

City of Syracuse
Office of Zoning Administration

**LOT COVERAGE / SIDE YARD / PORCH & GARAGE / SCREENING DEVICE
WAIVER APPLICATION**

City Hall Commons - Room 500 * 201 E. Washington Street * Syracuse, NY 13202-1426
315-448-8640 * zoning@syr.gov * www.syr.gov/Zoning.aspx

Office Use Filing Date: Case: Zoning District:

REQUESTED (Check applicable and briefly describe.)

- Additional Lot Coverage: _____
- New Additions in Required Side Yard: _____
- Replacement of Porches and Garages: _____
- Screening Device: _____

| <u>TAX ASSESSMENT ADDRESS(ES)</u> | <u>TAX MAP ID(S)</u> (000.-00-00.0) | <u>OWNER(S)</u> | <u>DATE ACQUIRED</u> |
|-----------------------------------|--|-----------------|----------------------|
| 1) _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ |
| 4) _____ | _____ | _____ | _____ |

As listed in the **Department of Assessment property tax records** at <http://syr.gov/Assessment.aspx> - 315-448-8280.

COMPANION ZONING APPLICATION(S) (List any related City Zoning applications, if applicable, e.g., Resubdivision, Special Permit, Project Site Review, etc.)

- 1) _____ 2) _____ 3) _____

PROJECT CONSTRUCTION (Check all that apply and briefly describe, as applicable.)

- Demolition (full and partial): _____
- New Construction: _____
- Façade (Exterior) Alterations: _____
- Site Changes: _____

PROJECT INFORMATION (Briefly describe, as applicable.)

Project Name: _____
Current Land Use(s): _____
Proposed Land Use(s): _____
Total Number of Dwelling Units: _____
Days and Hours of Operation: _____
Total Number of Onsite Parking Spaces: _____

PROJECT DESCRIPTION (Provide a brief description of the project, including and purpose or need, and justification.)

**Lot Coverage / Side Yard / Porch & Garage / Screening Device
Waiver Application**

Please provide the following information as applicable:

| ADDITIONAL LOT COVERAGE | | | | |
|---|--|--|---|---|
| | | | Lot Size (square feet): | |
| Type | Existing Covered Area (square feet) | Additional Covered Area (square feet) | Total Covered Area (square feet) | Percent Coverage (lot size ÷ total covered area) |
| <input type="checkbox"/> Structural | | | | |
| <input type="checkbox"/> Parking Surface | | | | |

| STRUCTURAL ADDITION IN SIDE YARD | | | |
|---|-----------------------------------|-----------------------------------|--------------------------------|
| | Required Yard Depth (feet) | Existing Yard Depth (feet) | Description of Addition |
| Side Yard | | | |

| REPLACEMENT OF PORCHES AND GARAGES | | | | | | | |
|---|------------------------|-----------------------------------|-----------------------------------|---------------------|-------------------------------|------------------------------------|-------------------------------------|
| Type | Demolition Date | Existing Dimensions (feet) | Proposed Dimensions (feet) | Lot Coverage | Rear Yard Depth (feet) | Left Side Yard Depth (feet) | Right Side Yard Depth (feet) |
| <input type="checkbox"/> Porch | | | | | | | |
| <input type="checkbox"/> Garage | | | | | | | |

| SCREENING DEVICE | | | | | |
|--|--|----------------------|----------------------|--|--|
| Type | Type / Materials (chain link, picket, stockade, stone, brick, concrete masonry) | Height (feet) | Length (feet) | Location (front(s), side, rear yards) | |
| <input type="checkbox"/> Fence | | | | | |
| <input type="checkbox"/> Wall | | | | | |
| <input type="checkbox"/> Vegetation | | | | | |

PROCEDURES

Lot Coverage, Side Yard, Porch & Garage, and Screening Device Waiver applications are reviewed administratively by the Zoning Administrator. A written decision will be mailed to the owner(s), applicant(s), and representative(s) as provided in the application.

An application will not be considered complete until all required submittals have been received and have been through a preliminary review by Zoning Office staff, including an evaluation of the application under the New York State Environmental Quality Review Act (SEQR).

PLEASE NOTE: Application approval does not relieve you or your representative from compliance with any other regulatory or licensing provisions additionally required by other Federal, State, County, or City authorities. You are still required to pursue and obtain all applicable permits, such as building permits from the Central Permit Office in the Division of Code Enforcement.

City of Syracuse Office of Zoning Administration

PROPERTY OWNER(S) (required)

As listed in Department of Assessment property tax records (<http://syrgov.net/Assessment.aspx> - 315-448-8280). If not listed as the owner, please provide proof of ownership, e.g., a copy of the deed. Attorney's signing on behalf of the owner must include a letter describing the legal arrangement. If the property owner is a Corporation or Organization, the person signing must provide member verification. **Contract purchasers, tenants, architects, engineers, contractors, etc. CANNOT sign on behalf of the owner.**

| | | | | |
|-----------------------|----------------------------|--------------|----------------|---------------|
| <i>First Name</i> | <i>Last Name</i> | <i>Title</i> | <i>Company</i> | <i>Phone:</i> |
| <i>Street Address</i> | <i>Apt / Suite / Other</i> | <i>City</i> | <i>St Zip</i> | <i>Email:</i> |
| <i>* Signature:</i> | | | <i>Date:</i> | |

| | | | | |
|-----------------------|----------------------------|--------------|----------------|---------------|
| <i>First Name</i> | <i>Last Name</i> | <i>Title</i> | <i>Company</i> | <i>Phone:</i> |
| <i>Street Address</i> | <i>Apt / Suite / Other</i> | <i>City</i> | <i>St Zip</i> | <i>Email:</i> |
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| <i>* Signature:</i> | | | <i>Date:</i> | |

*** OWNER SIGNATURE DECLARATION**

I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct. I also understand that any false statements and/or attachments presented knowingly in connection with this application will be considered null and void.

APPLICANT(S) (if applicable)

| | | | | |
|-----------------------|----------------------------|--------------|----------------|---------------|
| <i>First Name</i> | <i>Last Name</i> | <i>Title</i> | <i>Company</i> | <i>Phone:</i> |
| <i>Street Address</i> | <i>Apt / Suite / Other</i> | <i>City</i> | <i>St Zip</i> | <i>Email:</i> |

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| <i>Street Address</i> | <i>Apt / Suite / Other</i> | <i>City</i> | <i>St Zip</i> | <i>Email:</i> |

REPRESENTATIVE(S)/CONTACT(S) (if applicable)

| | | | | |
|-----------------------|----------------------------|--------------|----------------|---------------|
| <i>First Name</i> | <i>Last Name</i> | <i>Title</i> | <i>Company</i> | <i>Phone:</i> |
| <i>Street Address</i> | <i>Apt / Suite / Other</i> | <i>City</i> | <i>St Zip</i> | <i>Email:</i> |

| | | | | |
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| <i>Street Address</i> | <i>Apt / Suite / Other</i> | <i>City</i> | <i>St Zip</i> | <i>Email:</i> |

Lot Coverage / Side Yard / Porch & Garage / Screening Device

Waiver Application

INSTRUCTIONS AND REQUIRED SUBMITTALS

Incomplete applications will not be processed.

Applications together with the required submittals below must be submitted in **HARD COPY, SINGLE SIDED** and **NOT BOUND**, to the City of Syracuse Office of Zoning Administration, City Hall Commons – Room 500, 201 East Washington St., Syracuse, NY 13202. E-mailed submissions will not be processed.

Please submit **ONE (1) COPY** of the following:

- APPLICATION** – filled out completely, dated, and **signed by property owner(s) as instructed.**
- STATE ENVIRONMENTAL QUALITY REVIEW ACT (SEQR) ASSESSMENT FORM** (for most applications a Short Form (SEAF) - Part One) – filled out to the best of your ability, dated, and signed.
- MATERIAL AND COLOR SPECIFICATIONS** - catalog cuts / product brochures for all materials and colors. Life size samples or real materials cannot be accepted.
- PHOTOGRAPHS (COLOR)** of the **PROJECT SITE** keyed to a property survey or site plan.
- PRACTICAL DIFFICULTIES / JUSTIFICATION LETTER** describing in detail why the waiver is necessary and attach all supporting documentation.
- APPLICATION FEE** – \$0.

Please submit **ONE FULL-SIZE AND TO-SCALE SET** for review purposes, and **ONE (1) REDUCED SET** (11X17, or smaller) for copying, of the items listed below. All plans must include a title block with author, date, scale, and Department of Assessment property tax address, and must be an accurate graphic representation of all pertinent information that can be correctly interpreted by any person without additional explanation. Plans do not need to be stamped by a licensed professional unless noted below.

- AS BUILT PROPERTY SURVEY(S)** of all involved properties illustrating **boundaries, easements, and current conditions** including structures, fencing, parking surface, retaining walls (**signed and stamped by a licensed surveyor**).
- SITE PLAN(S)** illustrating site alterations and post project conditions that are/will be different from the As Built Property Survey, as applicable:
 1. **demolitions** and **post demolition** conditions
 2. **structures, facilities, utilities** and **drainage**
 3. **parking areas** including surface type, dimensioned spaces, number of spaces, traffic patterns, and coverage
 4. **screening/fencing** including type and height
 5. **STREET rights-of-way** conditions, existing and proposed, including curb cuts, driveways, sidewalks, and plantings

Structural Additions in the Side Yard, and Replacements of Porches and Garages applications must also include the following:

- EXTERIOR BUILDING ELEVATIONS** with all dimensions, materials, and colors clearly illustrated and noted. (Schematics or color renderings can be submitted in addition to elevation drawings (plans), if available.)
- FLOOR PLANS** including common areas (living and dining room, kitchen); bathrooms, hallways and closets; and bedrooms.