

**For office use only:** District:  Filing Date:  Case #:   
 Resubdivision  Lot Alteration

**SUBJECT PROPERTY ADDRESS(ES):**

**TAX MAP NUMBERS: (of each property involved)**

Section:  Block:  Lot:  Section:  Block:  Lot:   
Section:  Block:  Lot:  Section:  Block:  Lot:

**PROPERTY OWNER(S): (If more than one owner, attach additional pages)**

NAME:   
MAILING ADDRESS:   
ZIP:  DAYTIME PHONE:   
HOME PHONE:  E-MAIL:

**REPRESENTATIVE:** Attorney or Other contact:

*(Complete only if a representative is involved with this application)*

NAME:   
MAILING ADDRESS:   
ZIP:  TELEPHONE:  E-MAIL:

**CURRENT LAND USES ON ALL INVOLVED PROPERTIES:**

**CURRENT DESCRIPTION OF ALL STRUCTURES ON ALL INVOLVED PROPERTIES:**

**DESCRIBE THE REASON FOR YOUR REQUEST and YOUR OVERALL PROJECT IN DETAIL:**

**IS THIS RESUBDIVISION/LOT ALTERATION PART OF A LARGER OVERALL PROJECT?**

YES  NO

**\*NOTE: IF THE PROPOSED USE DOES NOT COMPLY WITH APPLICABLE ZONING LAWS  
ADDITIONAL APPLICATIONS MAY BE NECESSARY.**

**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 are correct.

I also understand that any false statements and/or attachments presented knowingly in connection with this application will be considered null and void.

\_\_\_\_\_  
Signature of CURRENT PROPERTY OWNER(s) (or owners' LEGAL representative) \_\_\_\_\_  
Date

**PLEASE PRINT NAME** of person(s) whose signature is above. If legal representative, also state their relationship to owner(s). Use additional pages if necessary.

**REQUIRED SUBMITTALS**

- APPLICATION** – Must be **completely filled out** including tax map numbers, and current and proposed uses of property/properties and must be signed by the property owner(s) or legal representative(s).
- SHORT ENVIRONMENTAL FORM** – Must be completely filled out (side one only) and signed.
- MAPS – RESUBDIVISION/LOT ALTERATION MAPS –**
  - a. **7 COPIES** – Drawn by a licensed land surveyor on paper. If maps are larger than 11 x 17, then a reduced copy must also be submitted.
  - b. Must show existing and proposed lot lines along with addresses and new lot numbers (see attached example). Must also illustrate all existing and any proposed physical features on the property (i.e. driveways, walkways, retaining walls, fences, etc.)
  - c. Must also contain a location map for the subject property.
  - d. Please have your land surveyor contact the Onondaga County Health Department at 315-435-6600 prior to drawing your resubdivision/lot alteration map for map requirements.

**\*Please note that if referrals are necessary for this application, additional copies of all required materials will be requested.**

**FOR STAFF USE ONLY**

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**REFERRAL NEEDED**

- ONONDAGA COUNTY PLANNING BOARD
- SYRACUSE LANDMARK PRESERVATION BOARD (This project is located within \_\_\_\_\_ Historic District; is listed individually in the National Register of Historic Places; is Eligible for inclusion in the National Register of Historic Places; or is architecturally significant).
- OTHER CITY/COUNTY/STATE AGENCY OR DEPARTMENT(S) \_\_\_\_\_

## **INSTRUCTIONS FOR FILING A RESUBDIVISION / LOT ALTERATION MAP**

### **1. Zoning Review**

Any resubdivision or lot alteration map within the City of Syracuse must first be reviewed by the City Planning Commission or the Syracuse Zoning Administrator.

- Please see “Required Submittals” section of this application for details on what must be submitted with the application.
- Application and submittals must be filed at the Syracuse Zoning Office, 201 East Washington Street, Room 101.
- If Planning Commission approval is required, please refer to the schedule of Planning Commission application deadlines and meeting dates at [http://www.syracuse.ny.us/Planning\\_Commission.aspx](http://www.syracuse.ny.us/Planning_Commission.aspx).

### **2. Map Requirements**

Within 62 days of zoning approval, the applicant must obtain original signatures of several government officials (see below) **on a Mylar or linen copy of the approved map.**

- The applicant’s land surveyor typically obtains the Mylar/linen map for the applicant

The applicant will then file the signed Mylar or linen map at the Onondaga County Clerk’s Office. The copy for filing must:

- Be printed in black ink on linen, cloth backed paper, or Mylar.
- Not be larger than thirty-four inches by forty-four inches in size.
- Be clear and legible for reproduction
- Show location of property by town or city, lot and/or block, name of tract or subdivision and include a North arrow.
- Have the certificate of licensed land surveyor must be annexed thereto:
  - Surveyor’s Certification: “We (or I) hereby certify that this subdivision plat was prepared by us (or me) and was made from an actual survey complete by us (or me) on (date)”.
  - Statement must be followed by the surveyor’s signature and license number.
- Have all signatures in black ink.

### **3. Signatures:** The first two signatures on the Mylar or linen map can be done in any order:

#### **A. Secretary of City Planning Commission**

Syracuse Zoning Office, 201 East Washington Street, Room 101, 315-448-8640

- Contact the Office of Zoning Administration to ensure someone is available to sign the map.
- Submit **4** additional paper copies of the approved map to be retained by the Zoning Office.
- When the Office of Zoning Administration signs the map, they will also give the applicant original letter(s) from the Syracuse-Onondaga County Planning Agency (SOCPA) that must be filed with the final Mylar/linen map at the County Clerk’s Office.

#### **B. Onondaga County Health Department (Division of Environmental Health)**

Onondaga County Civic Center, Bureau of Public Health Engineering, 12<sup>th</sup> Floor, 315-435-6600

- Must meet requirements of Health Department for water supply and sewage disposal.
- In addition to their signature on a Mylar or linen copy, one paper copy of the map must be left with them.
- Contact the Health Department to ensure that someone will be available to sign the map.

Once the applicant obtains the above two signatures, the applicant brings the map to:

**C. City Assessor**

City Hall, Room 130, 315-448-8280

- Applicant leaves the Mylar/linen map (but not the SOCPA letter) with the Assessor's Office.
- The Assessor's Office will sign the map, and then forward it internally for two additional signatures:
  - **Department of Finance**
  - **Department of Engineering**
- The Department of Engineering will contact the applicant when the map has been signed and is available for pick up and filing.

**4. Map Filing at the Onondaga County Clerk's Office**

County Clerk, Room 200, Onondaga County Court House, 401 Montgomery Street, 315-435-2226

- The filing fee is \$10.00
- Original letter(s) from SOCPA must also be filed with the signed map.

**5. Applicant must notify the Zoning Office to report the filing date and map number.**

- Notification can be made by telephone (448-8640), email, fax, or US mail
- The map is not legally recorded in the city's records until the Zoning Office has been notified of the filing date and map number.

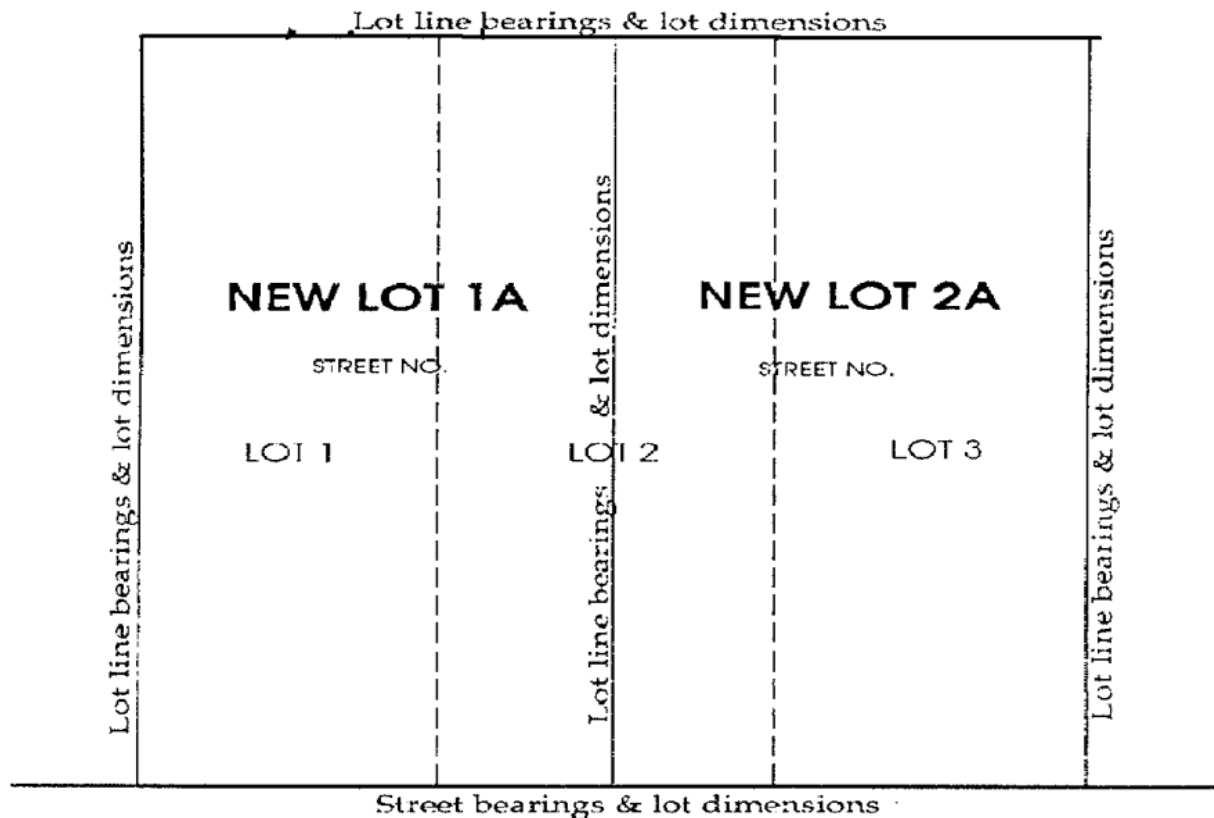
**NOTE TO APPLICANT**

Street Dedication: The filing of a subdivision map does not result in the dedication of any street appearing on such map. Common Council action is necessary either by adoption of an ordinance for dedication of a new street for street purposes or authorizing street improvements such as for sewers, paving, etc.

**05/2014**

# RESUBDIVISION MAP-PRESCRIBED FORM

EXAMPLE



## **ALSO NEEDED:**

- ✓ NORTH ARROW
- ✓ SURVEYOR'S SEAL
- ✓ SURVEYOR'S SIGNATURE
- ✓ A SITE LOCATION MAP

## **EXAMPLE OF TITLE BLOCK**

RESUBDIVISION OF LOTS 1,2,3  
BLOCK 101 IROQUOIS TRACT INTO  
NEW LOTS 1A & 2A  
CITY OF SYRACUSE, COUNTY OF ONONDAGA  
STATE OF NEW YORK. KNOWN AS 100-104  
ANY STREET  
DATE: SEPTEMBER 27, 1981  
SCALE: 1"= 20'