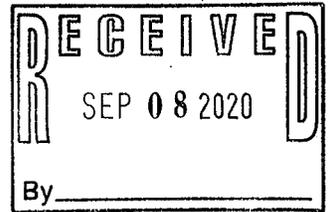


Expected
Fee: _____

TOWN OF MANLIUS
PLANNING DEPARTMENT
INITIAL APPEARANCE APPLICATION



DATE: _____

Name of Project: _____

Applicant must submit 12 copies of all site plans, surveys, and supporting data with the final application before a planning board meeting can be scheduled.

Location of Project: 7376 Kirkville Road

Type of Project:

Division of Land Subdivision Accessory Use Zone Change Site Review Other _____

Developer: _____ Phone: _____

Address: _____ Zip: _____

Tax Map Number(#)/s: 055-01-07-0
055-01-08-0

Present Zoning: _____ Desired Zoning: _____

Total Acreage: _____ Total Number of Lots: 2

Property Owner/s: John + Joanne Verone Phone: 315-656-2072

Address: 7376 Kirkville Road Zip: 13057

Tax Map#(s): 055-01-08-0 055-01-07-0 Owner's Signature: John J. Verone
Joanne M. Verone

John J. Verone Printed Name: Joanne M. Verone

Property Owner/s: _____ Phone: _____

Address: _____ Zip: _____

Tax Map#(s): _____ Owner's Signature: _____

Printed Name: _____

Use next page for additional known property owners' information

Planning Board Meeting Date Assignment: _____

Fee: _____ Paid: _____ Per: Credit/Debit Card Check Cash

Planning Board - Initial

III. That no Town of Manlius officer, employee or a relative of either, as defined in Section 809 General Municipal Law has any interest in this application.

-OR-

If a Town of Manlius officer, employee or relative of either as defined in Section 809 General Municipal law has any interest in this application, the full particulars are provided on an attached sheet.

Date: September 8, 2020

John T. Verone
(Print Name)

John T. Verone
(Signature)

Delphi Healing Arts Center
(Entity Name)

By (Officer) (Title)

7376 Kirkville Road
(Mailing Address of Applicant)

315-656-2072
(Telephone Number)

Date: September 8, 2020

Joanne M. Verone
(Print Name)

Joanne M. Verone
(Signature)

Delphi Healing Arts Center
(Entity Name)

By (Officer) (Title)

7376 Kirkville Road
(Mailing Address of Applicant)

315-656-2072
(Telephone Number)

ACKNOWLEDGEMENTS

STATE OF NEW YORK)
) SS:
COUNTY OF ONONDAGA)

On this 8th day of September in the year 20 20, before me, the undersigned, a notary public in and for said state, personally appeared Joanne M. Verone, and John T. Verone personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within Petition and acknowledged to me the he/she/they executed the same in his/her/their capacity, and that by his/her/their signature(s) on the Petition, the individual or the persons upon behalf of which the individual acted executed the instrument.

Christine D. Neuhaus
Notary Public

CHRISTINE D. NEUHAUS
Notary Public, State of New York
No. 01NE6182932
Qualified in Oswego County
My Commission Expires March 10, 2024

TOWN OF MANLIUS

DISCLOSURE AFFIDAVIT

This affidavit is a part of and must be completed and attached to every application, petition, request submitted for a site plan, variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit.

STATE OF NEW YORK)
) SS:
COUNTY OF ONONDAGA)

I. John Verone, being duly sworn, deposes and says that (s) he is:

Property Owner

(applicant, petitioner, corporation officer, property owner, etc.)

II. That deponent has read and is familiar with the provisions of the General Municipal Law, Section 809 which states:

- A. Every application, petition or request submitted for a site plan, variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, pursuant to the provisions or any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality is a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.
B. For the purpose of this action an officer or employee shall be deemed to have an interest in the applicant when (s)he, his/her spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:
1) is the applicant, or
2) is an officer, director, partner or employee of the applicant, or
3) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
4) is a party to an agreement with such an applicant, express or implied, whereby (s) he may receive any payment or other benefit, whether or not for services rendered, or contingent upon the favorable approval of such application, petition or request.
C. Ownership of less than five percent (5%) 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.
D. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: <i>Remodel of Therapy room</i>			
Project Location (describe, and attach a location map): <i>back of house - First Floor</i>			
Brief Description of Proposed Action: <i>Painted, installed New linoleum and added ceiling fan</i>			
Name of Applicant or Sponsor: <i>John J. Verone</i>		Telephone: <i>315-656-2072</i>	
		E-Mail: <i>delphimassage@verizon.net</i>	
Address: <i>7376 Kirkville Road</i>			
City/PO: <i>East Syracuse</i>		State: <i>N.Y.</i>	Zip Code: <i>13057</i>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
<i>TOWN OF MANLIUS</i>			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		<i>Approx. 2</i> acres	
b. Total acreage to be physically disturbed?		<i>NONE</i> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>APR 2</i> acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>John H. P. ...</u> Date: <u>9/8/18</u>		
Signature: <u>[Signature]</u> <u>[Signature]</u>		

STOP

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

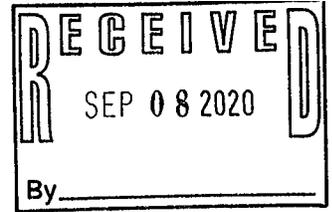
	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	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.
_____	_____
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)

PRINT

TOWN OF MANLIUS
ACCESSORY USE PERMIT
APPLICATION



PERMIT FEE: _____
DATE COLLECTED: _____

Tax Map Number 055-01-07.0
055.01.08.0

155-29A – “All permitted accessory uses requiring an Accessory Use Permit from the Town Planning Board shall have a site plan review and recommendation before such use shall be permitted. A public hearing shall be at the discretion of the Planning Board. The application shall be submitted by the owner of the subject property ...”

Please include

- Owner Name: John and Joanne Verone Phone: (315) 656-2072
- Address: (Permit Location) 7376 Kirkville Road East Syracuse
- Requested permitted use: (type of business of operation, brief description of operation)
Massage Therapist. We are both NYS licensed. We are semi-retired. Massage
- Location within building: (basement, 1st floor, 2nd floor, garage)
1st floor entrance by the driveway
- Approximate square footage of floor area of entire structure: 2400 sq feet
- Approximate Sq. footage of floor area to be utilized: 120 sq feet
(Maximum of 25% or 500 square feet allowed)
- Hours of operation: By appointment Days of operation: M-Saturday
- Operator's Name: John Verone, LMT, Joanne Verone
- What provisions are made for parking: There are at least 6 spaces available. We don't schedule them close together
- Number of employees: None both self-employed
- Average number of customer/clients to visit the property daily: 2
- Site plan drawing of the property or survey indicating where the structure is located along with driveway location (length and width), additional parking, dimension of parking areas, landscaping, and sign location. A floor plan of the building is also required, showing the entire building and the area to be utilized with this permit.
- Optional indication of approval from adjacent neighbors.

If approved, the Town will prepare an Accessory Use Permit Resolution including conditions and time period, to be signed by the applicant and the Town.

Sign request must be on a separate application and in conformance with the Town of Manlius Sign Ordinance, 155-25.