

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: 2/6/20 Case Number: SP- 11-18 M1 Zoning District: CA

NEW SPECIAL PERMIT MODIFICATION OF EXISTING SPECIAL PERMIT

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

631 & 641 S. WEST ST.

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

Section: <u>101.-</u>	Block: <u>22</u>	Lot: <u>09</u>
Section: <u>101</u>	Block: <u>22</u>	Lot: <u>10</u>
Section: <u> </u>	Block: <u> </u>	Lot: <u> </u>

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) Motor Vehicle Repair & Used Sales

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

631 S. WEST ST. BLDG. IS A HEAVY DUTY MOTOR VEHICLE REPAIR SHOP.

641 S. WEST ST. VACANT LOT WOULD LIKE CURB CUT-OUT NEEDED FOR PARKING AND ACCESS TO WEST ST. CURRENTLY HAS NO DRIVEWAY, ACCESS TO WEST ST.

NO CHANGES TO FLOOR PLAN OR SIGNS

PROPERTY OWNER INFORMATION:

Name(s): RAYMOND GARZIA

Mailing Address: 4588 MARYES RD. SYRA. N.Y. 13215

Zip: 13215 Daytime phone: 315-391-5009 Home phone: 315-469-4944

E-mail:

APPLICANT INFORMATION:

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

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

Name(s): RAYMOND GAFFA

Mailing Address: _____

Zip: _____ Home phone: 315-469-4944 Day Phone: 391-391-5009

E-mail: _____

REPRESENTATIVE INFORMATION:
(Only if involved in this application)

Attorney Architect Contractor Other LEHR LAND SURVEYORS

Name(s): _____

Mailing Address: _____

Zip: _____ Telephone: _____ E-mail: _____

DESCRIPTION OF OPERATION:

Days of week open: 6 DAYS 631 S. WEST ST. 641 VACANT LOT

Hours of operation: 8 AM TO 5 PM

Maximum number of employees on premises at one time: 2

Number of off-street parking available (site plan required to indicate location): 641 S. WEST ST. NEED ACCESS → TO WEST ST

Other uses currently on the property: FIRST FLOOR: ⊘

SECOND FLOOR: ⊘ OTHER FLOORS: ⊘

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 PREVIOUSLY APPROVED (Wall, Ground, Projecting, Window)

Size	Location	Type
_____	_____	_____
Size	Location	Type
_____	_____	_____
Size	Location	Type
_____	_____	_____

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.

09-30-19

Raymond Garza
CURRENT PROPERTY OWNER SIGNATURE

DATE
OWNER

RAYMOND GARZA
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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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			
<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">RAYMOND GARZIA</div> Name of Action or Project:			
<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">CURB CUT-OUT</div> Project Location (describe, and attach a location map):			
<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">631 OR 641 S. WEST ST.</div> Brief Description of Proposed Action:			
<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">CURB CUT OUT FOR PARKED CARS TO EXIT PROPERTY</div>			
Name of Applicant or Sponsor:		Telephone: 315-391-5009	
<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">RAYMOND GARZIA</div> Address:		E-Mail:	
<div style="font-family: cursive; font-size: 1.2em; margin-bottom: 5px;">4588 MARYES RD.</div>			
City/PO:		State:	Zip Code:
SYRACUSE		NY	13215
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval: ?		<input type="checkbox"/>	<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 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 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 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: _____	<input checked="" type="checkbox"/>	<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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input 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: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ <i>A CURB CUT-OUT ONLY</i>	<input checked="" type="checkbox"/>	<input 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input 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: _____ _____ _____	<input checked="" type="checkbox"/>	<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 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 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 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>RAYMOND GARZIA</u> Date: <u>1-26-2020</u> Signature: <u><i>Raymond Garzia</i></u> Title: <u>OWNER</u>		

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 _____ 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.

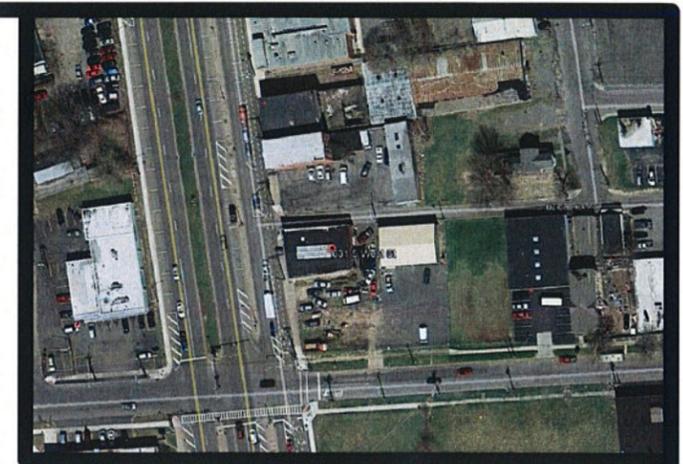
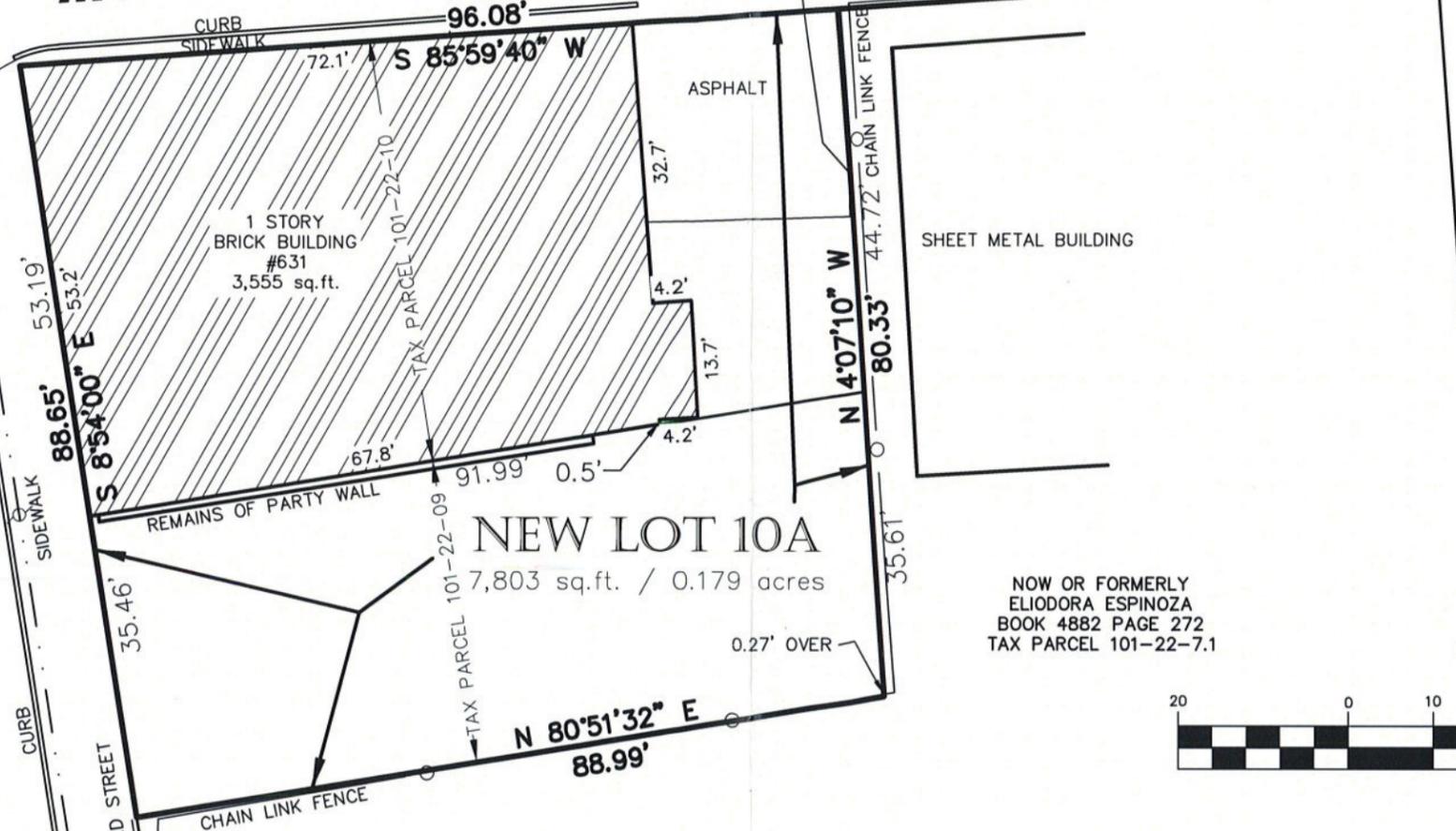

(applicant's signature)

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.



WEST STREET
(VARIOUS WIDTHS)
SOUTH

MCCORMICK AVENUE (16.5' WIDE ROAD)



VICINITY MAP

NOW OR FORMERLY
ELIODORA ESPINOZA
BOOK 4882 PAGE 272
TAX PARCEL 101-22-7.1

GRAPHIC SCALE



(IN FEET)
1 inch = 20 ft.

LANDS OF RAY GARZIA

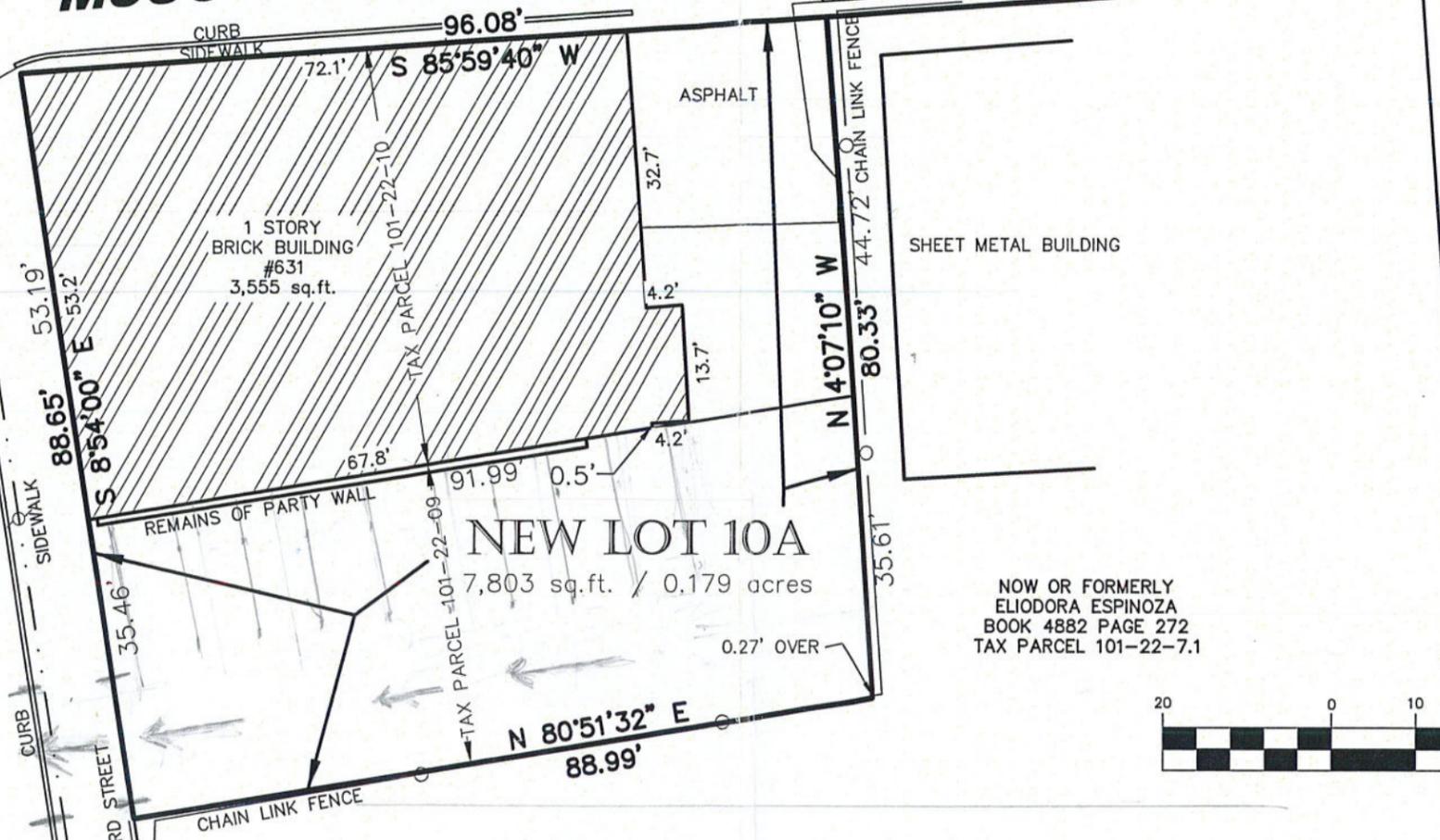
Only survey maps with the Land Surveyor's embossed seal are genuine true and correct copies of the surveyor's original work and opinion.
Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of section 7209, sub-division 2, of the New York State Education Law.
Certifications indicated hereon shall apply only to the persons for whom this survey was performed and on their behalf to the title insurance company governing agency and lending institution and to the assignees of the lending institution and/or subsequent owners.
This map may not be used in connection with a "Survey Affidavit" or similar document, statement or mechanism to obtain insurance for any subsequent or future grantees.
Survey prepared without the benefit of an abstract.
Location surveys do not include the staking of the property corners except as shown.
No building construction and/or improvements can be performed until the correct applications have been submitted for approval.

 LEHR LAND SURVEYORS D.P.C. 116 SALINA STREET- SUITE 6 LIVERPOOL, NEW YORK 13088 315-451-3333 info@lehrlandsurveyors.com	I HEREBY CERTIFY THAT THIS IS AN ACCURATE MAP MADE FROM AN ACTUAL SURVEY.		A RE-SUBDIVISION OF A PART OF LOTS 6 & 7 OF BLOCK #247 IN SYRACUSE, NEW YORK, INTO NEW LOT 10A	
	DOUGLAS R. LEHR, 049223, NYSLS 49223 		KNOWN AS No.631 SOUTH WEST STREET, CITY OF SYRACUSE, COUNTY OF ONONDAGA, NEW YORK	
	FIELD DATE: 07 NOV 2019	MAP DATE: 02 DEC 2019	SCALE: 1"=20'	DRAWN BY: TFS
	REVISIONS:			DRAWING No. 19-1-114



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*LOT SOUTH OF BUILDING FOR
PARKING AN EXIT TO WEST ST.*

LANDS OF RAY GARZIA

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