

**SITE PLAN REVIEW APPLICATION
TOWN OF DEWITT PLANNING BOARD**

INTERNAL USE:

Project Name _____ Project # _____ SUBM Date: _____
 CHKD By: _____

SPR fee: _____ Rcpt.# _____
 Check# _____

ENG fee: _____ Rcpt.# _____
 Check# _____

Name/Date _____	Name/Date _____
Name/Date _____	Name/Date _____

INFORMATION:

1. Name of Applicant (*Principal Contact*): Thomas Douglas upon behalf of an entity to be formed
 Title: Manager Email: thomasallenhomes@yahoo.com Phone: (315)263-6662

2. Project Address: Butternut Drive City/ST/Zip Syracuse NY 13214

3. Property Owner's Name: Teomax Properties, LLC Phone: _____

4. Property Owner's Address: 6858 E. Genesee St. City/ST/Zip Fayetteville, NY 13066

5. Tax Map No.: 063.-01-01.1 Bldg. size See Plan Zoning Dist.: R-2 Total Lot Area: 10.72

6. Licensed Designer: Keplinger Freeman Associates Email: vr@keplingerfreeman.com

7. Attorney (if applicable) _____ Email: _____

8. Is property in floodplain or floodway? Yes _____ No: X Or is property in Federal or State Wetland? Yes: _____ No: X

9. BRIEFLY DESCRIBE THE PROJECT: Include intended use(s) and facilities and proposed site modifications:
 The Proposed Project includes 4 (4) story apartment buildings with ¹⁶⁴~~148~~ units of 1 & 2 bedrooms. Site improvements will include ²⁷³~~258~~ parking spaces
 a stormwater detention facility, sanitary, water, utility connections, and landscaping.

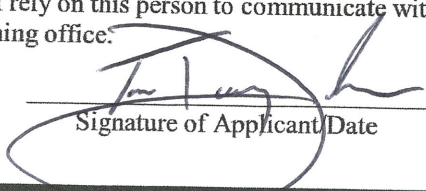
SUBMISSION: In general, all information is required. Check yes/no to indicate information included with application. Insert "NA" if item is not applicable. (Please refer to the Town of DeWitt Site Plan Review Design Guidelines on our website.)

- 1. Yes X No _____ **CURRENT, COMPLETE SURVEY** showing all site/legal modifications to the property signed by a NYS licensed surveyor.
- 2. Yes _____ No X **ARCHITECTURAL PLANS** of the structure to be added or modified.
- 3. Yes X No _____ **SITE PLANS** and associated details of property and its modification & CD.
- 4. Yes _____ No X Transportation permits and/or applications. (**include copies**)
- 5. Yes _____ No X Copies of application, licenses, and/or permits from other governmental agencies which have jurisdiction or funding interest. Specify agency(s): _____

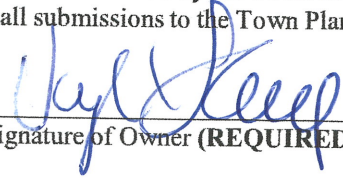
6. ZONING - GENERAL REQUIREMENTS:

	<u>ORDINANCE</u>	<u>PROPOSAL</u>		<u>ORDINANCE</u>	<u>PROPOSAL</u>
Parking Spaces	296 <u>328</u> #	258 <u>273</u> #	Front Yard Setback	<u>35</u> FT	<u>24</u> FT
Lot Coverage	<u>50</u> %	<u>38</u> %	Side Yard Setback	<u>25</u> FT	<u>25</u> FT
Building Coverage	<u>25</u> %	<u>11</u> %	Rear Yard Setback	<u>40</u> FT	<u>40</u> FT
Maximum Height of Building	<u>30</u> FT	<u>4 story</u> FT			

7. I am familiar with Town of DeWitt zoning and planning requirements and all NYS & Federal regulations for land disturbance and development. To the best of my knowledge this application and accompanying documents are an accurate and complete description of intended changes in the subject property. I understand that the *Principal Contact* will be the person contacted by the Town and the Town will rely on this person to communicate with applicant and his/her agents and will coordinate all submissions to the Town Planning & Zoning office:



 Signature of Applicant/Date



 Signature of Owner (REQUIRED)/Date