



# Legislative Branch

RL Number: <u>24-96</u>
Date Submitted: _____

City Clerk, City Hall, Binghamton, NY 13901 607-772-7005

## REQUEST FOR LEGISLATION

Requests for Legislation (RLs) may be submitted to the City Clerk's Office for possible consideration at City Council Work Sessions. Incomplete/incorrect RLs will be returned to applicant for revisions. Please include as much supplemental material as is necessary to substantiate the request for legislation. Use "Additional Presenters" line to include anyone that will appear to present this in City Council Work Session.

### Applicant Presenting RL at Work Session

Hadassah Mativetsky & Robert Cavanaugh	City Council Members	(607) 772-7134 , (607) 772-7165
<i>(Print Name)</i>	<i>(Title)</i>	<i>(Phone number)</i>

Sarah Grace Campbell, HHK Carmela Pirich, ACBC

*(Additional Presenters)*

### To Be Completed By Applicant

**Proposed Title:**

An ordinance to amend the Code of the City of Binghamton, Chapter 410, Zoning, Article VII, Section 410 32 G, I-1 Urban Business Park District to make Social Services permitted by right

**Executive Summary** *(Explain why legislation is necessary):*

That the Code of the City of Binghamton, Chapter 410, Zoning, Article VII, Section 410 – 32 G, I-1 Urban Business Park District, is hereby amended as follows:

Permitted by right, subject to Article IX (Site plan review and approval).  
Social Services (added)

Permitted with Planning Commission Review and Approval of a special use permit

Effective Date: (if applicable) \_\_\_\_\_

**Budget transfer or amendment:** RL Budget Transfer Worksheet must be attached w/ Dep. Head signature.

**RL related to a grant:** RL Grant Worksheet must be attached.

**RL related to previously adopted legislation:** Perm. number \_\_\_\_\_, adoption date \_\_\_\_\_

**Contract:** Person/Company \_\_\_\_\_

Total Cost \_\_\_\_\_ Funds available in Budget Line \_\_\_\_\_ Title \_\_\_\_\_

**Public Hearing required?** Yes  Not Applicable  **SEQRA required?** Yes  Not Applicable

**Additional information related to this RL attached?** Yes  No

**Expedition requested for this RL?** Yes  No

**Please explain why expedition is necessary:**

\_\_\_\_\_



# Legislative Branch

RL Number:	24-86
Date Submitted:	

City Clerk, City Hall, Binghamton, NY 13901 607-772-7005

## REQUEST FOR LEGISLATION

Requests for Legislation (RLs) may be submitted to the City Clerk's Office for possible consideration at City Council Work Sessions. RLs generated by City Departments must be signed by the Mayor, Comptroller, and Corporation Counsel prior to submission. Incomplete/incorrect RLs will be returned to applicant for revisions.

### Applicant Presenting RL at Work Session

Tito Martinez	Assistant Director of Planning	(607) 772-7028
<i>(Print Name)</i>	<i>(Title)</i>	<i>(Phone number)</i>

Signature: \_\_\_\_\_ Date: 04/30/2024

### To Be Completed By Applicant

**Proposed Title:** Ordinance to amend the official zoning map to rezone a portion of Clinton St and Mygatt St  
\_\_\_\_\_  
\_\_\_\_\_

**Executive Summary** *(Explain why legislation is necessary):*  
The purpose of this legislation is to rezone a section of Clinton St to allow mixed uses, including the construction of housing in accordance with the comprehensive plan.  
\_\_\_\_\_

Effective Date: (if applicable) \_\_\_\_\_

**Budget transfer or amendment:** RL Budget Transfer Worksheet **must** be attached w/ Dep. Head signature.

**RL related to a grant:** RL Grant Worksheet **must** be attached. Deadline for Council to act by: \_\_\_\_\_

**RL related to previously adopted legislation:** Perm. number \_\_\_\_\_, adoption date \_\_\_\_\_

**Contract:** Person/Company \_\_\_\_\_ Start/End Date \_\_\_\_\_

Total Cost \_\_\_\_\_ Funds available in Budget Line \_\_\_\_\_ Title \_\_\_\_\_

**Public Hearing required?** Yes  No  **SEQRA required?** Yes  No

**Additional information related to this RL attached?** Yes  No

OFFICE USE ONLY						
Mayor:	_____					
Comptroller:	_____					
Corp. Counsel:	_____					
Finance <input type="checkbox"/>	Planning <input type="checkbox"/>	MPA <input type="checkbox"/>	PW/Parks <input type="checkbox"/>	Employees <input type="checkbox"/>	Rules/Special Studies <input type="checkbox"/>	



**Rezoned to C-4 Neighborhood Commercial**

160.24-1-42	31 Clinton St
160.23-2-31	41 Clinton St
160.23-1-19	90 Clinton St
160.23-1-39	4 Mygatt St
160.23-1-40	6 Mygatt St
160.23-1-41	8 Mygatt St
160.23-1-17	10 Mygatt St
160.23-1-18	71 Dickinson St
160.23-1-38	112 Clinton St

**Rezoned to I-1 Urban Business Park**

160.23-2-25	2 Titchener Pl
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## Short Environmental Assessment Form

### Part 1 - Project Information

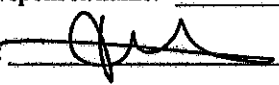
#### Instructions for Completing

**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.

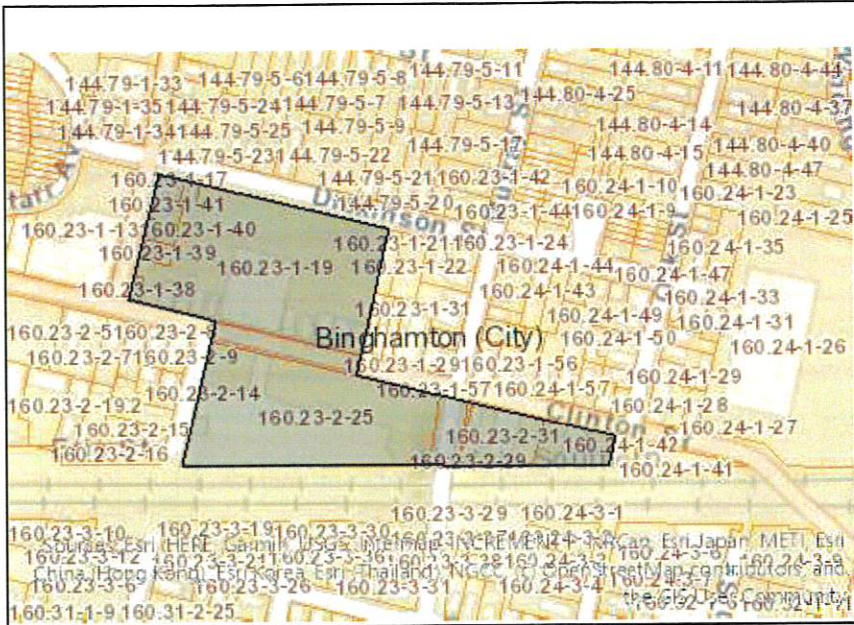
<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project: Rezoning of a portion of Clinton St and Mygatt St			
Project Location (describe, and attach a location map): Clinton St and Mygatt St, Binghamton, NY			
Brief Description of Proposed Action: Rezone an area along Clinton St and Mygatt St to allow mixed-uses, including the construction of housing, in accordance with the Comprehensive plan.			
Name of Applicant or Sponsor: City of Binghamton		Telephone: 6077727028	
Address: 38 Hawley St		E-Mail: <a href="mailto:planning@cityofbinghamton.gov">planning@cityofbinghamton.gov</a>	
City/PO: Binghamton		State: NY	Zip Code: 13901
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 government Agency? If Yes, list agency(s) name and permit or approval:		NO <input type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input type="checkbox"/>	<input type="checkbox"/>	NO YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	NO YES   YES
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	NO YES
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	<input type="checkbox"/>	<input type="checkbox"/>	NO YES
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	<input type="checkbox"/>	<input type="checkbox"/>	NO YES
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>  <input type="checkbox"/>	<input checked="" type="checkbox"/>  <input checked="" type="checkbox"/>	NO YES  YES
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	<input checked="" type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	NO YES  YES

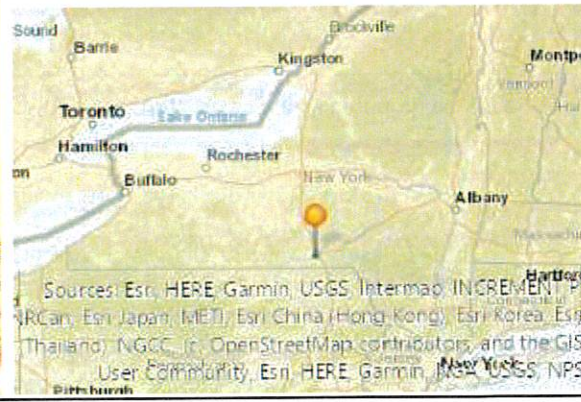
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
Brook Floater	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		
_____		
_____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment:	<input 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?	NO	YES
If Yes, describe:	<input 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?	NO	YES
If Yes, describe:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____		
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: <u>Tito Martinez</u> Date: <u>4-26-2024</u>		
Signature: <u></u> Title: <u>Assistant Dir. of Planning</u>		

# EAF Mapper Summary Report

Friday, April 26, 2024 4:36 PM



**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri Thailand, NGCC, Inc., OpenStreetMap contributors, and the GIS User Community, Esri, HERE, Garmin, USGS, NPS, Pittsburgh

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	Yes
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	Yes
Part 1 / Question 15 [Threatened or Endangered Animal - Name]	Brook Floater
Part 1 / Question 16 [100 Year Flood Plain]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
Part 1 / Question 20 [Remediation Site]	Yes