

Planning Board Application

Village of Marcellus

6 Slocombe Avenue
Marcellus, NY 13108
(315) 673-3112

APPLICATION TYPE - PLEASE SELECT ONE:

Site Plan Special Permit Sub-division Preliminary Sub-Division Final

PROJECT LOCATION INFORMATION:

Address of project: 69 North STREET Marcellus, NY 13108

Tax Map # 314801 001 - 02 - 30

Project Name: _____

APPLICANT INFORMATION:

Property Owner: Maria Iannolo

Address of property owner: 1004 Janol Way

Phone # 315-430-8252 Fax # _____

Lease Holder: _____

Address of property owner: _____

Phone # _____ Fax # _____

Contact Person: Maria Iannolo

Address of property owner: 1004 Janol Way

Phone # 315-430-8252 Fax # _____

Architect/Engineer: _____

Address of property owner: _____

Phone # _____ Fax # _____

EXISTING PROPERTY INFORMATION

Current zoning classification: COMMERCIAL

Surrounding land use: _____

North: _____ South: _____

East: _____ West: _____

Total site area (sq feet or acreage): _____

Dimensions of property: _____

Existing number of parking spaces: _____

Current land use (residential, commercial, undeveloped, etc.): COMMERCIAL

Current conditions of site (buildings, brush, etc.): _____

PROPOSED PROJECT INFORMATION

Anticipated project development time: Hopefully open in November

Will this project be staged? _____ If yes, explain: _____

Does project involve any designated wetlands? No

Does project involve any flood plain development? No

If yes, identify community panel: _____ Identify designation: _____

Identify State or Federal permits needed (list type and appropriate agency):

DOH food permit, liquor license later

Anticipated increase in the number or residents, shoppers, employees, etc. as a result of this development:

No

Project description (please describe proposed use, demolitions, alterations and any proposed new construction):

Restaurant, likely will make new sign
obtain liquor license

I hereby certify that the statements and information provided herein are true and accurate to the best of my knowledge and belief.

Applicant's signature: [Signature] Date: 10/7/24

FOR OFFICE USE ONLY

Project # _____	Description: _____	Fee: _____
Project # _____	Description: _____	Fee: _____
Project # _____	Description: _____	Fee: _____

Date application received: _____ Received by: _____

Date application found to be complete: _____

Total Fee Due: \$ _____ Date Paid: _____ Cash Receipt # _____

100 Old North St

Gate

GRASS TRAP

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