

Cayuga County Planning Review:
(This page to be completed only if to be submitted to CPB)

Project Name: PEASE RESIDENCE Date Submitted: _____

Enclosed for your review and recommendation, pursuant to sections 239-l and 239-m of General Municipal Law, is the following application for (check all that apply):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Site Plan Review | <input type="checkbox"/> Area Variance | <input type="checkbox"/> Special Permit |
| <input type="checkbox"/> Use Variance | <input type="checkbox"/> Planned Development | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> Zoning Text Change | <input type="checkbox"/> Other _____ | |

Project Sponsor/Applicant: JOHN & KRISTEN PEASE

Project Location: 325 SUNSET BEACH DRIVE

Tax Map Number(s): 138.3 - 1 - 65

Municipality: Owasco

Zoning District: Residential Lakeshore Agriculture/Residential

Brief Project Description: REMOVE EXIST COTTAGE, NEW 3 BR DWELLING, PORCH, RETAINING WALL

Other Pertinent Information: ADD BIO SWALES FOR STORM WATER MANAGEMENT, EROSION CONTROL DURING CONSTRUCTION

This application is qualified for review because it meets one or more of the following (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Municipal Boundary | <input type="checkbox"/> Farm in an Agricultural District |
| <input checked="" type="checkbox"/> State/County Road | <input type="checkbox"/> State/County Park |
| <input type="checkbox"/> State/County Drainageway/Watercourse | <input type="checkbox"/> Zoning Text Change |
| <input type="checkbox"/> Zoning Map Change | <input type="checkbox"/> Other: _____ |

Respectfully Submitted,

Signature

The following public hearings and/or meetings are scheduled by the (check all that apply):

	Public Hearing Date	Meeting Date (if required)
<input type="checkbox"/> Planning Board	_____	_____
<input type="checkbox"/> Zoning Board of Appeals	_____	_____
<input type="checkbox"/> Town Board	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Town of Owasco Planning Board
2 Bristol Ave.
Auburn, NY 13021
Phone: (315) 253-9021 Fax: (315) 253-2683
owascoplanning@centralny.twcbc.com

APPLICATION FOR SITE DEVELOPMENT PLAN APPROVAL

Preliminary Date _____ (Check appropriate boxes) Final Date 11.19.2020

Name of Proposed Development PEASE RESIDENCE

Applicant:

Name: JOHN & KRISTEN PEASE

Address: 4710 SETTING SUN TERR
STRACUSE, NY 13215

Telephone/Cell: 315.200.4725

Owner: (if different)
Name: SAME

Address: _____

Telephone/Cell: _____

Ownership intentions—i.e., purchase options: PURCHASE OCT 9, 2020

Location of site: 325 SUNSET BEACH DRIVE

Tax Map No.: 138.3-1-65

Current zoning classification: Residential Lakeshore Agriculture/Residential

State and federal permits needed (List type and appropriate departments): _____

