

**TOWN OF MANLIUS**  
**ZONE CHANGE APPLICATION**  
(Must be submitted in triplicate)

1. Name of Person applying for Zone Change: \_\_\_\_\_  
Address of person applying: \_\_\_\_\_  
Phone number \_\_\_\_\_ Cell \_\_\_\_\_
2. Name: (owner of record) of land where Zone Change would occur \_\_\_\_\_  
Address: (owner of record) \_\_\_\_\_  
Phone number (owner of record) \_\_\_\_\_ Cell \_\_\_\_\_
3. Tax Map Number of property where Zone Change would occur: \_\_\_\_\_
4. Is this property located in a flood hazard area? \_\_\_\_\_  
If so, does the Town of Manlius Building Inspector require a Flood Permit? \_\_\_\_\_
5. Present zoning classification of property \_\_\_\_\_
6. Desired zoning classification \_\_\_\_\_  
Reason for change of Zone (use additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What is the lot size? \_\_\_\_\_
8. If the Zone Change is granted, will the use of the property conform to the District regulations as stated in Chapter .155 Article III of the Town of Manlius Municipal Code? \_\_\_\_\_
9. Is the property within the protectively zoned area of a housing project authorized under the public housing law? \_\_\_\_\_
10. Is the property within five hundred (500) feet of the boundaries of any city, village, town, county, state park or parkway? \_\_\_\_\_  
If yes, Please specify: \_\_\_\_\_
11. Is the property within five hundred (500) feet from the boundary of any existing or proposed

County or state park or other recreation area, or from the right-of-way of any existing or proposed county or state parkway, thruway, expressway, road or highway, or from the existing or proposed right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines, or from the existing or proposed boundary of any county or state owned land on which a public building or institution is situated?

\_\_\_\_\_

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

12. List the uses of all abutting property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. The following must be included with your application in triplicate unless otherwise specified and/or specifically waived by the Town Board:

- An environmental assessment form which can be obtained from the Town Clerk, or an environmental impact statement.
- Five copies of a survey of the premises certified by a New York State licensed surveyor.
- Legal description of the premises.
- This application must be signed by both the owner of record of the property and the applicant.

The failure to answer any question on this application, the failure to submit any item as specified or the failure to execute this application will result in a delay in the processing of the application.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Record Owner of Property



- Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.
- A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

3. That no Town of Manlius office, employee or a relative of either, as defined in S809 General Municipal Law has any interest in this application.

If a Town of Manlius official, employee or relative of either as defined in S809 General Municipal Law has any interest in this application, give the full particulars in the following paragraph.

4. Dated: \_\_\_\_\_  
 (Applicant, etc. – signature)

**INDIVIDUAL ACKNOWLEDGEMENT**

STATE OF NEW YORK     )  
 COUNTY OF ONONDAGA ) SS.:  
 TOWN OF MANLIUS     )

\_\_\_\_\_, being duly sworn, deposes and says that h is the Applicant in this Application; that h has read the foregoing affidavit and knows the contents thereof; that the same is true to the knowledge of the deponent, except as to matters therein stated to be alleged on information and belief, and that as to those matters, h believes it to be true.

\_\_\_\_\_  
 (Applicant, etc. -- signature)

Subscribed to before me this  
 \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
 Notary Public

**CORPORATE ACKNOWLEDGEMENT**

STATE OF NEW YORK     )  
COUNTY OF ONONDAGA ) SS.:  
TOWN OF MANLIUS     )

\_\_\_\_\_, being duly sworn, deposes and says that h is the Applicant in this Application; that h has read the foregoing affidavit and knows the contents thereof; that the same is true to the knowledge of the deponent, except as to matters therein stated to be alleged on information and belief, and that as to those matters, h believes it to be true.

\_\_\_\_\_  
(Applicant, etc. – signature)

Subscribed to before me this  
\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

PROJECT ID NUMBER

SEQR

617.20  
APPENDIX C  
STATE ENVIRONMENTAL QUALITY REVIEW  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
for UNLISTED ACTIONS Only

**PART 1 - 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 RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, describe briefly:			
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <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 name and permit / approval:			
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 a Coastal Area, and you are a state agency,  
complete the Coastal Assessment Form before proceeding with this assessment**

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.  
 Yes  No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.  
 Yes  No

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 pattern, 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. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? (If yes, explain briefly:  
 Yes  No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? If yes explain:  
 Yes  No

**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. If question d of part ii was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

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	Date
_____	_____
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)