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: 1/8/19 **Case Number:** SP- 19-04 **Zoning District:**

☒ **NEW SPECIAL PERMIT** ☐ **MODIFICATION OF EXISTING SPECIAL PERMIT**

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:
1200 Park Street

TAX MAP SECTION, BLOCK, and LOT information from Assessment Department (call 448-8280)
Section: 007 Block: 115 Lot: 26

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 – Light Duty**

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:
I wish to operate a small (Light Duty- No Engine or Transmission replacement & no Body Work) automotive repair shop at this site. An automotive shop previously existed at this site which has two bays and lifts. The one-story masonry building, in addition to the two repair bays has a bathroom and small office space with storage and mechanical areas at the rear of the building (garage). There will be no changes to the existing garage building, both interior and exterior. There is also a one story one family residential house on this property which will also remain unchanged.

PROPERTY OWNER INFORMATION:
Name(s): MOHAMMOD A. HAQUE
Mailing Address: 104 Goodrich Avenue Syracuse, NY
Zip:13210 Daytime phone: 315-424-6116 Home phone: 315-575-2131
E-mail: aneesa004@yahoo.com

APPLICANT INFORMATION:
(Copy of contract to purchase must be included with application)
☐ Contract Purchaser(s) ☐ Tenant ☐ Co-Applicant ☒ Other (please state): OWNER
Name(s): MOHAMMOD A. HAQUE
Mailing Address: 104 Goodrich Avenue Syracuse, NY
Zip: 13210 Home phone:315-424-6116 Day Phone315575-2131
E-mail: aneesa004@yahoo.com

REPRESENTATIVE INFORMATION:
(Only if involved in this application)

☒ Attorney ☐ Architect ☐ Contractor ☐ Other

Name(s): CERIO LAW OFFICES - Donald C. Doerr, Esq.
Mailing Address: 407 S. Warren Street- Suite 5th Floor Syracuse, NY
Zip: 13202 Telephone: 315-422-8769 E-mail: don@ceriolawoffices.com

DESCRIPTION OF OPERATION:

Days of week open: Monday-Saturday
Hours of operation: 8 AM- 7PM
Maximum number of employees on premises at one time: 3
Number of off-street parking available (site plan required to indicate location): 9
Other uses currently on the property: FIRST FLOOR: Office
SECOND FLOOR N/A OTHER FLOORS: N/A

Indicate types and uses of other structures on the property if any (i.e. garage, storage building, etc.): One-Story Frame House, One Family residence.

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 1.3' x 8' Location Above Garage Doors Type Wall- "HAQUE AUTIO REPAIR"
Size 2' x 3' Location Above Garage Doors Type Wall- "DMV Repair Shop"
Size Location Type

See Site Plan and pictures for additional Signage Detail.
"HAQUE AUTO REPAIR" (1.3' x 8')
Distance from ground to bottom of sign = 104"
Distance from top of sign to roofline = 3"
Distance from L side of building to sign = 110"
Distance from R side of building to sign = 101"
"DMV Sign" (2' x 3')
Distance from ground to bottom of sign = 98"
Distance from top of sign to roofline = 1"
Distance from R side of building to sign = 2.5"

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.

_____ 12/5/18

Signature of CURRENT PROPERTY OWNER (or owner's LEGAL representative) — Date

MOHAMMOD HAQUE

PRINT NAME OF PROPERTY OWNER

***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) _____

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 Mohammad Haque (applicant) on 12/19/18 (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

Mohammod Haque

Name of Action or Project:

Haque Repair

Project Location (describe, and attach a location map):

1200 Park Street, Syracuse, NY 13208

Brief Description of Proposed Action:

I wish to operate a small automotive repair shop at this site. An automotive shop previously existed at this site which has two bays and lifts. The one story masonry building, in addition to the two repair bays has a bathroom and small office space with storage and mechanical areas at the rear of the building (garage). There will be no changes to the existing garage building, both interior and exterior. There is also a one story one family residential house on this property which will also remain unchanged.

Name of Applicant or Sponsor:	Telephone: 315-575-2131
Mohammod Haque	E-Mail: aneesa004@yahoo.com

Address:

104 Goodrich Avenue

City/PO:	State:	Zip Code:
Syracuse	NY	13210

	NO	YES
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.	☑	☐
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: DMV - Facility Application.	☐	☑

3.a. Total acreage of the site of the proposed action? 0.13 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? .13 acres

4. Check all land uses that occur on, adjoining and near the proposed action.

☐ Urban ☐ Rural (non-agriculture) ☑ Industrial ☑ Commercial ☑ Residential (suburban)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____

☐ 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?	☐	✓	☐

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	✓
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	✓	☐
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?	☐	✓
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: _____	☐	✓
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	☐	✓
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	☐	✓
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?	✓	☐
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: _____	✓	☐

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:
☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional
☐ Wetland ☑ Urban ☐ Suburban

	NO	YES
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?	✓	☐
16. Is the project site located in the 100 year flood plain?	✓	☐
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? ☐ NO ☐ YES	✓	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: ☐ NO ☐ YES _____		

	NO	YES
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:	✓	
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:	✓	
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:	✓	

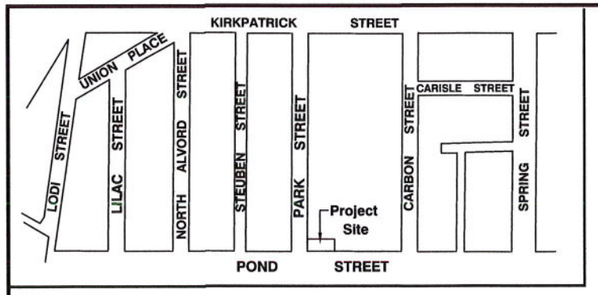
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: Mohammod Haque Date: 12/5/18

Signature:

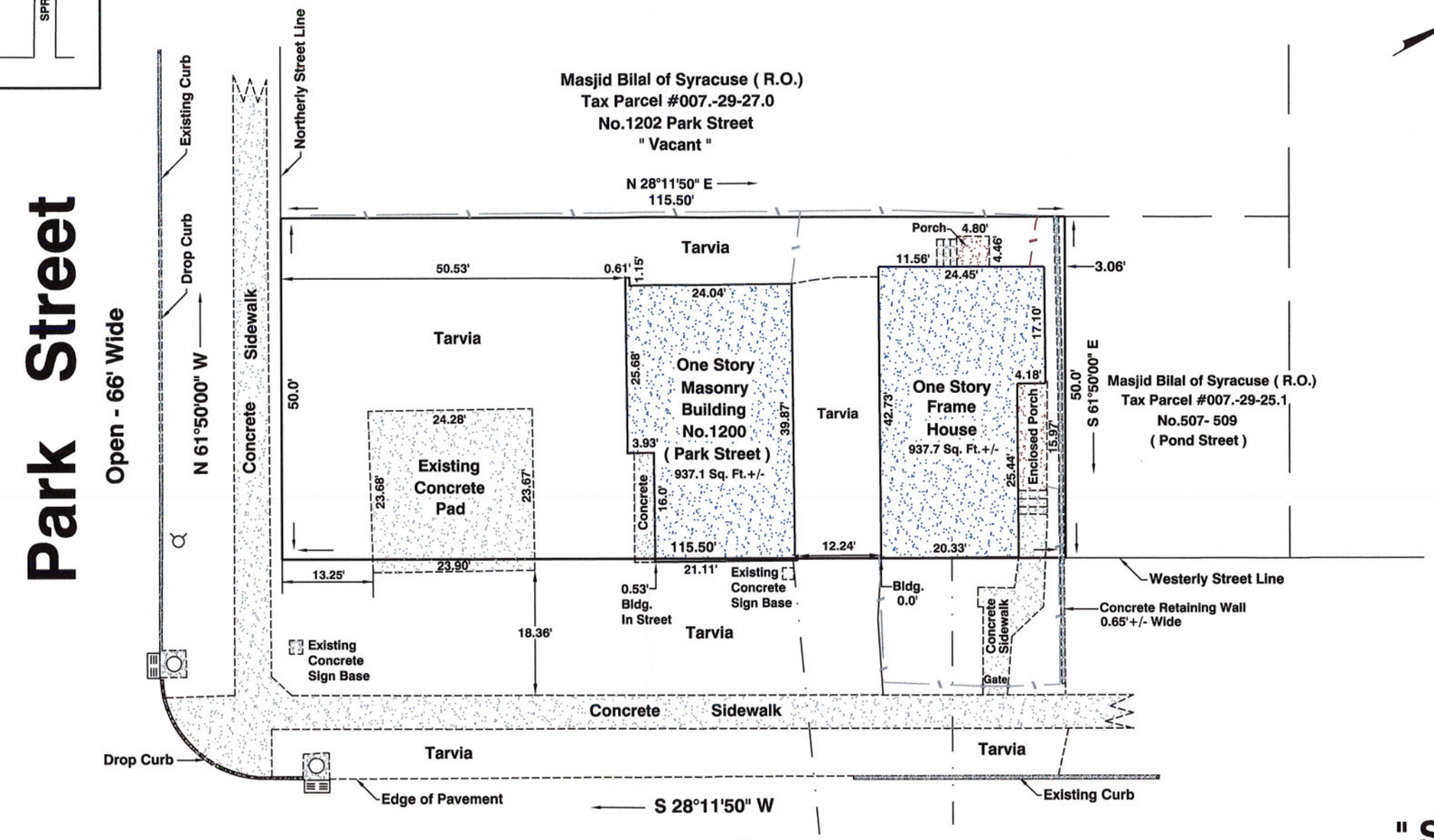
PRINT FORM

SURVEY



Site Location Map

(Not To Scale)



Graphic Bar Scale

One Inch = Twenty Feet

0' 20' 40' 60'

" Site Plan "

Owner: Mohammod Haque
Tax Parcel #007.-29-26.0
Zoning Code: BA (Local Business District)

Legend

These standard symbols may be found in the drawing.

- Indicates Overhead Utility Line
- Indicates Chain Link and/or Wire Fence
- Indicates Gate Post
- Indicates Fire Hydrant
- Indicates Catch Basin
- Indicates Manhole

General Notes

1.) This survey is subject to any and all subsurface conditions, improvements, if any, as well as any apparent encroachments within and/or adjacent to the platted parcel.

2.) The locations of underground utilities shown hereon were compiled from observable surface evidence and available plans the actual locations are subject to field excavation.

3.) Parcel shown hereon contains 5775.0 square feet (0.13 Acres +/-)

4.) Zoning: BA - Local Business District

37 First Street, Camillus, New York 13031
Email: jrlandsurveying@aol.com
J.R.L. Land Surveying, PLLC
Phone: (315) 263-9621
Fax: (315) 320-4298
James Richard Lighton New York State Licensed Land Surveyor #50606

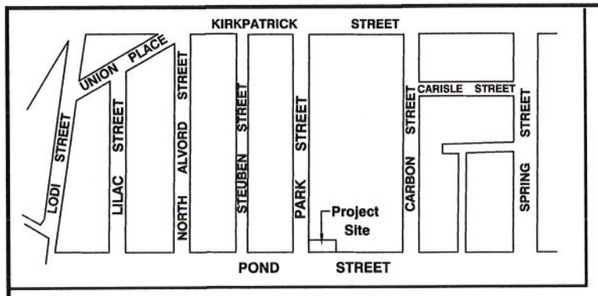
I hereby certify that this map was made from an actual survey and same is correct. Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of Section 7209, Subdivision 2 of the New York State Education Law. Only copies from the original of this survey marked with an original of the land surveyor's inked seal or embossed seal shall be considered to be true valid copies. Certifications shall run only to the person or entities for whom the survey is prepared and are not transferable to subsequent persons or entities. Copyright 2018 JRL Land Surveying PLLC.

Location Survey on part of Lot No.26 - Block No.115 - Formerly Town of Salina. City of Syracuse.

Known as No.1200 Park Street, City of Syracuse, County of Onondaga, State of New York.

Scale: 1"= 20'	Date: 07-30-18	Drawn By: JRL

Revisions:



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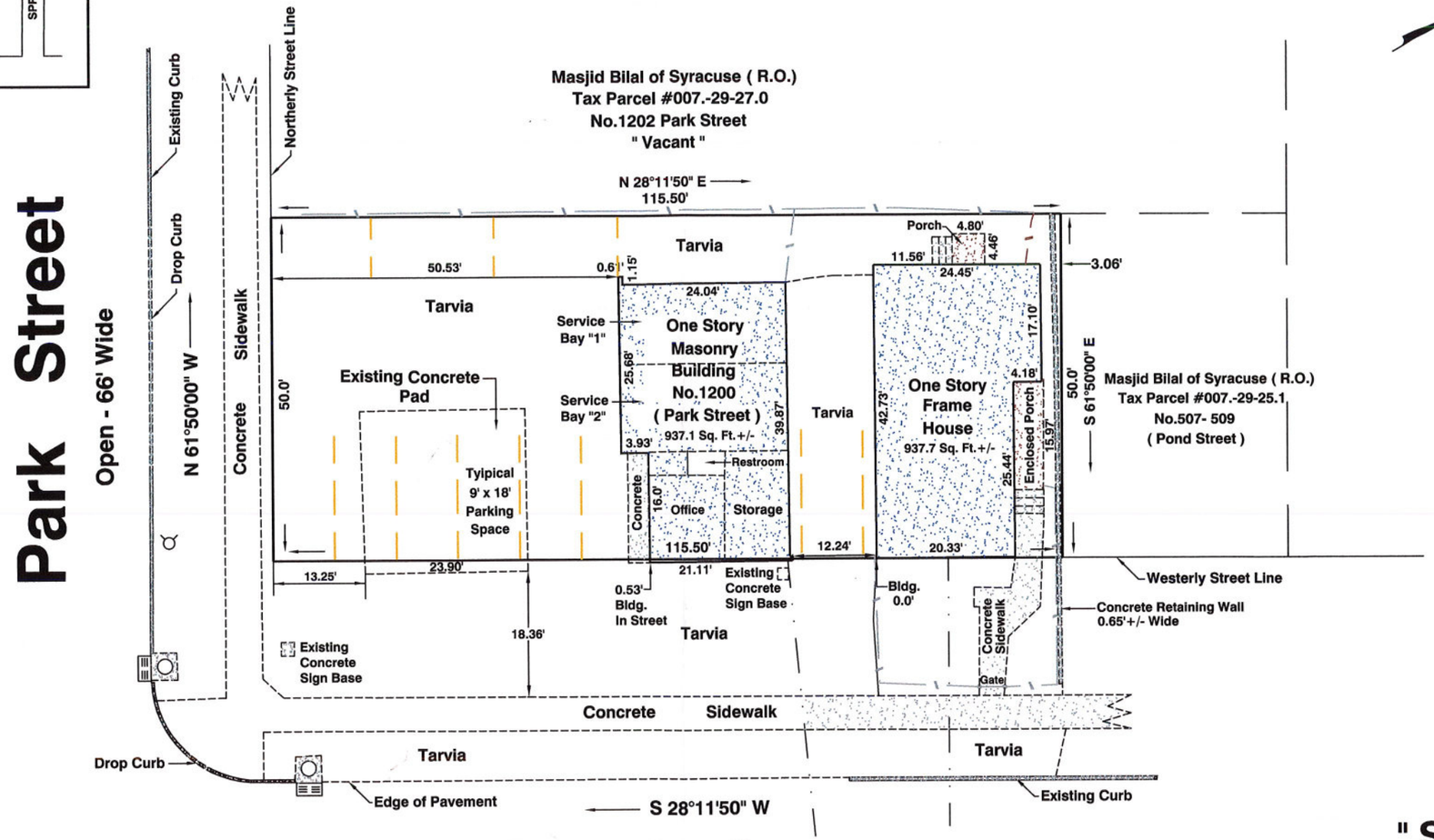
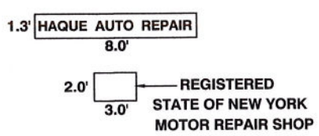


Signage Detail



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REPAIR SHOP
1200

HAQUE AUTO REPAIR
REGISTERED
NO.
STATE OF NEW YORK
MOTOR VEHICLE
REPAIR SHOP
NO
PARKING
VIOLATORS
WILL BE TOWED
AT OWNERS EXPENSE
1200
OPEN

NO PARKING

Pond St

Pond St

AIRPORT
BUS STATION
OUT OF TOWN
CASINO
SU
315-516-0566