

**TOWN OF LYSANDER - ZONE CHANGE APPLICATION**

**Municipality Information**

Municipality: Lysander

Application Number: 1-2026

Date Received: 5-29-26

RECEIVED  
MAY 29 2026  
TOWN CLERK  
TOWN OF LYSANDER

**APPLICANT INFORMATION**

Applicant Name: CNY CROPS PLAINVILLE LLC

Mailing Address: PO Box 284  
PLAINVILLE NY 13137

Phone Number: FRED 315 345-4377 JOSH 315 727-1290

Email Address: \*FRED@CNYCROPS.COM\* JOSH@CNYCROPS.COM

Applicant Is:

Property Owner

Contract Purchaser

Authorized Agent

Other: \_\_\_\_\_

**PROPERTY OWNER INFORMATION (If different from Applicant)**

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROPERTY INFORMATION**

Property Address: LAMSON RD

Tax Parcel Number(s): 017-03-30.1

Total Acreage: 22.98

Current Zoning District: AGRICULTURE

Requested Zoning District: GEN COMMERCIAL BUSINESS <sup>7HQ</sup> <sub>6/4/26</sub>

Current Use of Property:  
AGRICULTURE

Proposed Use of Property:  
POTENTIAL BUS. DEVELOPMENT  
AGRICULTURE UNTIL THEN

**SURROUNDING LAND USES**

Direction	Existing Land Use	Existing Zoning
North	<u>SEE</u>	_____
South	<u>ATTACHED</u>	_____
East	<u>PICTURE</u>	_____
West	_____	_____

**REASON FOR REQUEST**

Please describe the reason for the requested zone change and how the request is consistent with the municipality's Comprehensive Plan and surrounding area.

TO ALLOW FOR POTENTIAL  
BUSINESS DEVELOPMENT;  
UNTIL THEN USE IS TO  
REMAIN AGRICULTURE

**UTILITIES AND ACCESS**

Public Water Available:  Yes  No

Public Sewer Available:  Yes  No

Road Frontage/Access Description:

SEE ATTACHED

**REQUIRED SUBMITTALS**

- Completed Application Form
- Application Fee
- Survey/Map of Property → CURRENTLY BEING DONE
- Site Plan or Concept Plan
- Legal Description/Deed
- SEQR Documentation (if applicable)
- Authorization Letter (if agent applying)
- Other: \_\_\_\_\_

**APPLICANT CERTIFICATION**

I hereby certify that the information contained in this application and all accompanying materials is true and accurate to the best of my knowledge.

Applicant Signature: Trud H. Keller

Date: 6/4/2026



**OFFICE USE ONLY**

Date Application Deemed Complete: 6-4-26

Planning Board Referral Date: 6-4-26

County Referral Required:  Yes  No

Public Hearing Date: 7-16-26

Town Board Action: \_\_\_\_\_

Approved

Denied

Date of Decision: \_\_\_\_\_

## 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>			
CNY CROPS PLAINVILLE LLC			
Name of Action or Project: ZONE CHANGE			
Project Location (describe, and attach a location map): LAMSON ROAD & OSWEGO RD / NW CORNER			
Brief Description of Proposed Action: ZONE CHANGE FROM 'AGRICULTURE' TO BUSINESS 'GEN COMMERCIAL' TO ALLOW FOR POTENTIAL BUSINESS DEVELOPMENT			
Name of Applicant or Sponsor: CNY CROPS PLAINVILLE LLC		Telephone: (J) 315 727-1290 (E) 315 345-4377	
Address: PO BOX 284		E-Mail: FRED@CNYCROPS.COM JOSH@CNYCROPS.COM	
City/PO: PLAINVILLE NY 13137	State: NY	Zip Code: 13137	
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	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		22.98 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, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other (specify): NR-13D			
<input type="checkbox"/> Parkland			



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" 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? If Yes, describe: _____ _____	NO	YES
	<input checked="" 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? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Applicant/sponsor name: FRED H ALLEN Date: 5/28/2026  
 Signature: *Fred H Allen*