

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: 8 Paul St. Marcellus, NY 13108

Tax Map # 314801 004 .- 02 - 54.1

Project Name: Tefft Meadows Apartments

APPLICANT INFORMATION:

Property Owner: 8 Paul Street LLC

Address of property owner: 60 East Main St Marcellus, NY

Phone # 315-673-2051

Fax # _____

Lease Holder: _____

Address of property owner: _____

Phone # _____

Fax # _____

Contact Person: David Kimmel

Address of property owner: 6737 Myers Rd East Syracuse, NY

Phone # 315-437-1808

Fax # _____

Architect/Engineer: Keplinger Freeman Associates

Address of property owner: 6320 Fly Rd, Suite 109, East Syracuse, NY

Phone # 315-445-7980

Fax # _____

EXISTING PROPERTY INFORMATION

Current zoning classification: RC Multi Family Residential

Surrounding land use: Residential

North: RA - Single Family Residential

South: RA- Single Family Residential

East: RS- Senior Residential

West: RB- Two Family Residential

Total site area (sq feet or acreage): 6.32 Ac

Dimensions of property: Irregular - Refer to Survey

Existing number of parking spaces: none

Current land use (residential, commercial, undeveloped, etc.): Storage, Residential Housing

Current conditions of site (buildings, brush, etc.): Housing, Storage Buildings, Brush and Woods

PROPOSED PROJECT INFORMATION

Anticipated project development time: Based off HCR funding award date. Tentative Construction fall of 2026

Will this project be staged? no 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):

SPEDES Permit- NYS DEC

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

20 Residential units.

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

Single building 20 units of Senior Housing . Including 38 Parking spaces, storm water management and Landscaping

Existing building will be Demolished.

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: 

Date: 7/9/21

FOR OFFICE USE ONLY

Project # _____ Description: _____ Fee: _____

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Project # _____ Description: _____ Fee: _____

Date application received: _____ Received by: _____

Date application found to be complete: _____

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