 - A. Sets a date for a public hearing (10 days prior notice required)

The Town Clerk does the following:

 - (1) Notice is published in the Messenger
 - (2) Contiguous municipalities receive a copy of the legal notice
 - (3) Property owners within 500 feet on any side of the area proposed to be changed receive a copy of the legal notice
 - B. Refers the petition to the following for recommendation:
 - (1) Lysander Planning Board
 - (2) Onondaga County Planning

3. The petitioner appears before the Lysander Planning Board to answer questions pertinent to the application. This may happen before or after the initial appearance before the Town Board, depending on the schedules of meetings for both boards. The Town Clerk and Clerk to the Planning Board will confirm dates for the applicant.

4. The Town Board holds the public hearing. Action will not be taken on the petition until the recommendation from both the Lysander Planning Board and Onondaga County Planning are received.

5. The petitioner will receive a copy of the petition indicating approval or disapproval.

PETITION FOR CHANGE OF ZONE
TO THE TOWN BOARD OF THE TOWN OF LYSANDER:

The undersigned petitioner(s) is/are the owner(s) of the following legally described property:

(Describe here or attach legal description.)

A plot plan of this property is hereto attached and made a part of this petition.

Land and/or buildings are to be used for _____

The petitioner(s) request(s) that the Zoning Ordinance and Zoning Map of the Town of Lysander be amended to reclassify this property from District _____ To District _____.

Dated: _____

Signature(s) of owner(s) of premises

Type or print name of owner(s)

Address of owner(s)

(Phone number)

Town Office use only:

Date filed with Lysander Town Clerk: _____

Date referred to County Planning: _____ To Lysander Planning Board: _____

Decision of Town Board: Approved _____ Disapproved _____

Resolution Number: _____ Date of resolution in Town Board minutes: _____

PROJECT I.D. NUMBER

617.21
Appendix C

SEQF

State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I— PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II—ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 8 NYCRR, PART 617.127 Yes No *If yes, coordinate the review process and use the FULL EAF.*

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 5 NYCRR, PART 617.67 Yes No *If No, a negative declaration may be superseded by another involved agency.*

- C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)
- C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:
 - C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:
 - C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:
 - C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:
 - C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:
 - C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:
 - C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? Yes No *If Yes, explain briefly*

PART III—DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

- Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide on attachments as necessary, the reasons supporting this determination:

Name of Lead Agency

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from responsible officer)

Date