

City of Syracuse Zoning Administration
Application for SPECIAL PERMIT Review by the Planning Commission
City Hall Commons * Room 101 * 201 E. Washington Street * Syracuse, NY 13202-1426 * 315-448-8640

For Office Use: Filing Date: 5/6/20 Case Number: SP-00-44117 Zoning District: CBD-GSA

NEW SPECIAL PERMIT MODIFICATION OF EXISTING SPECIAL PERMIT

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

116 WALTON / 219 W. FAYETTE ST. SYRACUSE, NY 13202

TAX MAP SECTION, BLOCK, and LOT information from Assessment Department (call 448-8280)

Section: 101 Block: 04 Lot: 04
Section: Block: Lot:
Section: Block: Lot:

This APPLICATION is for a:

- Restaurant (this also includes uses such as Bars, Taverns, Coffee Shops, Night Clubs)
- Gasoline Service Station
- Car Wash Facility
- Care Home
- Parking Lot or Parking Garage
- Transitional Parking Area
- Offices of Religious and Educational Institutions
- Bed and Breakfast
- Other Special Permit Uses (describe)

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

EXISTING ASSEMBLY SPACE WITHIN THE EXISTING HOPS SPOT RESTAURANT WILL BE ADDING A NEW BAR. ~~EXISTING~~ NEW SIGNAGE WILL BE ADDED TO W. FAYETTE ST. ELEVATION.

PROPERTY OWNER INFORMATION:

Name(s): ERIE WATER ST. ASSOCIATES, LLC - MIKE WICKER
Mailing Address: 315 SOUTH FRANKLIN ST.
Zip: 13202 Daytime phone: 315-471-8866 Home phone:
E-mail: MIKE@WICKERREALESTATE.COM

APPLICANT INFORMATION:

(Copy of contract to purchase must be included with application)

Contract Purchaser(s) Tenant Co-Applicant Other (please state):

Name(s):

Mailing Address:

Zip: Home phone: Day Phone:

E-mail:

REPRESENTATIVE INFORMATION:

(Only if involved in this application)

Attorney Architect Contractor Other

Name(s):

Mailing Address:

Zip: Telephone: E-mail:

DESCRIPTION OF OPERATION:

Days of week open:

Hours of operation:

Maximum number of employees on premises at one time:

Number of off-street parking available (site plan required to indicate location):

Other uses currently on the property: FIRST FLOOR:

SECOND FLOOR: THIRD FLOOR:

Indicate types and uses of other structures on the property if any (i.e. garage, storage building, etc.):

SIGNAGE INFORMATION:

Size and location of all **existing AND proposed** signage (use additional sheet if necessary)

A sign plan is required, see attachment

Size	Location	Type	(Wall, Ground, Projecting, Window)
<input type="text" value="18 SQ. FT."/>	<input type="text" value="FAYETTE ST."/>	<input type="text" value="WALL SIGN - TENANT"/>	NEW
<input type="text" value="5 SQ. FT."/>	<input type="text" value="FAYETTE ST."/>	<input type="text" value="PROJECTING - BLADE SIGN"/>	NEW
<input type="text" value="14 SQ. FT."/>	<input type="text" value="FAYETTE ST."/>	<input type="text" value="WALL SIGN - BUILDING"/>	EXISTING

SPECIAL PERMIT FUNCTIONS: (Check all that apply)

- Dining room Bar Service Drive-thru
- Entertainment Stage DJ Booth
- Light Duty auto repair Heavy Duty auto repair
- Car Wash Facility New Auto Sales Used Auto Sales

Has owner obtained or applied for a Certificate of Use: Yes No

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.

CURRENT PROPERTY OWNER SIGNATURE

As listed on the City of Syracuse Tax Assessment Roll. If not listed as the owner on the current rolls, please include a proof of ownership, for example, a copy of the deed. Attorney's signing on behalf of the owner must include a one page letter describing the legal representative arrangement. Architects, engineers, contractors, tenants, etc. cannot sign on behalf of the property owner. If property owner is a Corporation or an Organization, then the person signing must provide verification they are a member of such, and can sign on the owners' behalf.

M P W L

2/28/20

CURRENT PROPERTY OWNER SIGNATURE

DATE

Michael P. Wicker - Member

Please legibly PRINT SIGNATURE NAME and TITLE

***Please note that if referrals are necessary for this application, additional copies of all required materials will be requested.**

FOR STAFF USE ONLY

REFERRAL NEEDED

- ONONDAGA COUNTY PLANNING BOARD
- SYRACUSE LANDMARK PRESERVATION BOARD (This project is located within _____ Historic District; is listed individually in the National Register of Historic Places; is Eligible for inclusion in the National Register of Historic Places; or is architecturally significant).
- OTHER CITY/COUNTY/STATE AGENCY OR DEPARTMENT(S) _____

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PLANS REVIEW FORM

This form is to be signed by the person who reviews the submitted plans at the Division of Code Enforcement, 201 E. Washington Street. Room 101. This signed form must accompany any applications for variances, special permits, site plan reviews, or other similar zoning reviews that are to be filed by the applicant with the Syracuse Zoning Office, City Hall Commons, Room 211, 201 East Washington Street., Syracuse, NY 13202.

We, the Division of Code Enforcement, have received two sets of plans from My Craft Concessions on _____:
(applicant) (date)

one set which we have reviewed, and one set for transmittal to the Fire Prevention Bureau for its review.

(Division of Code Enforcement Signature)

I, the applicant, certify that the plans submitted to the Division of Code Enforcement are the same as the set being filed with my application.

(applicant's signature)

APPLICANT PLEASE NOTE: Approval of your application by the Board of Zoning Appeals, the City Planning Commission, or the Common Council does not relieve you or your agents from compliance with any other regulatory or licensing provisions applicable thereto by the properly constituted federal, state, county, or city authorities, including the issuance of permits by the Division of Code Enforcement.

5/2013

Short Environmental Assessment Form

Part 1 - Project Information

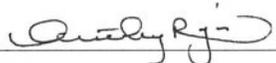
Instructions for Completing

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.

Part 1 – Project and Sponsor Information			
Name of Action or Project: pHlow Bar			
Project Location (describe, and attach a location map): 116 Walton St / 219 W. Fayette St.			
Brief Description of Proposed Action: Existing Assembly space is adding a new bar and deli counter. New signage to be added to Fayette Street exterior elevation.			
Name of Applicant or Sponsor: Anthony Rojas O.B.O. Ryan Chaif		Telephone: (315)728-9458 E-Mail: arojas@in-architects.com	
Address: 239 E. Water Street - 2nd Floor			
City/PO: SYRACUSE		State: NY	Zip Code: 13202
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 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: Onondaga County Health Department Approval			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ .22 acres b. Total acreage to be physically disturbed? _____ 0 acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 0 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
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?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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: _____ _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
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?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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: _____ _____ _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" 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 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?	NO	YES
If Yes, describe: _____ _____	<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?	NO	YES
If Yes, describe: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>Anthony Rojas, AIA</u> Date: <u>03/05/2020</u> Signature: <u></u> Title: <u>Architect</u>		

OWNER

THE HOPS SPOT
 116 WALTON ST
 SYRACUSE, NY 13202
 (315)836-6154 (phone)
 CONTACT: RYAN CHAIF
 E-MAIL: RYAN@PHLOWNY.COM

ARCHITECT

IN-ARCHITECTS, PLLC
 239 EAST WATER STREET
 SYRACUSE, NY 13202
 (305) 781-3929 (phone)
 CONTACT: ANTHONY ROJAS
 E-MAIL: AROJAS@IN-ARCHITECTS.COM

PhLow Bar

116 WALTON/ 219 W. FAYETTE ST
 SYRACUSE, NEW YORK 13202

PROJECT #19127



ARCHITECTS
 239 E. Water Street - 2nd Fl.
 Syracuse, New York 13202
 www.in-ARCHITECTS.com



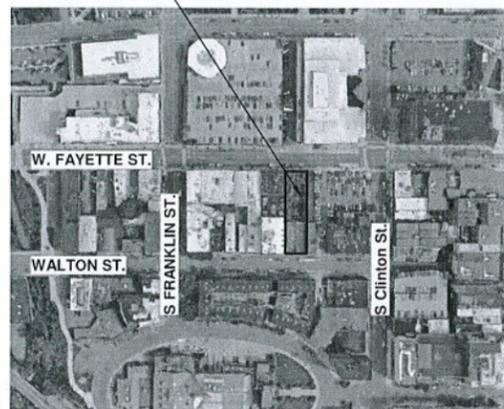
BY THE VIOLATION OF THE LAW FOR ANY PERSON UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT TO ALTER AN ITEM IN ANY WAY IF AN ITEM BEARING THE SEAL OF AN ARCHITECT IS ALTERED THE ALTERING ARCHITECT SHALL AFFIX TO HIS ITEM THE SEAL AND THE NOTATION "ALTERED BY" FOLLOWED BY HIS SIGNATURE AND THE DATE OF SUCH ALTERATION AND A BRIEF DESCRIPTION OF THE ALTERATION.

DRAWING LIST				
SHEET NUMBER	SHEET NAME	ISSUED DATE	REVISION #	REVISION DATE
GENERAL INFORMATION				
A001	COVER SHEET		1	02/26/2020
A002	GENERAL INFORMATION			
ARCHITECTURAL				
A201	FLOOR PLAN		1	02/26/2020
A202	REFLECTED CEILING PLAN		1	02/26/2020
A501	INTERIOR ELEVATIONS		1	02/26/2020
A601	INTERIOR DETAILS			

GENERAL NOTES:

1. THE CONTRACTOR IS RESPONSIBLE TO CHECK PLANS AND IS TO NOTIFY THE ARCHITECT OF ANY ERRORS OR OMISSIONS PRIOR TO THE START OF CONSTRUCTION.
2. WRITTEN DIMENSIONS HAVE PRECEDENCE OVER SCALED DIMENSIONS. DO NOT SCALE THE DRAWINGS.
3. ALL DEMOLITION SHALL BE PERFORMED TO ACCOMMODATE NEW CONSTRUCTION. THE DEMOLITION CONTRACTOR SHALL COORDINATE ALL DEMOLITION WITH PLUMBING MECHANICAL ELECTRICAL AND FIRE ALARM SYSTEMS AND TO MAINTAIN FULL OPERATION AND FUNCTIONAL CAPACITY.
4. CONTRACTOR SHALL DISPOSE ALL MATERIALS IN A LAWFUL AND LEGAL MANNER.
5. ALL FURNITURE PROVIDED BY OWNER.

116 WALTON / 219 WEST FAYETTE ST



LOCATION PLAN



PhLow Bar
 116 WALTON/ 219 WEST FAYETTE ST
 SYRACUSE, NY 13202

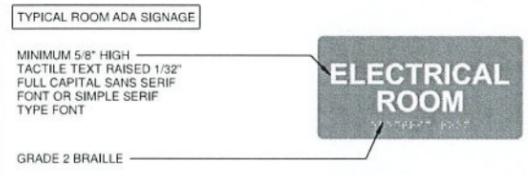
THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AT THE SITE AND PROMPTLY NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPANCIES.

REVISIONS		
NO.	DESCRIPTION	DATE
1	Revision 1	02/26/2020

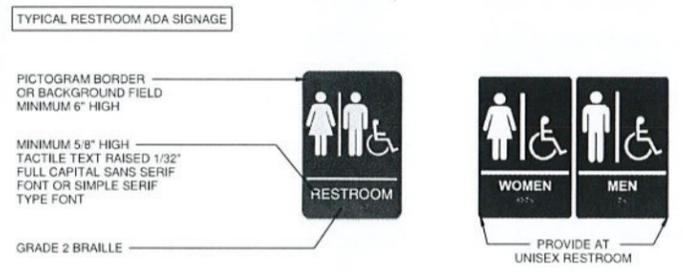
COVER SHEET

Project Status	PERMIT SET
Date	02/18/2020
Project Number	19127
Drawn By	LAZ
Checked By	AER

A001



*ALL ADA SIGNAGE TO BE MOUNTED ON THE WALL ADJACENT TO THE LATCH SIDE OF THE DOOR. IN INSTANCES, WHERE THERE IS NO WALL SPACE ADJACENT TO THE LATCH SIDE OF THE DOOR (INCLUDING DOUBLE-LEAF DOORS) SIGNAGE SHALL BE MOUNTED ON THE NEAREST ADJACENT WALL. ALL ADA SIGNAGE SHALL BE MOUNTED 5'-0" TO THE CENTERLINE OF THE SIGN. A PERSON MUST BE ABLE TO APPROACH WITHIN 3 INCHES OF SIGNAGE WITHOUT ENCOUNTERING PROTRUDING OBJECTS OR STANDING WITHIN THE SWING OF THE DOOR.



SYMBOL LEGEND

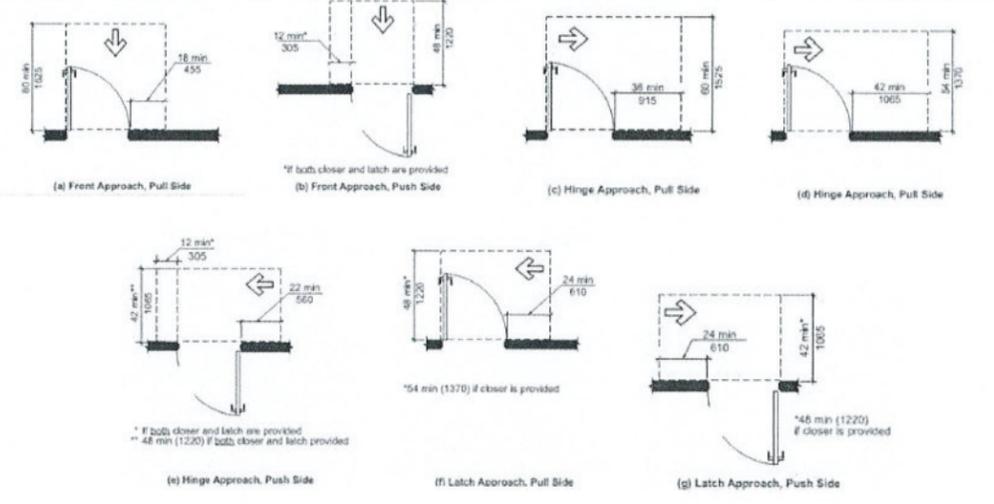
N	TRUE NORTH ARROW	X	ELEVATION MARKER
EXIST 1	EXISTING COLUMN GRID MARKER	XXXX	SPOT ELEVATION TAG
1	NEW COLUMN GRID MARKER	XXXX	ROOM NAME
TYP:SIM 31 A2.1	BUILDING SECTION	101	ROOM IDENTIFICATION TAG
TYP:SIM 31 A2.1	WALL SECTION	X	DOOR IDENTIFICATION TAG
TYP:SIM 31 A2.1	DETAIL SECTION	X	WINDOW IDENTIFICATION TAG
1 A101	ENLARGED DETAIL	X	WALL IDENTIFICATION TAG
		X	KEYNOTE - DEMOLITION
		X	KEYNOTE - NEW CONSTRUCTION
		△	REVISION

DRAWING LEGEND

---	EXISTING PARTITION	---	EXISTING DOOR
---	DEMOLISHED PARTITION	---	NEW DOOR
---	NEW PARTITION		

A1 TYPICAL ADA SIGNAGE
A002 SCALE: NOT TO SCALE

SYMBOL LEGEND
SCALE: 1/4" = 1'-0"



B2 TYPICAL ANSI MANEUVERING CLEARANCES AT DOORS
A002 SCALE: NOT TO SCALE

CODE SUMMARY

PROJECT: PhLow Bar - ALTERATIONS TO EXISTING (A2) RESTAURANT BAR FACILITY, EXISTING VACANT ASSEMBLY SPACE TO BE ALTERED FOR USE AS A SEPARATE RESTAURANT AND BAR CONCEPT.

2015 IEBC WORK AREA COMPLIANCE METHOD: ALTERATION LEVEL 2
AREA OF WORK - 1180 SF

GOVERNING CODES:
EXISTING BUILDING CODE (IEBC 2015) W/ NYS 2017 UNIFORM CODE SUPPLEMENT
BUILDING CODE (IBC 2015) W/ NYS 2017 UNIFORM CODE SUPPLEMENT
MECHANICAL CODE (IMC 2015) W/ NYS 2017 UNIFORM CODE SUPPLEMENT
FUEL GAS CODE (FCG 2015) W/ NYS 2017 UNIFORM CODE SUPPLEMENT
PLUMBING CODE (IPC 2015) W/ NYS 2017 UNIFORM CODE SUPPLEMENT
FIRE CODE (IFC 2015) W/ NYS 2017 UNIFORM CODE SUPPLEMENT
PROPERTY CONSERVATION CODE OF THE CITY OF SYRACUSE

REFERENCE CODES:
ICC A117.1 2009
NFPA 13-2013 STANDARD FOR THE INSTALLATION OF SPRINKLER SYSTEMS
NFPA 72-2013 NATIONAL FIRE ALARM CODE
NFPA 101-2015 LIFE SAFETY CODE

USE AND OCCUPANCY:
EXISTING SPACE : A2 ASSEMBLY
PROPOSED USE : A2 ASSEMBLY

CONSTRUCTION CLASSIFICATION:
BUILDING PREVIOUSLY LISTED AS TYPE VB
BUILDING IS FULLY SPRINKLED

OCCUPANT LOAD:
SEE DIAGRAM BELOW

TOTAL = 285 OCCUPANTS

EXIT ACCESS TRAVEL DISTANCE:
250' MAX ALLOWABLE (SPRINKLERED)
169' ACTUAL MAXIMUM DISTANCE

EXIT DOOR WIDTH CALCULATION:
285 OCC X .2 = 57" REQUIRED
(3) 36" DOORS EXISTING - 32" X 3 = 96" PROVIDED

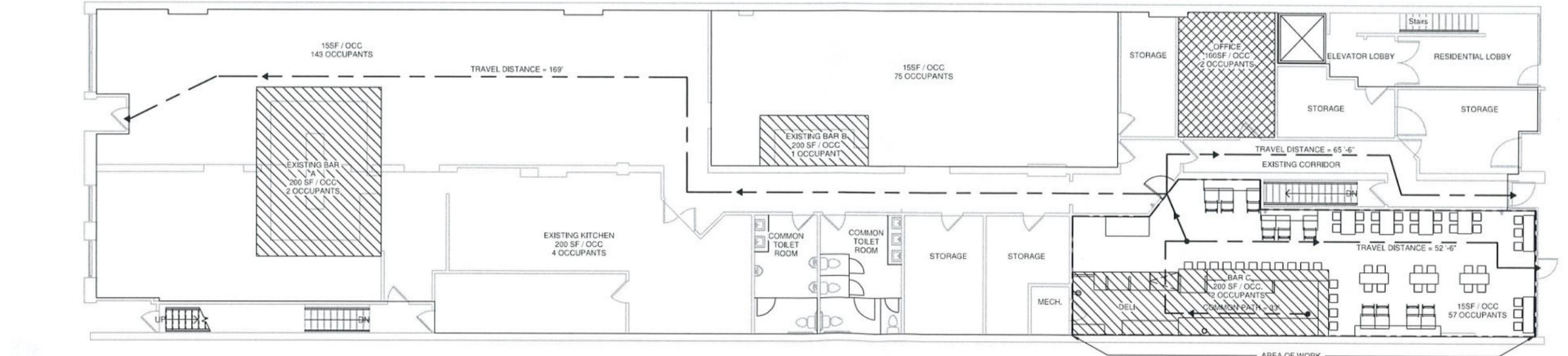
PLUMBING FIXTURES:
285 OCCUPANTS = 143 MALE, 143 FEMALE

WATER CLOSETS = MALE - 1 PER 75 = 2 REQUIRED, 4 PROVIDED
FEMALE - 1 PER 75 = 2 REQUIRED, 4 PROVIDED

LAVATORIES = MALE - 1 PER 200 = 1 REQUIRED, 2 PROVIDED
FEMALE - 1 PER 200 = 1 REQUIRED, 3 PROVIDED

SERVICE SINK = 1 REQUIRED, 1 PROVIDED (IN NEWLY RENOVATED AREA)

FIRE PROTECTION SYSTEMS:
EXISTING SPRINKLER AND ALARM SYSTEMS TO BE MODIFIED AS REQUIRED BY NEW LAYOUT IN WORK AREA.



C1 OCCUPANCY PLAN
A002 SCALE: 1/8" = 1'-0"



IT IS THE OBLIGATION OF THE LAW FOR ANY PERSON UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT TO ALTER AN ITEM IN ANY WAY. IF AN ITEM BEARING THE SEAL OF AN ARCHITECT IS ALTERED, THE ALTERING ARCHITECT SHALL AFFIX TO HIS PLAN, THE SEAL, AND THE NOTATION "ALTERED BY" FOLLOWED BY HIS SIGNATURE AND THE DATE OF SUCH ALTERATION AND A SPECIFIC DESCRIPTION OF THE ALTERATION.

PhLow Bar
116 WALTON/ 219 WEST FAYETTE ST
SYRACUSE, NY 13202

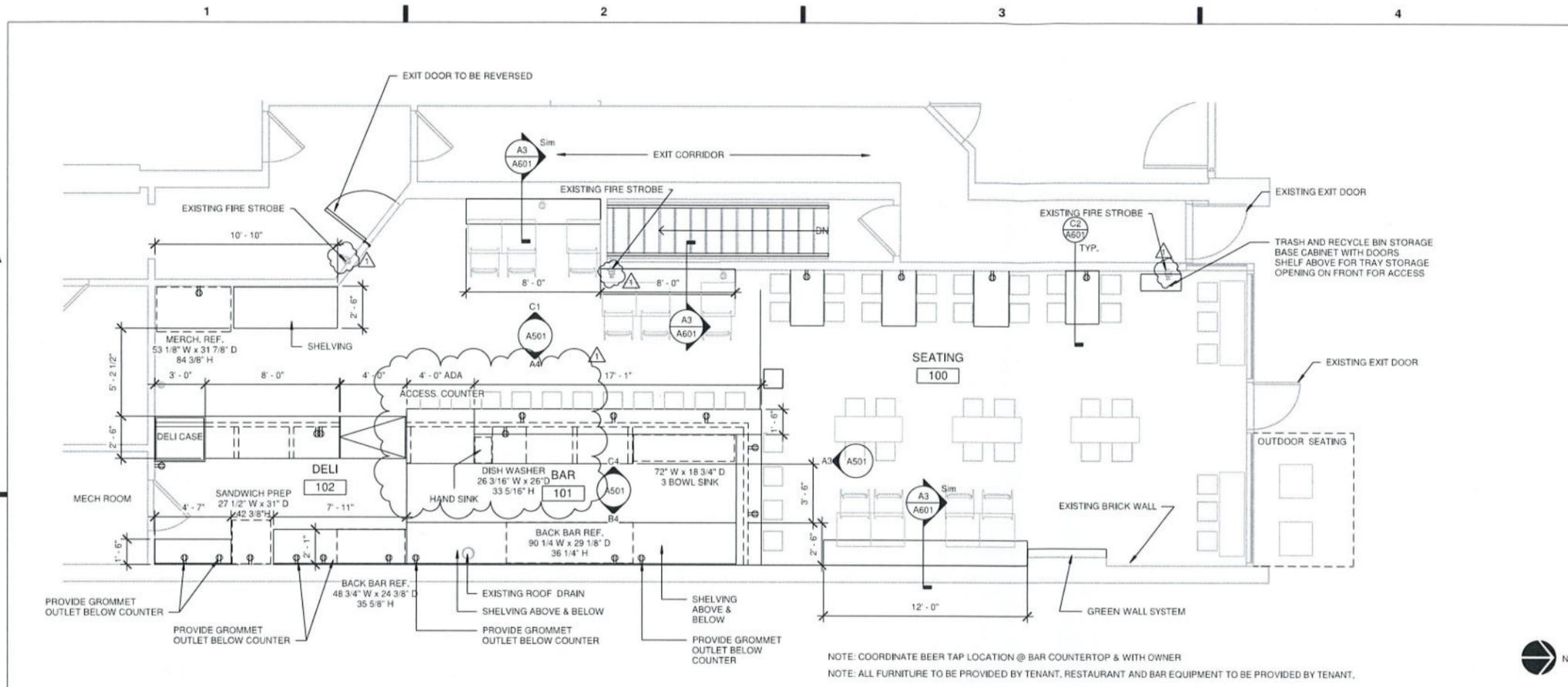
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REVISIONS		
NO.	DESCRIPTION	DATE

GENERAL INFORMATION

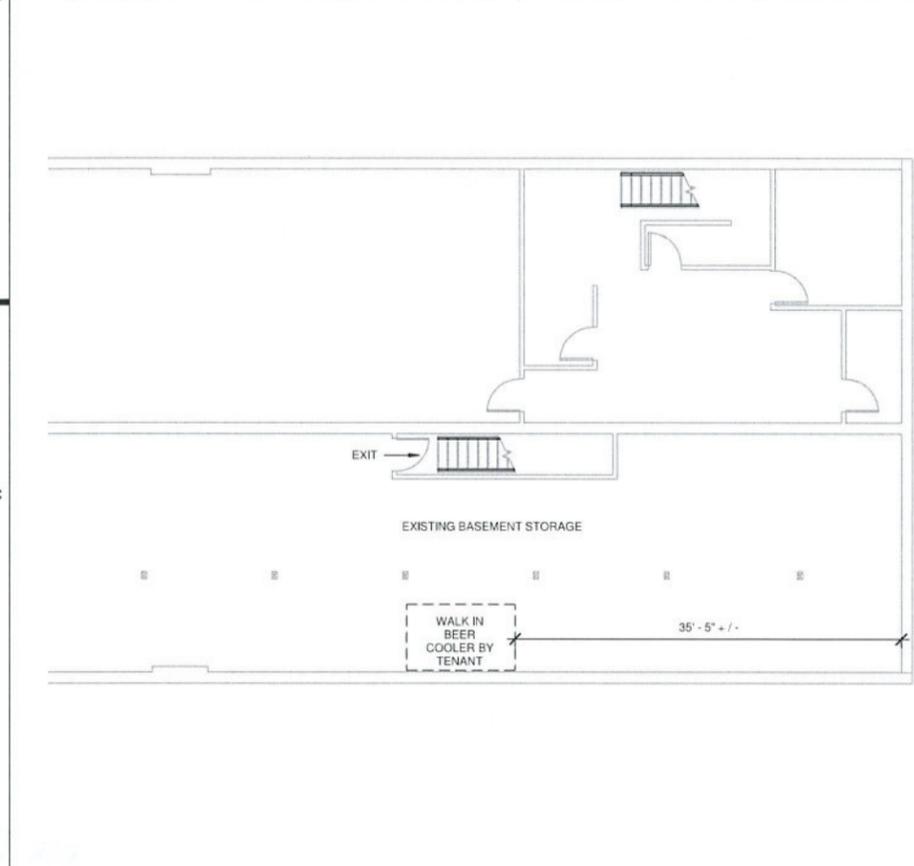
Project Status	PERMIT SET
Date	02/18/2020
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Drawn By	LAZ
Checked By	AER

A002



NOTE: COORDINATE BEER TAP LOCATION @ BAR COUNTERTOP & WITH OWNER
 NOTE: ALL FURNITURE TO BE PROVIDED BY TENANT. RESTAURANT AND BAR EQUIPMENT TO BE PROVIDED BY TENANT.

B1	FLOOR 1 NEW CONSTRUCTION
A201	SCALE: 1/4" = 1'-0"

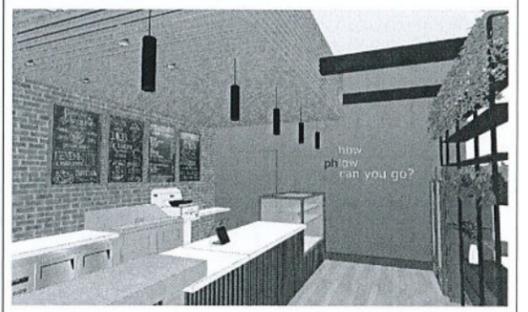
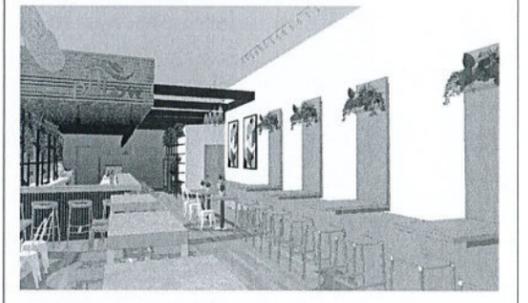
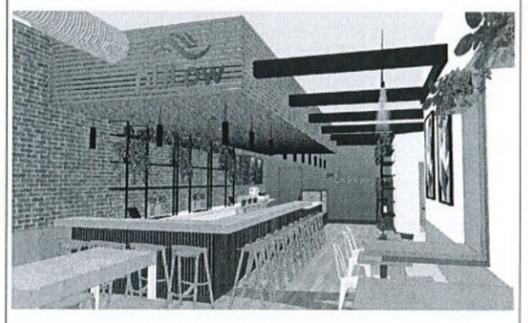


C1	PARTIAL BASEMENT PLAN
A201	SCALE: 1/8" = 1'-0"

ELECTRICAL LEGEND	
	UTILITY DUPLEX RECEPTACLE
	DEDICATED DUPLEX RECEPTACLE
	QUAD RECEPTACLE
	DATA/TELEPHONE QUAD RECEPTACLE (RING & STRING)
	FLOOR MOUNTED UTILITY DUPLEX AND DATA/TELEPHONE QUAD RECEPTACLE

- ELECTRICAL NOTES:**
1. ALL OUTLETS SHALL BE MOUNTED AT 18" UNLESS NOTED OTHERWISE.
 2. ALL OUTLET LOCATIONS SHALL BE VERIFIED WITH OWNER PRIOR TO INSTALLATION.
 3. ALL SWITCHING AND SWITCH LOCATIONS SHALL BE VERIFIED WITH OWNER PRIOR TO INSTALLATION.
 4. ALL EXISTING ELECTRICAL OUTLETS TO REMAIN.
 5. ALL COVER PLATES/ SWITCHES TO MATCH ADJACENT WALL SURFACE COLOR.

- GENERAL NOTES:**
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 4. CONTRACTOR SHALL DISPOSE ALL MATERIALS IN A LAWFUL AND LEGAL MANNER.
 5. ALL FURNITURE PROVIDED BY OWNER.



** DESIGN IMAGES PROVIDED FOR REFERENCE ONLY.

in
 ARCHITECTS
 239 E. Water Street - 2nd Fl.
 Syracuse, New York 13202
 www.in-ARCHITECTS.com



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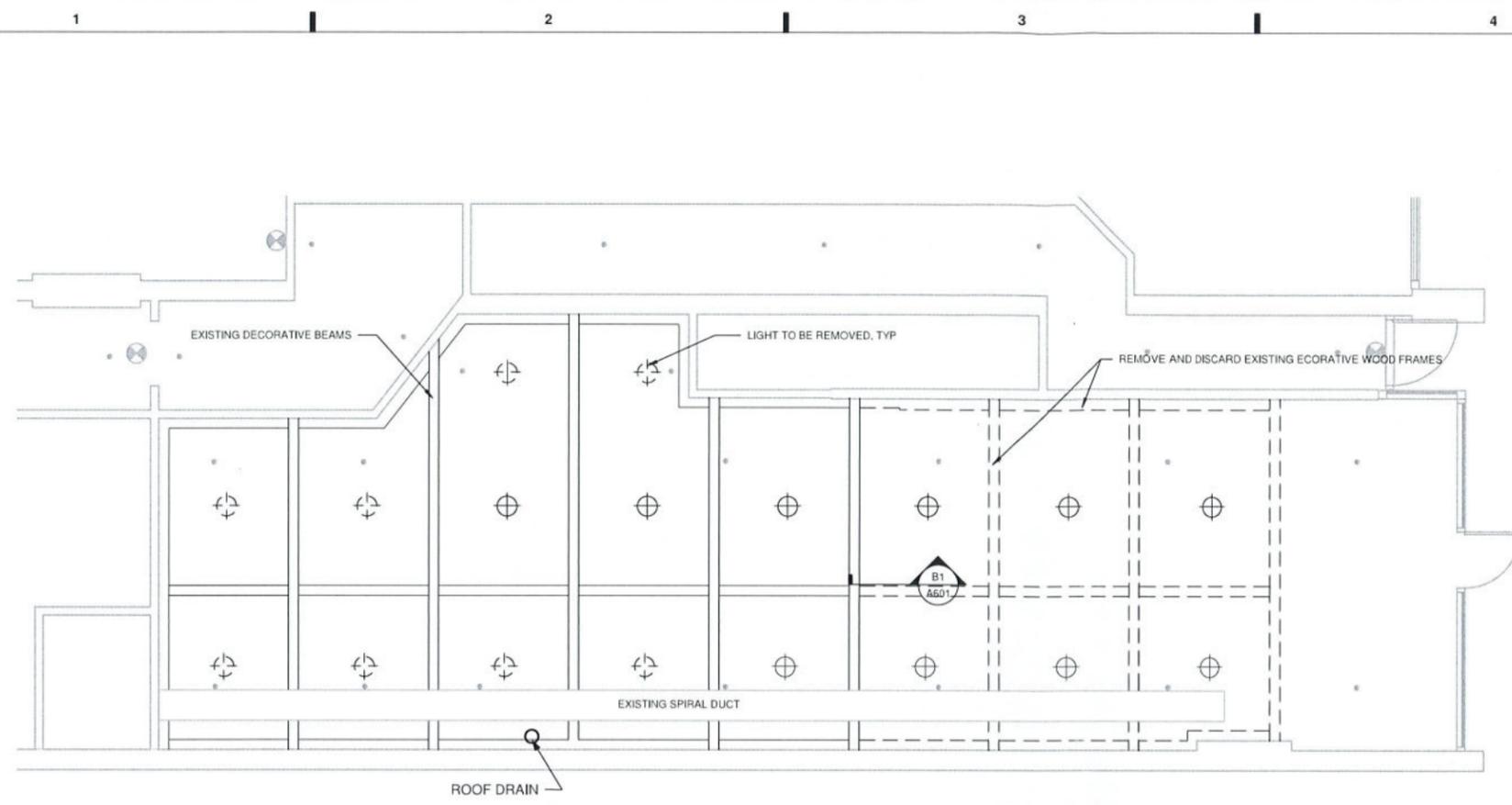
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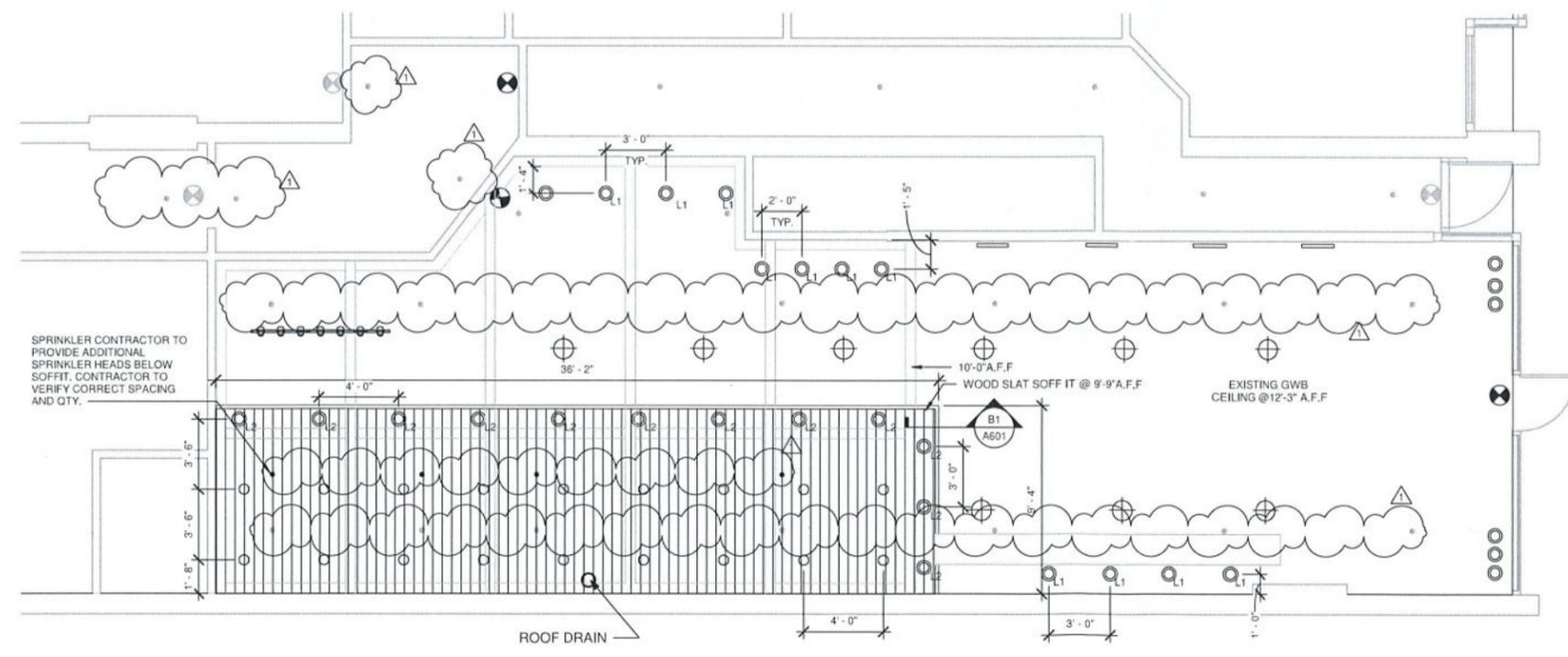
FLOOR PLAN

Project Status	PERMIT SET
Date	02/18/2020
Project Number	19127
Drawn By	LAZ
Checked By	AER

A201



B1 CEILING DEMOLITION PLAN
A202 SCALE: 1/4" = 1'-0"



C1 REFLECTED CEILING PLAN
A202 SCALE: 1/4" = 1'-0"

CEILING LEGEND

- RECESSED CAN LIGHT
- _{L1} PENDANT LIGHT
- _{L2} PENDANT LIGHT
- PENDANT LIGHT
- TRACK LIGHTING
- RECESSED LIGHTING
- ⊕ EXISTING LIGHT TO REMAIN
- ⊗ ILLUMINATED EXIT SIGN
- X'-X'" CEILING HEIGHT
- SPRINKLER HEAD

in
ARCHITECTS
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IT IS THE VIOLATION OF THE LAW FOR ANY PERSON UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT TO ALTER AN ITEM IN ANY WAY. IF AN ITEM BEARING THE SEAL OF AN ARCHITECT IS ALTERED, THE ALTERING ARCHITECT SHALL AFFIX HIS ITEM THE SEAL AND THE NOTATION "ALTERED BY" FOLLOWED BY HIS SIGNATURE AND THE DATE OF SUCH ALTERATION AND A SPECIFIC DESCRIPTION OF THE ALTERATION.

PhLow Bar
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SYRACUSE, NY 13202

THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AT THE SITE AND PROMPTLY NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPANCIES.

REVISIONS		
NO.	DESCRIPTION	DATE
1	Revision 1	02/26/2020

REFLECTED CEILING PLAN

Project Status	PERMIT SET
Date	02/18/2020
Project Number	19127
Drawn By	LAZ
Checked By	AER

A202

3/2/2020 10:32:00 AM
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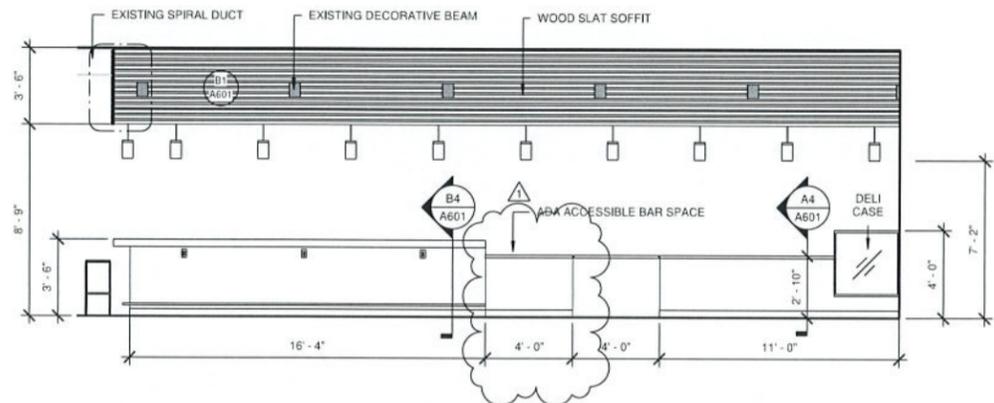
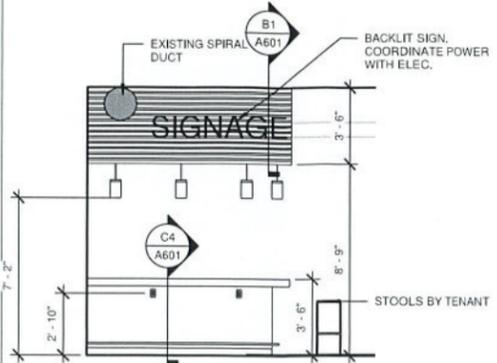
THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AT THE SITE AND PROMPTLY NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPANCIES.

REVISIONS		
NO.	DESCRIPTION	DATE
1	Revision 1	02/28/2020

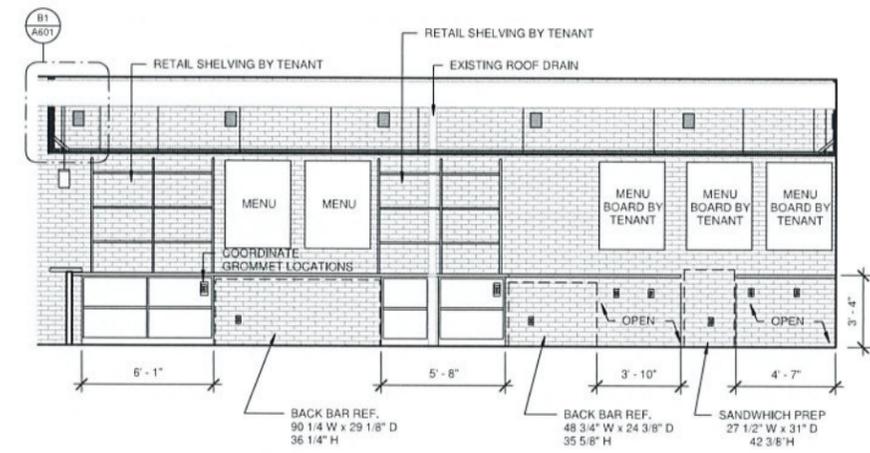
INTERIOR ELEVATIONS

Project Status	PERMIT SET
Date	02/18/2020
Project Number	19127
Drawn By	LAZ
Checked By	AER

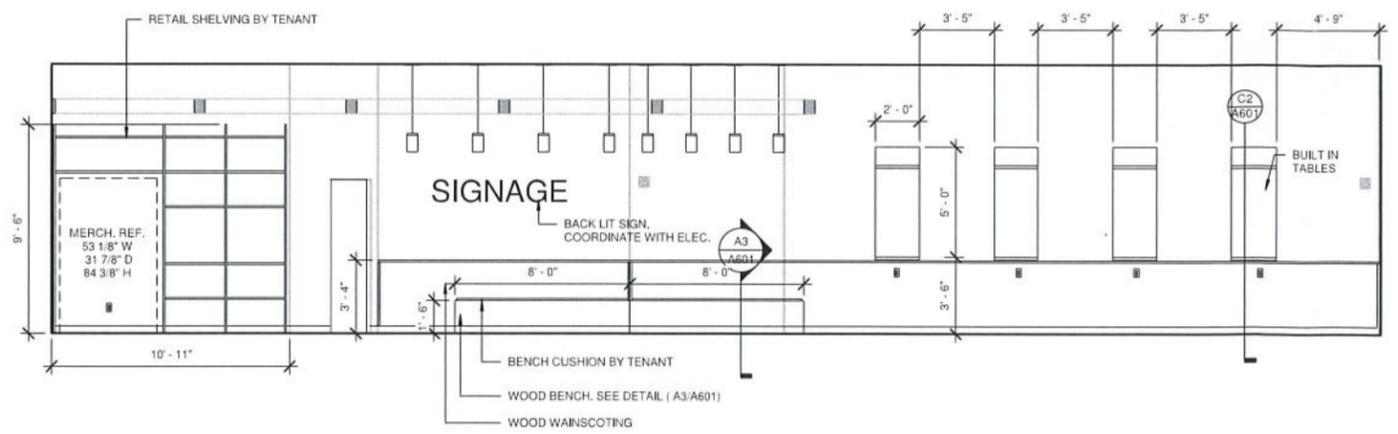
A501



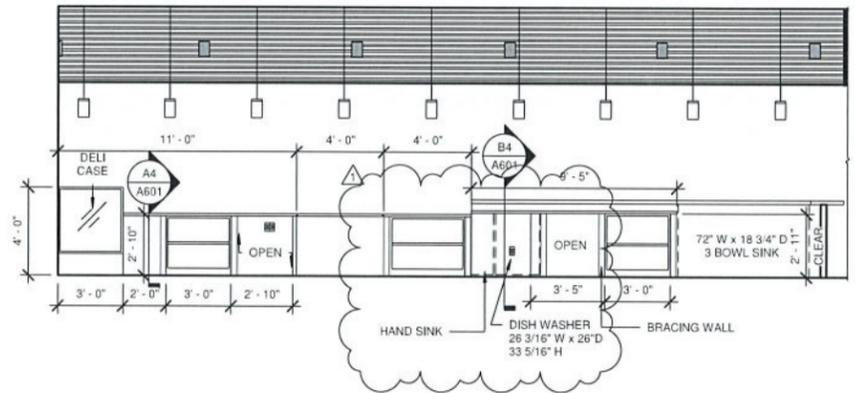
A1 A501	A2 A501	A3 A501	FRONT BAR ELEVATION SCALE: 1/4" = 1'-0"	A4 A501	SIDE BAR ELEVATION SCALE: 1/4" = 1'-0"
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B1 A501	B2 A501	B3 A501	B4 A501	BACK BAR ELEVATION SCALE: 1/4" = 1'-0"
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C1 A501	WEST WALL ELEVATION SCALE: 1/4" = 1'-0"	C4 A501	BACK OF BAR ELEVATION SCALE: 1/4" = 1'-0"
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REVISIONS		
NO.	DESCRIPTION	DATE

INTERIOR DETAILS

Project Status PERMIT SET

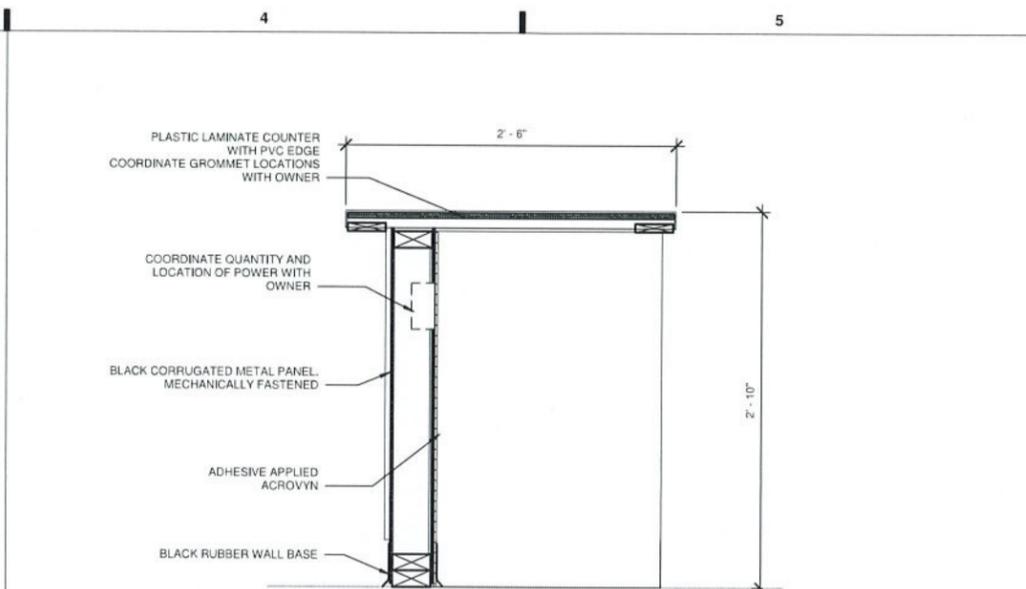
Date 02/18/2020

Project Number 19127

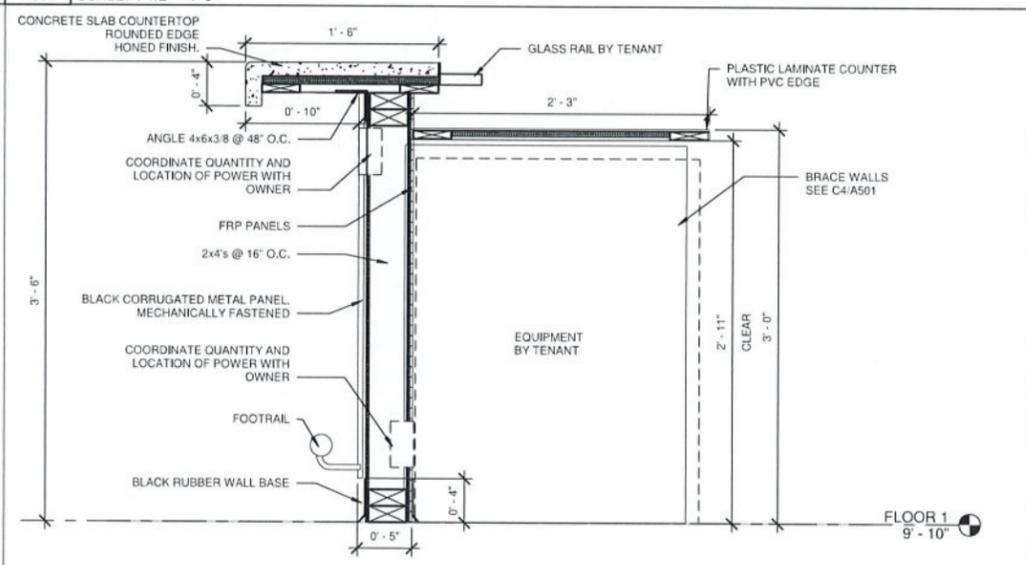
Drawn By LAZ

Checked By AER

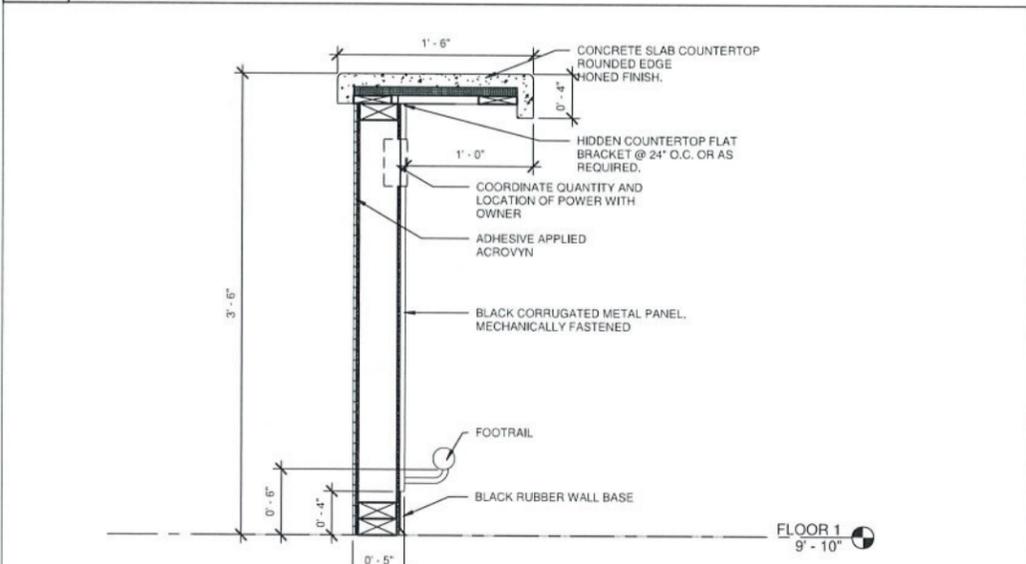
A601



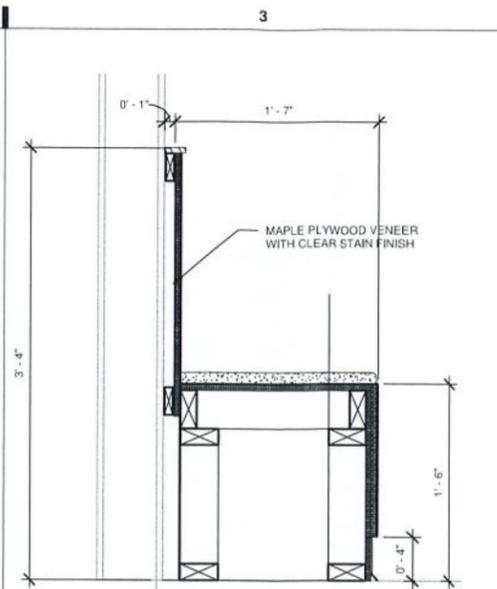
A4 DELI COUNTER DETAIL
A601 SCALE: 1 1/2" = 1'-0"



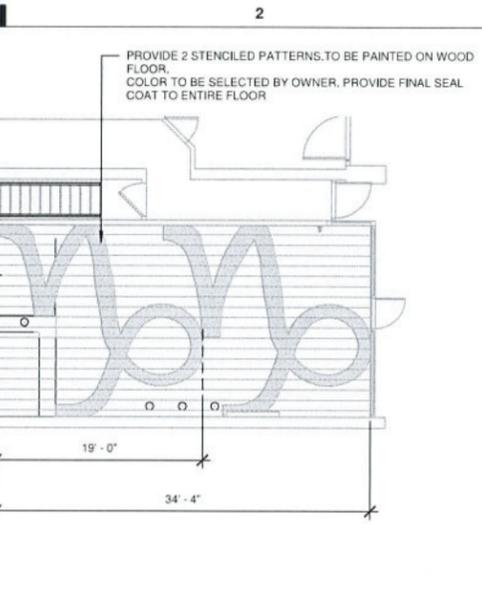
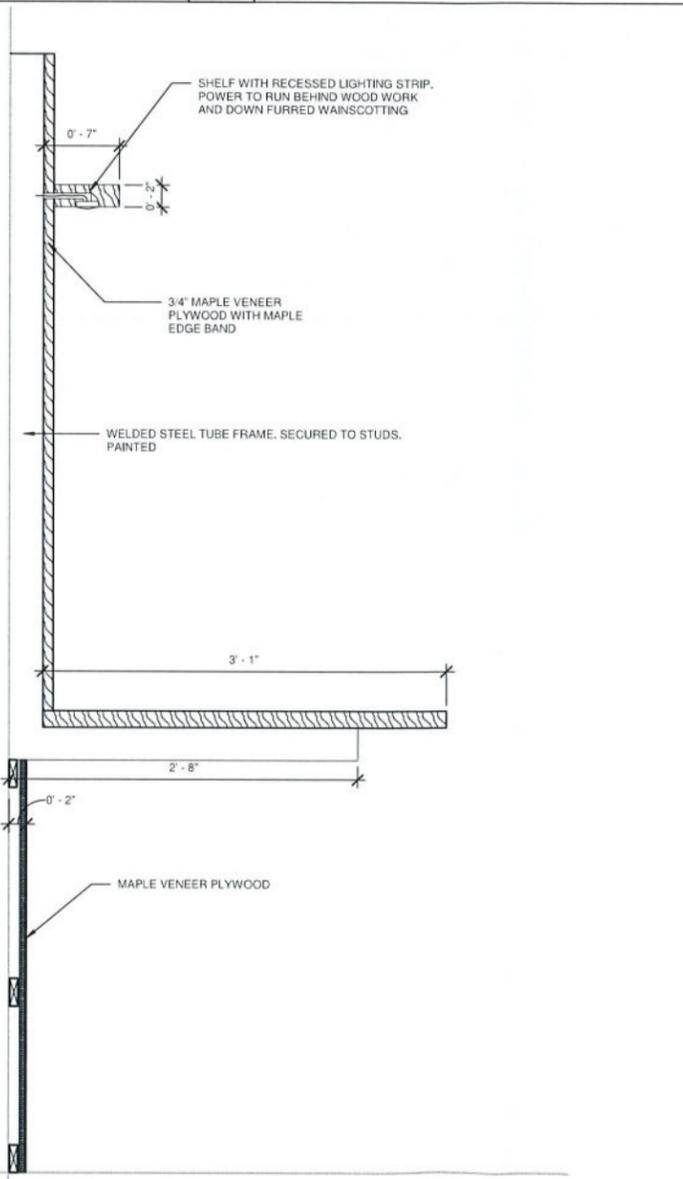
B4 FULL BAR SECTION
A601 SCALE: 1 1/2" = 1'-0"



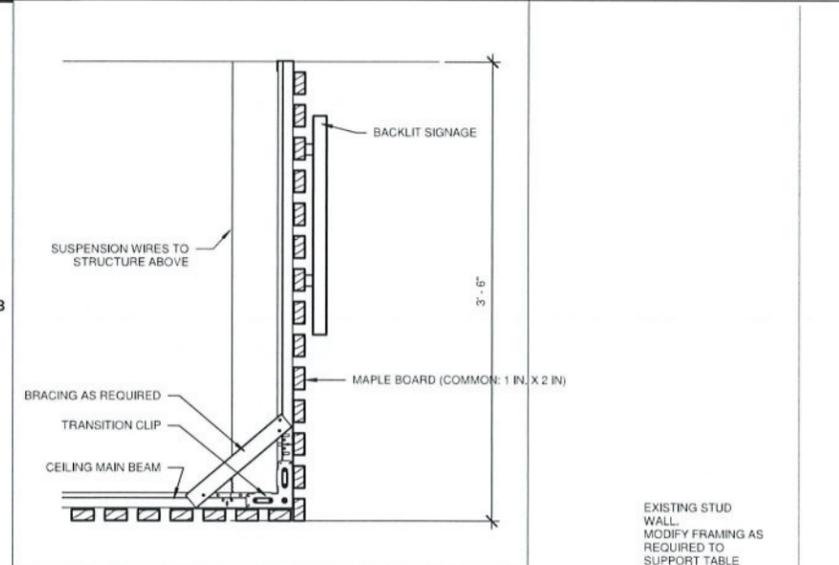
C4 SIDE BAR SECTION
A601 SCALE: 1 1/2" = 1'-0"



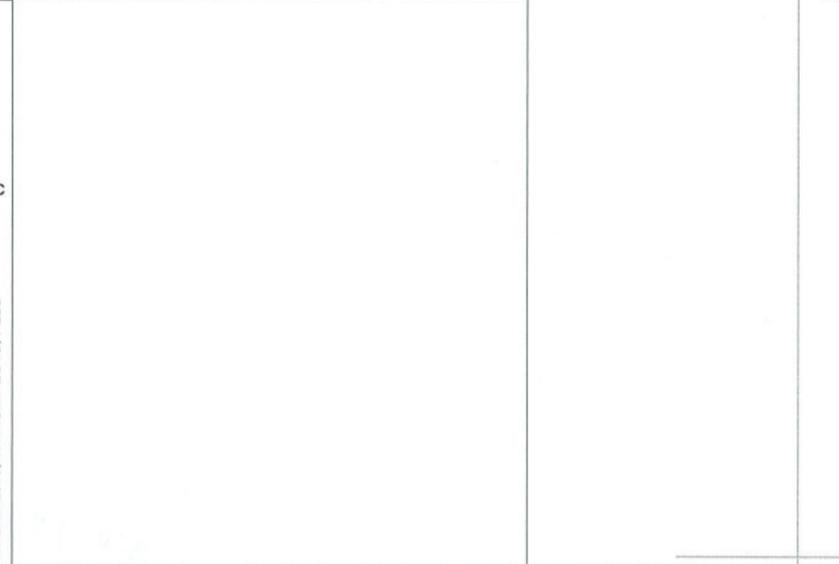
A3 BENCH DETAIL
A601 SCALE: 1 1/2" = 1'-0"



A1 FLOORING PLAN
A601 SCALE: 1/8" = 1'-0"



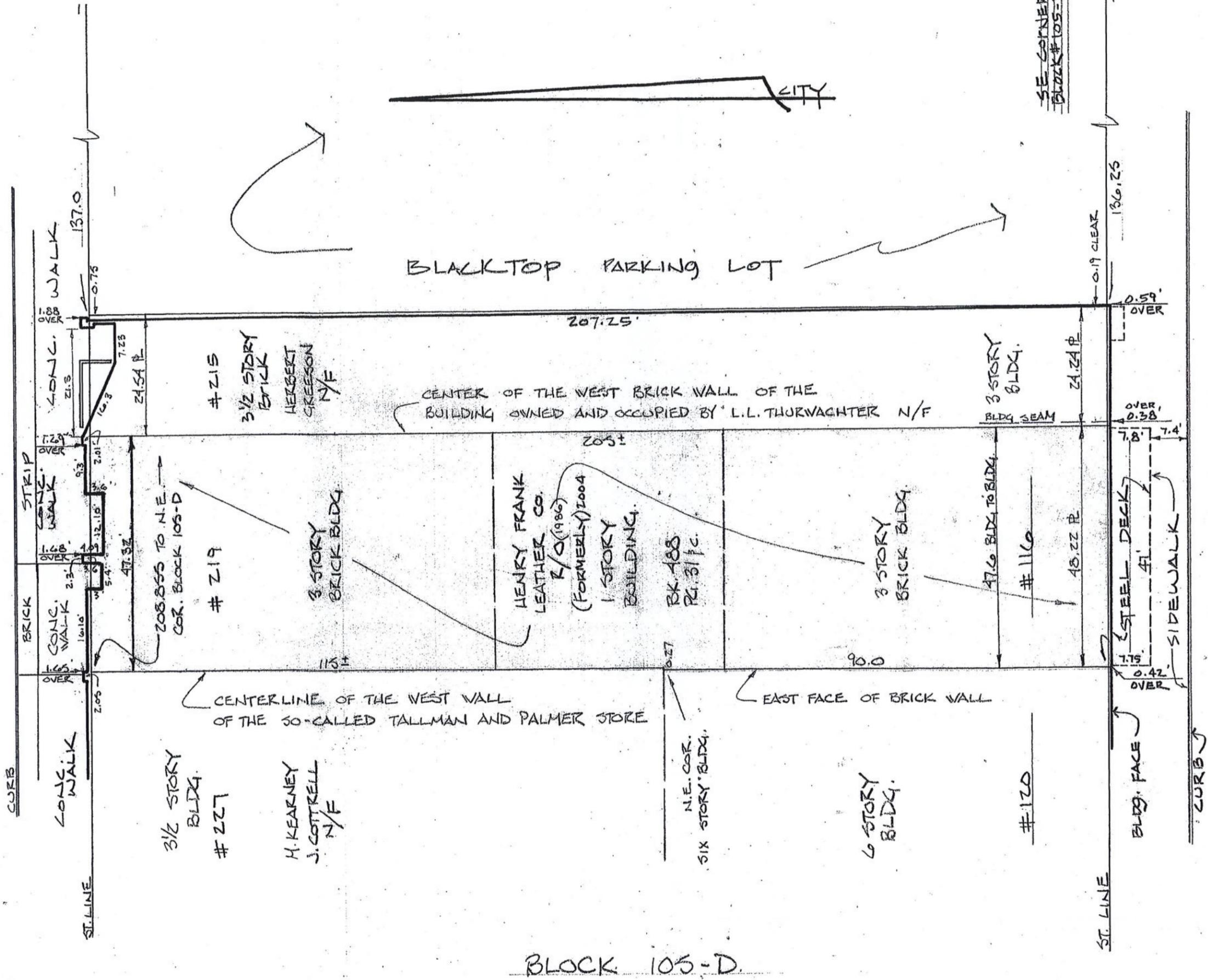
B1 WOOD SOFFIT DETAIL
A601 SCALE: 1 1/2" = 1'-0"



C1 WALL MOUNTED TABLE SECTION
A601 SCALE: 1 1/2" = 1'-0"

WEST FAYETTE STREET

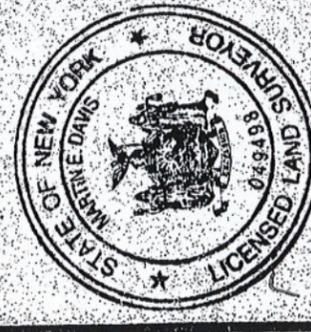
S. 89°-44'-00" E.



WALTON STREET

N. 89°-45'-00" W.

Updated: Jan. 04, 2016 / Update: Nov. 11, 2016



Location survey of part of Lots #2, 3, 31, 41 and #42, Block 105-D, of the City of Syracuse. Known as #219 West Fayette Street, City of Syracuse, County of Onondaga, State of New York.	DRAWN GAM
THE UNDERSIGNED SURVEYOR HEREBY CERTIFIES THAT THIS IS AN ACCURATE MAP OF AN ACTUAL SURVEY	DATE: 2/4/86
M. E. DAVIS LICENSED LAND SURVEYOR SYRACUSE, NEW YORK	SCALE: 1" = 20'
	REVISION

BLOCK 105-D



219 WEST FAYETTE STREET
EXTERIOR ELEVATION

47 LINEAL FEET OF BUILDING FRONTAGE
1/2 SQ. FT. PER LINEAL FOOT = 23.5 SQ. FT. ALLOWABLE SIGNAGE AREA
23 SQ. FT. PROPOSED SIGNAGE AREA



SIGN 'B' - PROJECTING BLADE SIGN
NON-ILLUMINATED

2'-0" H x 2'-6"W
5 SQ. FT



SIGN 'A' - BUILDING WALL SIGN
BACK-LIT EXTRUDED ALUMINUM LETTERS

2'-0" H x 9'-0"W
18 SQ. FT.

PHLOW BAR
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SYRACUSE, NEW YORK 13202

DATE: 02/26/2020
SCALE: N.T.S.
SHEET NAME: BUILDING SIGNAGE
SHEET NUMBER: A1 - OPTION A



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219 WEST FAYETTE STREET
EXTERIOR ELEVATION

47 LINEAL FEET OF BUILDING FRONTAGE
1/2 SQ. FT. PER LINEAL FOOT = 23.5 SQ. FT. ALLOWABLE SIGNAGE AREA
23 SQ. FT. PROPOSED SIGNAGE AREA

SAMPLE SIGNAGE

SIGN 'A' - BUILDING WALL SIGN
BACK-LIT EXTRUDED ALUMINUM LETTERS

2'-0" H x 11'-6" W
23 SQ. FT.

PHLOW BAR
116 WALTON / 219 W. FAYETTE ST.
SYRACUSE, NEW YORK 13202

DATE: 02/26/2020
SCALE: N.T.S.
SHEET NAME: BUILDING SIGNAGE
SHEET NUMBER: A1 - OPTION B



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