

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: 10/30/2018 Case Number: SP-18-24 Zoning District: TA
 NEW SPECIAL PERMIT MODIFICATION OF EXISTING SPECIAL PERMIT

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

610 MARCELLUS STA SYRACUSE

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

Section: 100 Block: 01 Lot: 02.5
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) Indoor Sport / Recreational Establishment

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

Application for Special permit use for an indoor sport / recreational establishment. The establishment will be used for Axe throwing, knife throwing, and Beginner's recurve archery. Far Shot hosts trained group sessions for all three sports. The application is for (Address) to divide a (Sqft) space into a facility that can accommodate a 30' x 17' archery range, 12 Axe Throwing lanes, two knife throwing lanes, and 4 axe or knife throwing lanes. Each lane is a 12' by 5' space with target boards for one thrower. The space will also have 2 restrooms, a small kitchenette, 2 storage areas, one office room, and a receptionist desk. All bookings will be supervised by a trained coach to provide instructions and run Tournament. The establishment will also focus heavily on growing the sport of axe throwing with league plays and World Competitions.

PROPERTY OWNER INFORMATION:

Name(s): Tino Lampuri
Mailing Address: 1001 West Fayette Street, Syracuse, New York
Zip: 13202 Daytime phone: 919-291-3511 Home phone:
E-mail: ctlampuri@aol.com

APPLICANT INFORMATION:

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

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

Name(s): Far Shot Recreation Inc. Attn: Sophie MacDonald

Mailing Address: 10 Centennial Rd #5, Orangeville, Ontario, Canada

Zip: L9W1P8 Home phone: _____ Day Phone: 1-416-388-8019

E-mail: sophie@farshot.net

REPRESENTATIVE INFORMATION:

(Only if involved in this application)

Attorney Architect Contractor Other Realtor

Name(s): Jeffrey C. Kelsen

Mailing Address: _____

Zip: _____ Telephone: 315-447-3430 E-mail: jeffk@jckelsenreops.com

DESCRIPTION OF OPERATION:

Days of week open: Monday - Saturday

Hours of operation: Monday - Friday @5:30pm-10:00pm; Saturday @11am-11pm (Appointments can be made outside of regular hours)

Maximum number of employees on premises at one time: 10

Number of off-street parking available (site plan required to indicate location): 500+

Other uses currently on the property: FIRST FLOOR: Social Services, Police Services, Media

SECOND FLOOR: Social services OTHER FLOORS: Pottery, Usherwood, Crossfit, labs, CCSI

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 (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.

Concetto Lampuri

CURRENT PROPERTY OWNER SIGNATURE 10-9-18
DATE

Concetto Lampuri

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

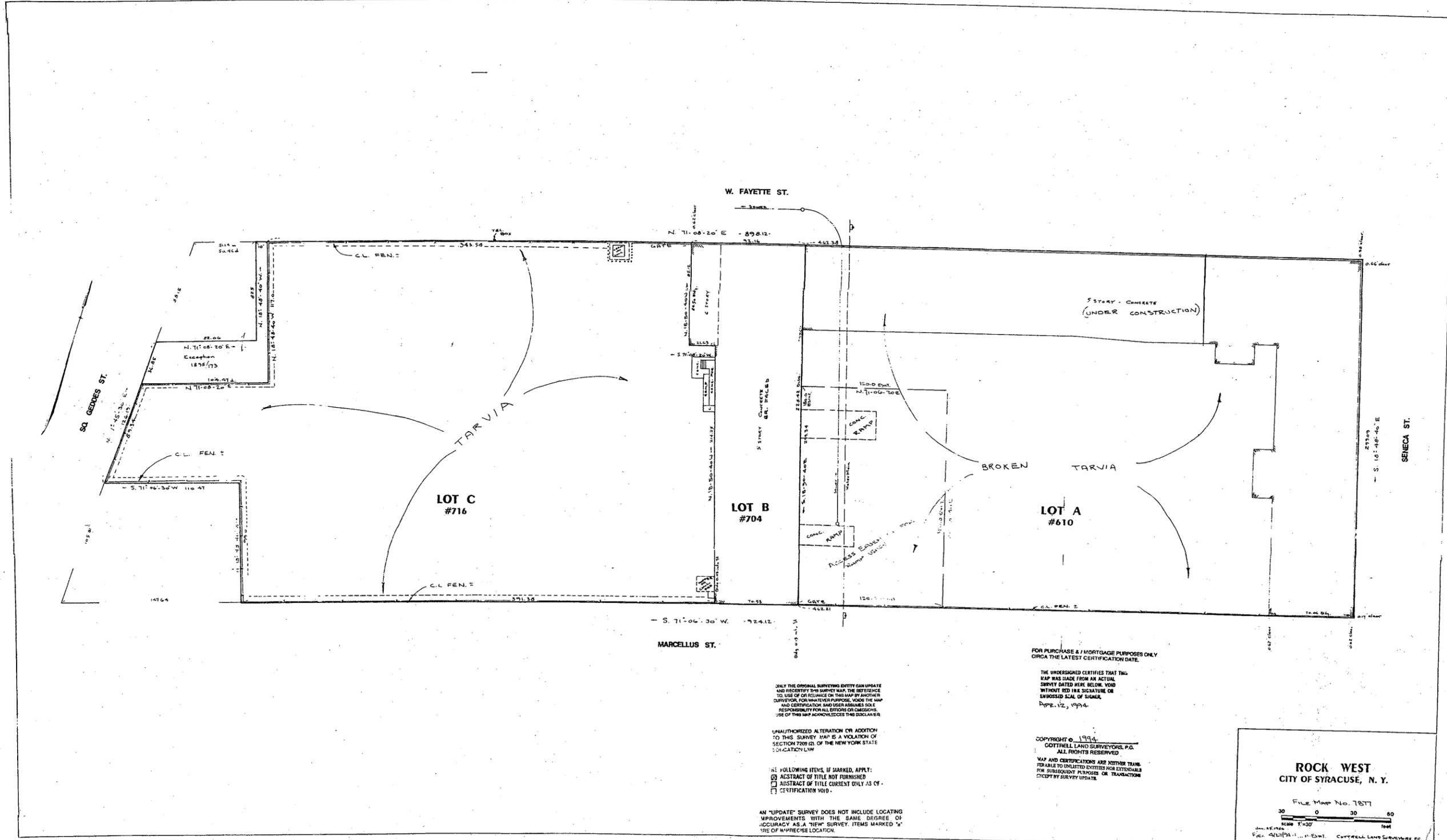
REFERRAL NEEDED

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) _____

.....



W. FAYETTE ST.
MARCELLUS ST.

LOT C
#716

LOT B
#704

LOT A
#610

FOR PURCHASE & MORTGAGE PURPOSES ONLY
CIRCA THE LATEST CERTIFICATION DATE.

ONLY THE ORIGINAL SURVEYING ENTITY CAN UPDATE
AND RECERTIFY THIS SURVEY MAP. THE REFERENCE
TO USE OF OR RELIANCE ON THIS MAP BY ANOTHER
SURVEYOR, FOR WHATEVER PURPOSE, Voids THE MAP
AND CERTIFICATION AND USER ASSUMES SOLE
RESPONSIBILITY FOR ALL ERRORS OR OMISSIONS.
USE OF THIS MAP ACKNOWLEDGES THIS DISCLAIMER.

UNAUTHORIZED ALTERATION OR ADDITION
TO THIS SURVEY MAP IS A VIOLATION OF
SECTION 7209 (2), OF THE NEW YORK STATE
EDUCATION LAW.

IF FOLLOWING ITEMS, IF MARKED, APPLY:
 ABSTRACT OF TITLE NOT FURNISHED
 ABSTRACT OF TITLE CURRENT ONLY AS OF
 CERTIFICATION VOID.

AN "UPDATE" SURVEY DOES NOT INCLUDE LOCATING
IMPROVEMENTS WITH THE SAME DEGREE OF
ACCURACY AS A "NEW" SURVEY. ITEMS MARKED "x"
ARE OF IMPRECISE LOCATION.

THE UNDERSIGNED CERTIFIES THAT THIS
MAP WAS MADE FROM AN ACTUAL
SURVEY DATED HERE BELOW, VOID
WITHOUT RED INK SIGNATURE OR
EMBOSSED SEAL OF SIGNATURE
DATE: 12, 1994.

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COTTRELL LAND SURVEYORS, P.C.
ALL RIGHTS RESERVED

MAP AND CERTIFICATIONS ARE NEITHER TRANE
FERABLE TO UNLIMITED ENTITIES NOR EXTENDABLE
FOR SUBSEQUENT PURPOSES OR TRANSACTIONS
EXCEPT BY SURVEY UPDATE.

ROCK WEST
CITY OF SYRACUSE, N. Y.

File Map No. 7877

Scale 1"=30'

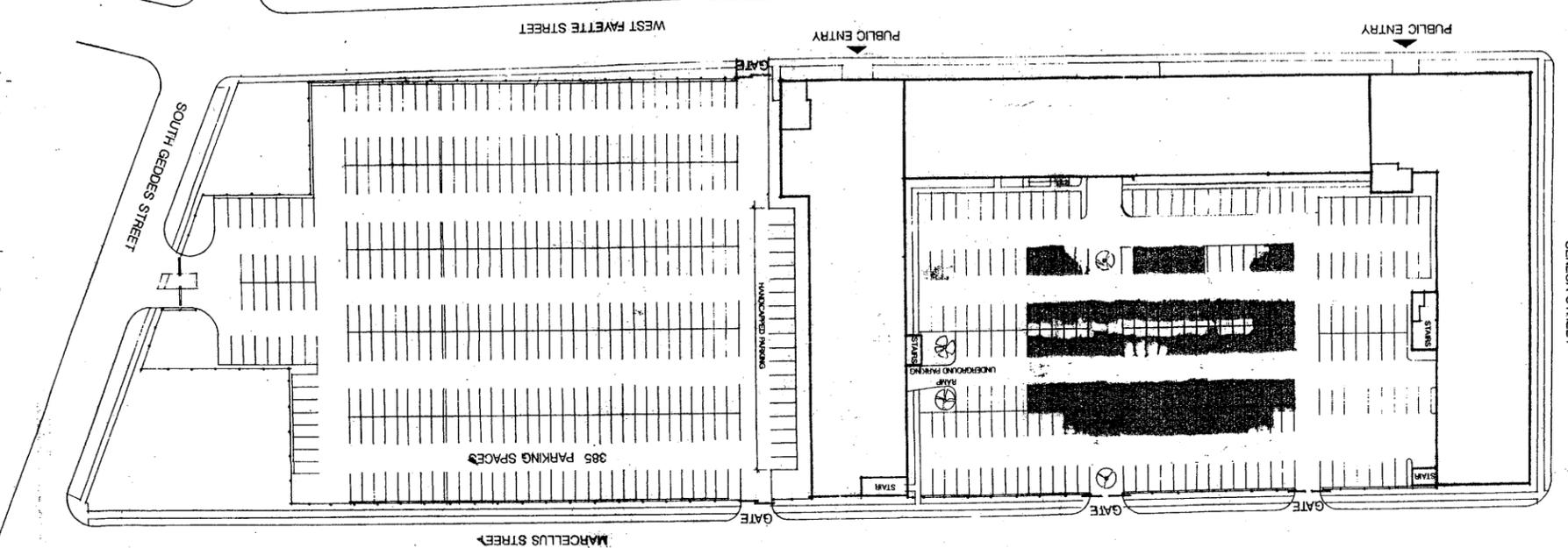
30 0 30 60
feet

Seneca St. Marcellus St.

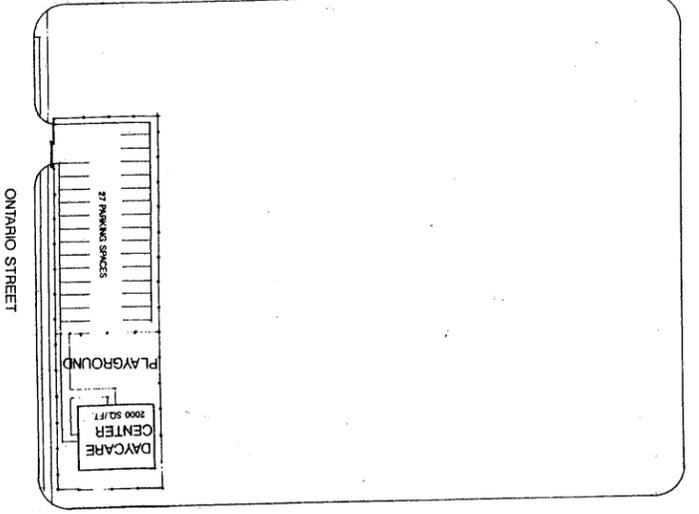
COTTRELL LAND SURVEYORS, P.C.
MANLIUS, NY

OUTDOOR RECREATION ROOF PLAN

1"=50'-0"



TOTAL PARKING SPACES
@ GRADE 636 PARKING SPACES
(19 HANDICAPPED)



SENECA STREET

ROCKWEST DEVELOPERS INC.
P.O. 1344
SYRACUSE, NEW YORK 13201

John O'Connell
SOUTHWAY AVENUE
SYRACUSE, NY 13203

STRACUSE
PROPOSAL SITE PLAN
NEW YORK

DATE: 7-19-88
SCALE: 1"=50'-0"

SHEET NUMBER
A-1

CONSULTANT:

NYS Education Law, Section 7209
 Prohibits any person to alter these drawings
 other than a licensed architect or the design
 engineer. Inclusion on these drawings reflects
 the property of the licensed professional who
 prepared them and may only be used on the
 project identified below.

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 N.K. BHANDARI, Architecture & Engineering, P.C.

REVISION

**1003 ROCKWEST TENANT
 LEASE SPACE**

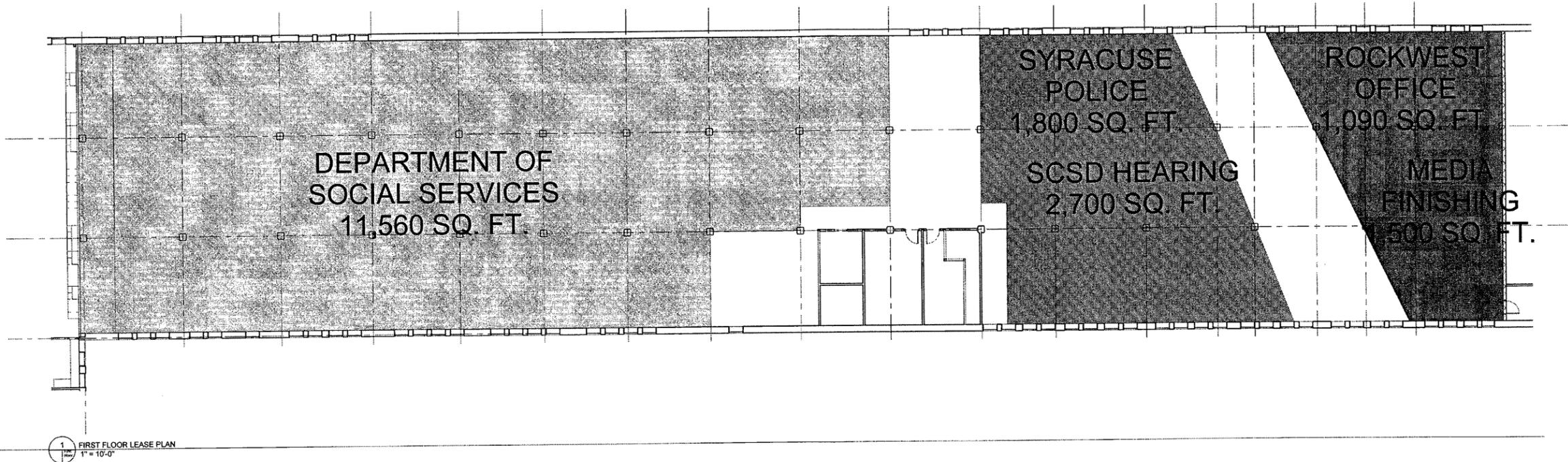
NK BHANDARI ARCHITECTURE & ENGINEERING, P.C.
 1005 W. Fayette Street
 Suite 600
 Syracuse NY 13204

NO.	PERMIT SET	DATE
1		
2		

FILE: 1003RockwestTenantLeasePlan.rvt
 SCALE: AS NOTED
 DESIGNED: DATE:
 DRAWN: 08/15/18
 CHECKED: APPROV:

SHEET TITLE:
 LEASE PLAN

SHEET NUMBER:
 First Floor



CONSULTANT:

NYS Education Law, Section 7205
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**1003 ROCKWEST TENANT
 LEASE SPACE**

NK BHANDARI ARCHITECTURE & ENGINEERING, P.C.
 1005 W. Fayette Street
 Suite 500
 Syracuse NY 13204

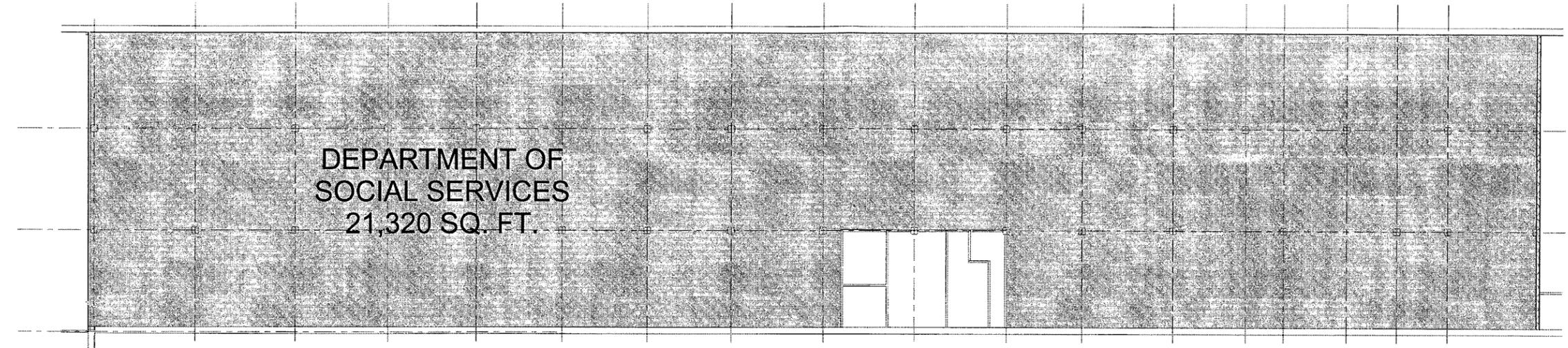
NO.	PERMIT SET	DATE
0		
1		
2		

FILE	1003Rockwest
SCALE	AS NOTED
DESIGNED	ADW
DRAWN	ADW
CHECKED	ADW
DATE	09/13/18

SHEET TITLE
 Unnamed

SHEET NUMBER

Second
 Floor



DEPARTMENT OF
 SOCIAL SERVICES
 21,320 SQ. FT.

1 SECOND FLOOR LEASE PLAN
 1" = 10'-0"

CONSULTANT

NY State Education Law, Section 7205
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(S) BELLAWAY

**1003 ROCKWEST TENANT
 LEASE SPACE**

NK BHANDARI ARCHITECTURE & ENGINEERING, P.C.
 1005 W. Fayette Street
 Syracuse NY 13204

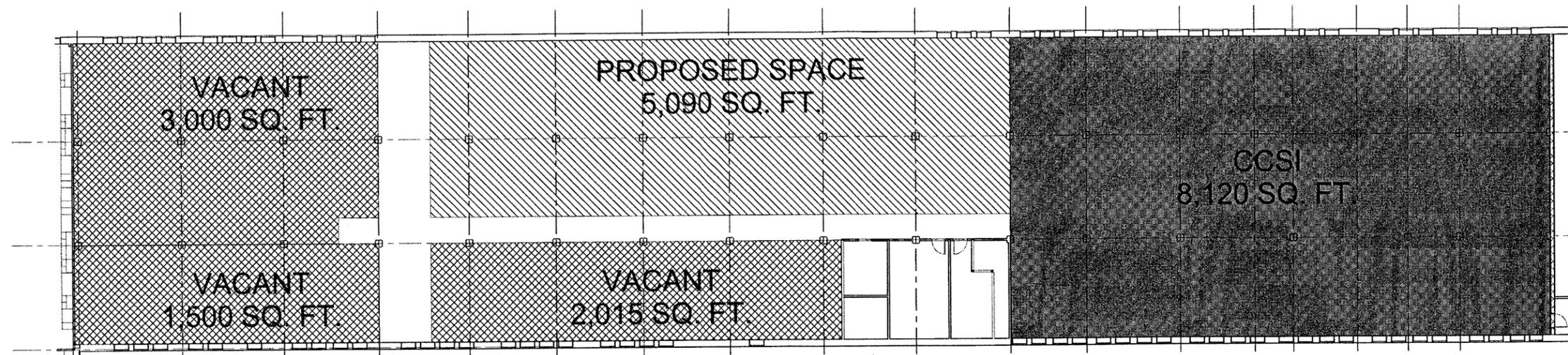
NO.	PERMIT SET	DATE
0		
1		
2		

FILE: 1003RockwestTenantLeaseSpace.dwg
 SCALE: AS NOTED
 DESIGNED: [Signature] DATE: 09/13/18
 DRAWN: [Signature]
 CHECKED: [Signature]

SHEET TITLE
 Untitled

SHEET NUMBER

**FIFTH
 FLOOR**



FIFTH FLOOR LEASE PLAN
 1" = 10'-0"

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: Far Shot Recreation			
Project Location (describe, and attach a location map): 5th floor (unit across from the elevator) of the Rockwest Building (1005 W Fayette St, Syracuse, NY 13204, USA)			
Brief Description of Proposed Action: Special use application for a sport/recreational establishment			
Name of Applicant or Sponsor: Far Shot Recreation Inc.		Telephone: 1-647-883-5082	
		E-Mail: benn@farshot.net	
Address: 10 Centennial Rd #5, (Canada)			
City/PO: Orangeville		State: Ontario	Zip Code: L9W1P8
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 checked="" type="checkbox"/>
			YES <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: Special Use Permit from the Zoning department of Syracuse			NO <input type="checkbox"/>
			YES <input checked="" 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, 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 type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<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	YES	
	<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: _____	NO	YES	
	<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 service(s) available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<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	YES	
	<input type="checkbox"/>	<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	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<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: _____	NO	YES	
	<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 plain?	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? If Yes, a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<p>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)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p>		
<p>Applicant/sponsor name: <u>Far Shot Recreation (Benn MacDonald)</u></p>		<p>Date: <u>2018-10-02</u></p>
<p>Signature: <u><i>Benn MacDonald</i></u></p>		