

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: 1/9/2019 Case Number: SP-19-05 Zoning District: BA

NEW SPECIAL PERMIT MODIFICATION OF EXISTING SPECIAL PERMIT

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

712 E FAYETTE ST STE 1 SYR NY 13210

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

Section: 048 Block: 01 Lot: 61.0
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:

Moving into an existing cafe. no work to be done

PROPERTY OWNER INFORMATION:

Name(s): 712-714 E FAYETTE GROUP LLC
Mailing Address: PO Box 37200
Zip: 13235 Daytime phone: 315 422 3834 Home phone:
E-mail:

APPLICANT INFORMATION:

APPLICANT INFORMATION:

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

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

Name(s): TOASTY LIFE LLC

Mailing Address: 712 E FAYETTE ST SH SYR NY

Zip: 13210 Home phone: Day Phone: 315 727 2485

E-mail: DinerLife315@gmail.com
(Diner-life 315)

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: TUES - SUNDAY

Hours of operation: 7-24

Maximum number of employees on premises at one time: 2

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

Other uses currently on the property: FIRST FLOOR: none

SECOND FLOOR: Residential OTHER FLOORS: Residential

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: 2x6 Location: inside Above window Type: Window (Wall, Ground, Projecting, Window)

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

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.

Chris Geiber

1/9/19

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

Date

CHRIS GEIBER
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

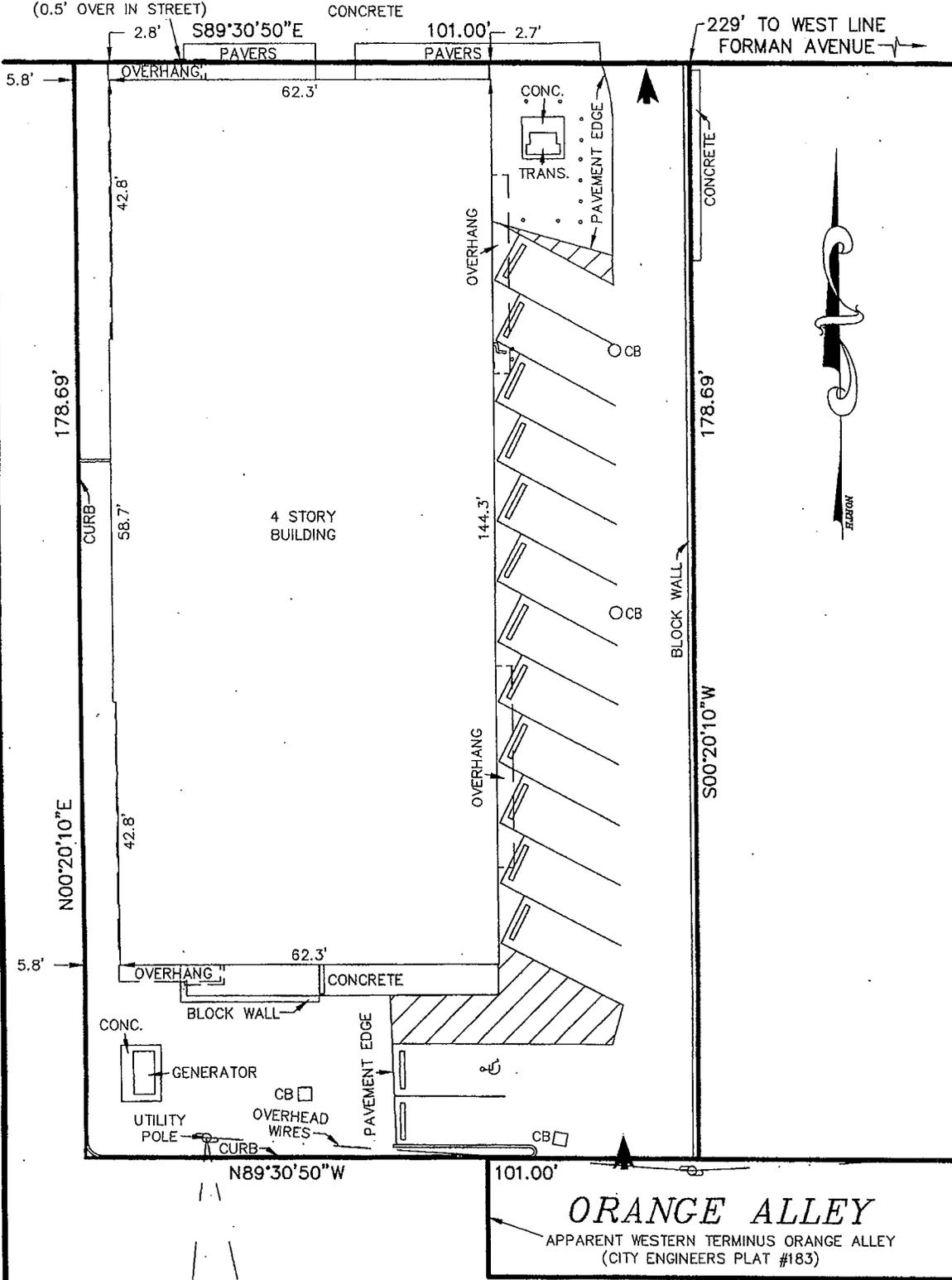
SYRACUSE LANDMARK PRESERVATION BOARD (This project is located within _____ Historic District; is listed individually in the National Register of Historic Places; is Eligible for inclusion in the National Register of Historic Places; or is architecturally significant).

OTHER CITY/COUNTY/STATE AGENCY OR DEPARTMENT(S) _____

.....

EAST FAYETTE STREET

METAL ADDRESS SIGN
(0.5' OVER IN STREET)



SURVEY SUBJECT TO ANY FACTS THAT AN UP TO DATE ABSTRACT OF TITLE MAY SHOW

LAND LINES

SURVEYING, P.C.

6181 JAMESVILLE TOLL ROAD
JAMESVILLE, NEW YORK 13078
315-492-4604

I HEREBY CERTIFY THAT THIS IS A CORRECT MAP MADE FROM A CORRECT SURVEY



COLIN M. KRAFT
LICENSE No. 50450

LOT No. 5A
RESUBDIVISION—PART OF BLOCK 233
FILED 1/14/2014 MAP No. 11793
CITY OF SYRACUSE
COUNTY OF ONONDAGA
STATE OF NEW YORK
KNOWN AS:
712-714 EAST FAYETTE STREET

DRAWN BY: CMK	DATE: 6/24/2016
SCALE: 1"=20'	DWG.No.: 160635

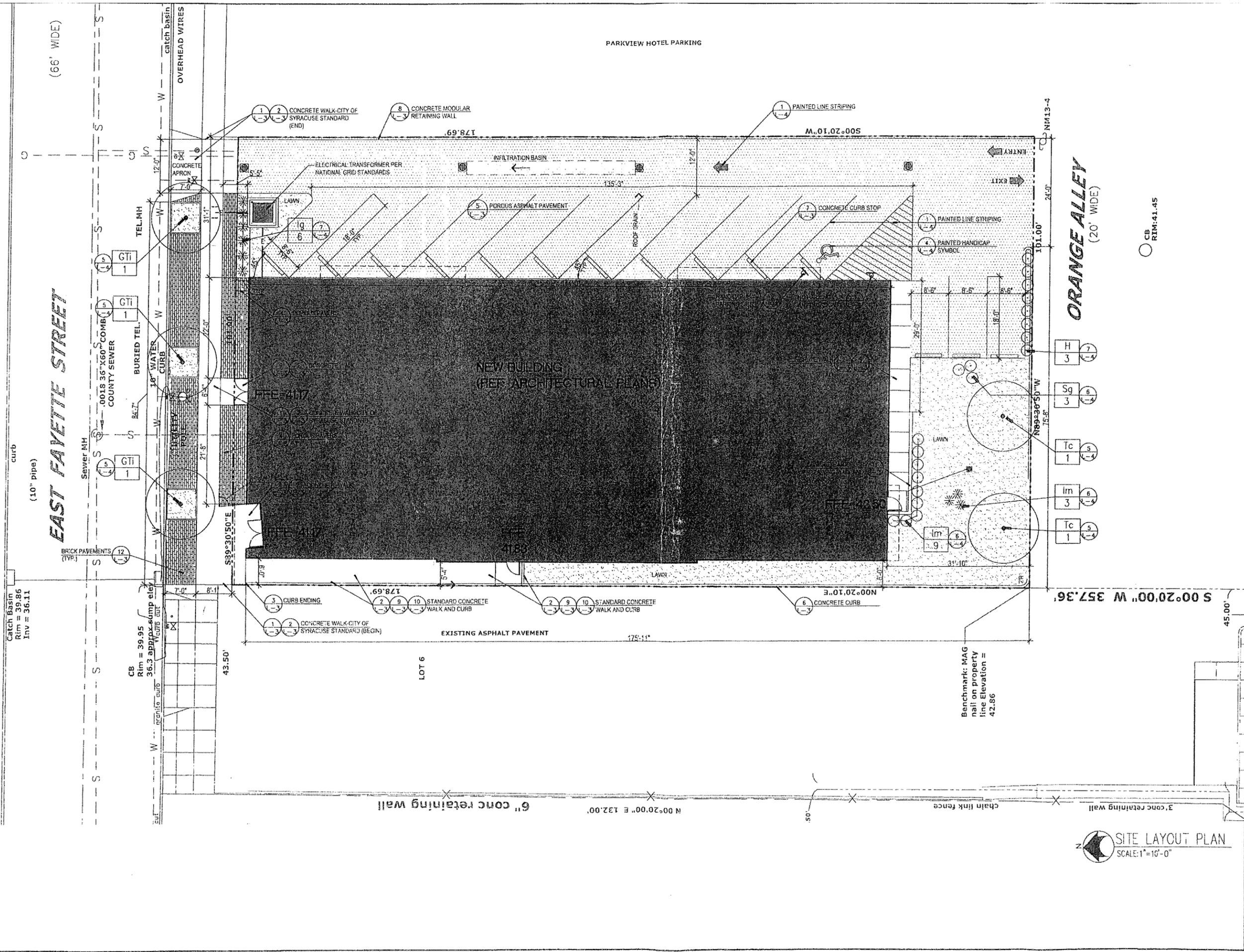
712 East Fayette Street
Apartments
SYRACUSE, NEW YORK

2	12.03.2014	REVISED FOR SITE PLAN APPROVAL
1	11.18.2014	DEVELOPE PLANT NOTES FOR POROUS PAVEMENT AND BRICK PAVEMENT CONC FRONT CURBLINE
0	11.05.2014	RELEASE FOR CONSTRUCTION

VIP PROJECT NO.	13-7929
CAD DWG FILE	
DRAWN BY	JRS
CHECKED BY	JRS

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SHEET TITLE
SITE LAYOUT AND PLANTING PLAN
SHEET NUMBER
L-1



SITE LAYOUT PLAN
SCALE: 1"=10'-0"

EAST FAYETTE STREET
(66' WIDE)

ORANGE ALLEY
(20' WIDE)

PARKVIEW HOTEL PARKING

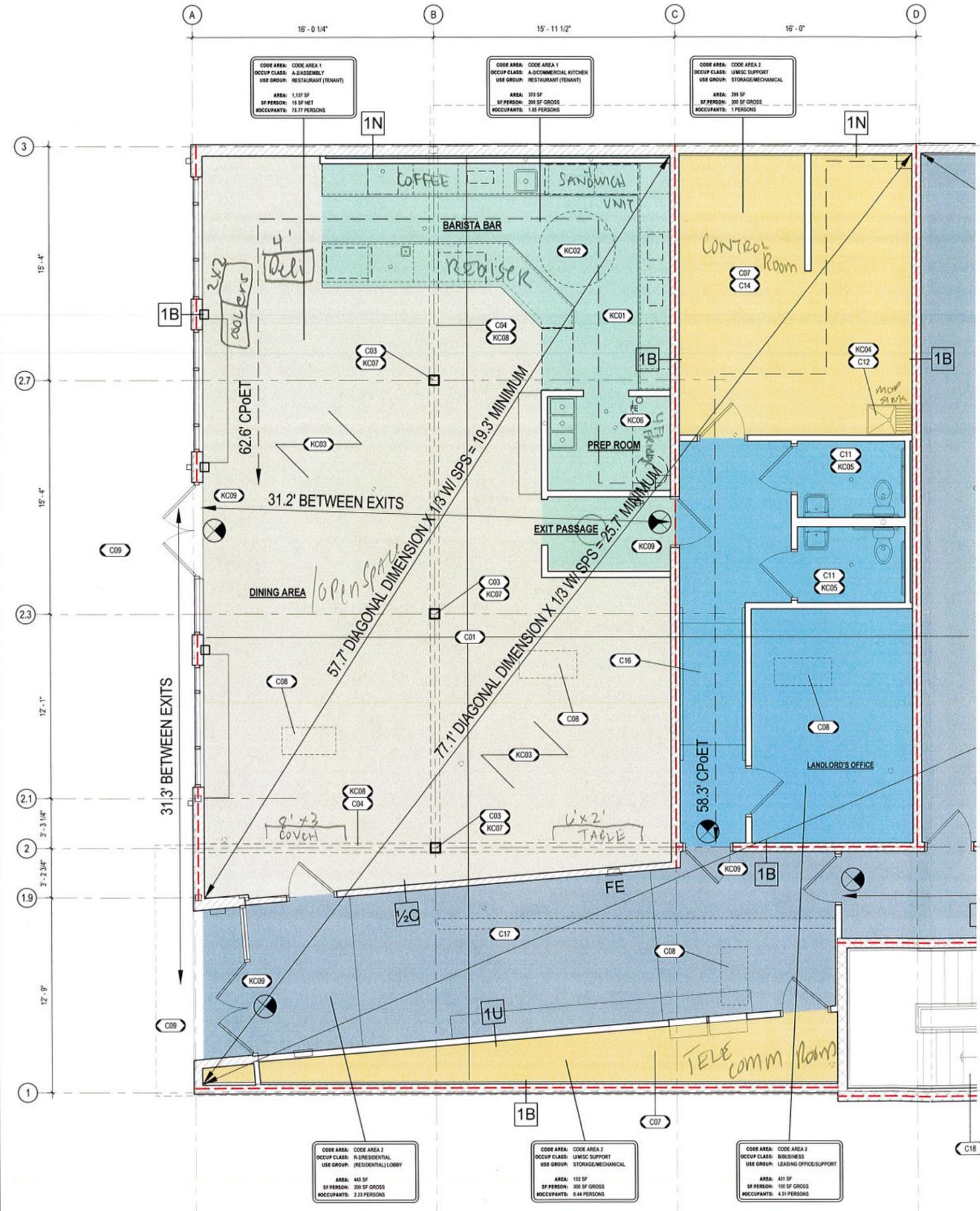
NEW BUILDING
(REF ARCHITECTURAL PLANS)

EXISTING ASPHALT PAVEMENT

6" conc retaining wall

Benchmark: MAG
nail on property
line Elevation =
42.86

CB
RIM: 41.45



1 CODE PLAN - FLOOR 01 -
 G-101K 1/4" = 1'-0"

- CK OCCUPANCY CLASS:**
- A-2/ASSEMBLY
 - A-2/COMMERCIAL KITCHEN
 - B/BUSINESS
 - R-2/RESIDENTIAL
 - U/MISC SUPPORT
- CK CODE PLAN KEYNOTES:**
- KC01** PER BUILDING CODE OF NYS TABLE 508.3.3, FOOTNOTE E, COMMERCIAL KITCHENS NEED NOT BE SEPARATED FROM THE RESTAURANT SEATING AREAS THAT THEY SERVE.
 - KC02** PROVIDE 60" DIAMETER CIRCULAR HANDICAP ACCESSIBLE TURNING SPACE CLEAR OF ANY FURNITURE, FIXTURES, EQUIPMENT, ETC. IN ACCORDANCE WITH ICC/ANSI A117.1-2003.
 - KC03** MAINTAIN 36" CLEAR MEANS OF EGRESS/ACCESSIBLE MEANS OF EGRESS AISLE CLEARANCE THROUGHOUT FURNITURE/EQUIPMENT LAYOUT AS SHOWN, TYPICAL THROUGHOUT (RESTAURANT) DINING AREA.
 - KC04** LANDLORD AND TENANT SHARE ACCESS TO SERVICE SINK PER TABLE 403.1 OF THE PLUMBING CODE OF NYS.
 - KC05** HANDICAP ACCESSIBLE TOILET ROOMS ARE SHARED WITH LANDLORD'S (BUSINESS) OFFICE.
 - KC06** FIRE EXTINGUISHERS AS REQUIRED BY THE FIRE CODE OF NYS TO BE PROVIDED AND MAINTAINED BY TENANT.
 - KC07** EXISTING 7" X 7" PSL COLUMN PROVIDES 38 MINUTE FIRE-RATING IN ACCORDANCE WITH SECTION 721.6.3 OF THE BC OF NYS. PROVIDE ONE (1) LAYER OF 5/8" GWB @ COLUMNS ONLY FOR 1-HOUR REQUIRED FIRE-RATING.
 - KC08** EXISTING 7" X 18" PSL BEAM PROVIDES 64 MINUTE FIRE-RATING IN ACCORDANCE WITH SECTION 721.6.3 OF THE BC OF NYS. NO REMEDIATION REQUIRED.
 - KC09** REQUIRED MEANS OF EGRESS EXIT DOOR TO BE PROVIDED WITH (PANIC) EXIT DEVICE IN ACCORDANCE WITH SECTION 1008.1.9 OF THE BC OF NYS.
- CK GENERAL CODE PLAN NOTES:**
- TENANT FITOUT FOR CAFE KUBAL AS OCCUPANCY TYPE A-2 (RESTAURANT) ASSEMBLY REQUIRES A SPECIAL USE PERMIT FROM THE CITY OF SYRACUSE ZONING DEPARTMENT. TENANT IS RESPONSIBLE TO SECURE SPECIAL USE PERMIT IN ACCORDANCE WITH ALL CITY REQUIREMENTS.
 - TENANTS KITCHEN FITOUT TO CONFORM TO THE OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK, TITLE 10 HEALTH, VOLUME 100. SUBMIT ALL DOCUMENTATION AS REQUIRED TO ONONDAGA HEALTH DEPARTMENT AND SECURE PERMIT FOR THE WORK.
 - MAXIMUM OCCUPANT LOAD OF 78 PERSONS TO BE POSTED IN ACCORDANCE WITH SECTION 1004.3 OF THE BC OF NYS.
 - IN ACCORDANCE WITH [BC]TABLE 803.5, INTERIOR WALL AND CEILING FINISH REQUIREMENTS, INTERIOR FINISHES SHALL BE CLASS B FOR CORRIDORS AND CLASS C FOR ROOMS AND ENCLOSED SPACES FOR SPRINKLERED GROUP A-2/ASSEMBLY OCCUPANCIES.
 - TENANT SHALL PROVIDE ADDITIONAL FIRE EXTINGUISHERS AS RECD BY SECTION 906 OF THE FC OF NYS FOR TENANT FITOUT.

2 OCC CLASS, NOTES & KEYNOTES -
 G-101K NO SCALE

CODE SECTIONS -

- [ANSI]904.3.1 A PORTION OF THE COUNTER SURFACE 36 INCHES (915 MM) MINIMUM IN LENGTH AND 36 INCHES (915 MM) MAXIMUM IN HEIGHT ABOVE THE FLOOR SHALL BE PROVIDED. WHERE THE COUNTER SURFACE IS LESS THAN 36 INCHES (915 MM) IN LENGTH, THE ENTIRE COUNTER SURFACE SHALL BE 36 INCHES (915 MM) MAXIMUM IN HEIGHT ABOVE THE FLOOR. A CLEAR FLOOR SPACE COMPLYING WITH SECTION 305, POSITIONED FOR A PARALLEL APPROACH ADJACENT TO THE ACCESSIBLE COUNTER, SHALL BE PROVIDED.
- [BC]1004.3 EVERY ROOM OR SPACE THAT IS AN ASSEMBLY OCCUPANCY SHALL HAVE THE OCCUPANT LOAD OF THE ROOM OR SPACE POSTED IN A CONSPICUOUS PLACE, NEAR THE MAIN EXIT OR EXIT ACCESS DOORWAY FROM THE ROOM OR SPACE. POSTED SIGNS SHALL BE OF AN APPROVED LEGIBLE PERMANENT DESIGN AND SHALL BE MAINTAINED BY THE OWNER OR AUTHORIZED AGENT.
- [BC]1008.1.9 WHERE PANIC AND FIRE EXIT HARDWARE IS INSTALLED, IT SHALL COMPLY WITH THE FOLLOWING: 1. THE ACTUATING PORTION OF THE RELEASING DEVICE SHALL EXTEND AT LEAST ONE-HALF OF THE DOOR LEAF WIDTH. 2. THE MAXIMUM UNLATCHING FORCE SHALL NOT EXCEED 15 POUNDS (67 N). EACH DOOR IN A MEANS OF EGRESS FROM A GROUP A OR E OCCUPANCY HAVING AN OCCUPANT LOAD OF 50 OR MORE AND ANY GROUP H OCCUPANCY SHALL NOT BE PROVIDED WITH A LATCH OR LOCK UNLESS IT IS PANIC HARDWARE OR FIRE EXIT HARDWARE.
- [BC]1014.4.3 WHERE SEATING IS LOCATED AT A TABLE OR COUNTER AND IS ADJACENT TO AN AISLE OR AISLE ACCESSWAY, THE MEASUREMENT OF REQUIRED CLEAR WIDTH OF THE AISLE OR AISLE ACCESSWAY SHALL BE MADE TO A LINE 19 INCHES (483 MM) AWAY FROM AND PARALLEL TO THE EDGE OF THE TABLE OR COUNTER. THE 19-INCH (483 MM) DISTANCE SHALL BE MEASURED PERPENDICULAR TO THE SIDE OF THE TABLE OR COUNTER. IN THE CASE OF OTHER SIDE BOUNDARIES FOR AISLE OR AISLE ACCESSWAYS, THE CLEAR WIDTH SHALL BE MEASURED TO WALLS, EDGES OF SEATING AND TREAD EDGES, EXCEPT THAT HANDRAIL PROJECTIONS ARE PERMITTED. EXCEPTION: WHERE TABLES OR COUNTERS ARE SERVED BY FIXED SEATS, THE WIDTH OF THE AISLE ACCESSWAY SHALL BE MEASURED FROM THE BACK OF THE SEAT.
- [BC]1014.4.3.1 AISLE ACCESSWAYS SERVING ARRANGEMENTS OF SEATING AT TABLES OR COUNTERS SHALL HAVE SUFFICIENT CLEAR WIDTH TO CONFORM TO THE CAPACITY REQUIREMENTS OF SECTION 1005.1 BUT SHALL NOT HAVE LESS THAN THE APPROPRIATE MINIMUM CLEAR WIDTH SPECIFIED IN SECTION 1014.4.3.2.
- [BC]1014.4.3.2 AISLE ACCESSWAYS SHALL PROVIDE A MINIMUM OF 12 INCHES (305 MM) OF WIDTH PLUS 0.5 INCH (12.7 MM) OF WIDTH FOR EACH ADDITIONAL 1 FOOT (305 MM), OR FRACTION THEREOF, BEYOND 12 FEET (3658 MM) OF AISLE ACCESSWAY LENGTH MEASURED FROM THE CENTER OF THE SEAT FARTHEST FROM AN AISLE. EXCEPTION: PORTIONS OF AN AISLE ACCESSWAY HAVING A LENGTH NOT EXCEEDING 6 FEET (1829 MM) AND USED BY A TOTAL OF NOT MORE THAN FOUR PERSONS.
- [BC]1014.4.3.3 THE LENGTH OF TRAVEL ALONG THE AISLE ACCESSWAY SHALL NOT EXCEED 30 FEET (9144 MM) FROM ANY SEAT TO THE POINT WHERE A PERSON HAS A CHOICE OF TWO OR MORE PATHS OF EGRESS TRAVEL TO SEPARATE EXITS.
- [BC]1025.15 WHERE BENCH SEATING IS USED, THE NUMBER OF PERSONS SHALL BE BASED ON ONE PERSON FOR EACH 18 INCHES (457 MM) OF LENGTH OF THE BENCH.
- [BC]1103.2.3 SPACES AND ELEMENTS WITHIN EMPLOYEE WORK AREAS SHALL ONLY BE REQUIRED TO COMPLY WITH SECTIONS 907.9.1.2, 1007 AND 1104.3.1 AND SHALL BE DESIGNED AND CONSTRUCTED SO THAT INDIVIDUALS WITH DISABILITIES CAN APPROACH, ENTER AND EXIT THE WORK AREA, WORK AREAS, OR PORTIONS OF WORK AREAS, THAT ARE LESS THAN 150 SQUARE FEET (14 M²) IN AREA AND ELEVATED 7 INCHES (178 MM) OR MORE ABOVE THE GROUND OR FINISH FLOOR WHERE THE ELEVATION IS ESSENTIAL TO THE FUNCTION OF THE SPACE SHALL BE EXEMPT FROM ALL REQUIREMENTS.
- [BC]1104.3 WHEN A BUILDING OR PORTION OF A BUILDING IS REQUIRED TO BE ACCESSIBLE, AN ACCESSIBLE ROUTE SHALL BE PROVIDED TO EACH PORTION OF THE BUILDING, TO ACCESSIBLE BUILDING ENTRANCES CONNECTING ACCESSIBLE PEDESTRIAN WALKWAYS AND THE PUBLIC WAY.
- [BC]1104.3.1 COMMON USE CIRCULATION PATHS WITHIN EMPLOYEE WORK AREAS SHALL BE ACCESSIBLE ROUTES. EXCEPTIONS: 1. COMMON USE CIRCULATION PATHS, LOCATED WITHIN EMPLOYEE WORK AREAS THAT ARE LESS THAN 300 SQUARE FEET (27.9 M²) IN SIZE AND DEFINED BY PERMANENTLY INSTALLED PARTITIONS, COUNTERS, CASEWORK OR FURNISHINGS, SHALL NOT BE REQUIRED TO BE ACCESSIBLE ROUTES.
- [BC]1108.2.8 IN DINING AREAS, THE TOTAL FLOOR AREA ALLOTTED FOR SEATING AND TABLES SHALL BE ACCESSIBLE.
- [BC]1108.2.9.1 WHERE DINING SURFACES FOR THE CONSUMPTION OF FOOD OR DRINK ARE PROVIDED, AT LEAST 5 PERCENT, BUT NOT LESS THAN ONE, OF THE SEATING AND STANDING SPACES AT THE DINING SURFACES SHALL BE ACCESSIBLE AND BE DISTRIBUTED THROUGHOUT THE FACILITY.
- [BC]1109.3 WHERE SINKS ARE PROVIDED, AT LEAST 5 PERCENT BUT NOT LESS THAN ONE PROVIDED IN ACCESSIBLE SPACES SHALL COMPLY WITH ICC/ANSI A117.1. EXCEPTION: MOP OR SERVICE SINKS ARE NOT REQUIRED TO BE ACCESSIBLE.
- [BC]1109.11 WHERE SEATING OR STANDING SPACE AT FIXED OR BUILT-IN TABLES, COUNTERS OR WORK SURFACES IS PROVIDED IN ACCESSIBLE SPACES, AT LEAST 5 PERCENT OF THE SEATING AND STANDING SPACES, BUT NOT LESS THAN ONE, SHALL BE ACCESSIBLE.
- [BC]1109.11.1 ACCESSIBLE FIXED OR BUILT-IN SEATING AT TABLES, COUNTERS OR WORK SURFACES SHALL BE DISTRIBUTED THROUGHOUT THE SPACE OR FACILITY CONTAINING SUCH ELEMENTS.
- [BC]1109.12.3 WHERE COUNTERS ARE PROVIDED FOR SALES OR DISTRIBUTION OF GOODS OR SERVICES, AT LEAST ONE OF EACH TYPE PROVIDED SHALL BE ACCESSIBLE. WHERE SUCH COUNTERS ARE DISPERSED THROUGHOUT THE BUILDING OR FACILITY, ACCESSIBLE COUNTERS SHALL ALSO BE DISPERSED.
- [PCH]410.1 DRINKING FOUNTAINS SHALL CONFORM TO ASME A112.19.1M, ASME A112.19.2M OR ASME A112.19.9M, AND WATER COOLERS SHALL CONFORM TO ARI 1010. DRINKING FOUNTAINS AND WATER COOLERS SHALL CONFORM TO NSF 61, SECTION 9, WHERE WATER IS SERVED IN RESTAURANTS, DRINKING FOUNTAINS SHALL NOT BE REQUIRED.
- [PCH]428.1 SERVICE SINKS SHALL BE A WALL MOUNTED OR FLOOR MOUNTED MOP SINK WITH A MINIMUM 3-INCH (76 MM) OUTLET. LAUNDRY TRAYS AND LAUNDRY SINKS ARE PROHIBITED FOR USE AS A SERVICE SINK. THERE SHALL BE ONE SERVICE SINK AVAILABLE FOR EACH TENANT. WHERE PUBLIC AND EMPLOYEE TOILET FACILITIES ARE LOCATED IN THE CENTRAL CORE THERE SHALL BE ONE SERVICE SINK PER FLOOR. THE SERVICE SINK SHALL NOT BE LOCATED WITHIN THE TOILET FACILITY AND MAY BE IN A LOCKED JANITOR CLOSET.

3 CODE SECTIONS -
 G-101K 12" = 1'-0"

CODE PLAN LEGEND:

- SA** STAIR "A"
EA ELEVATOR "A"
SP STANDPIPE IN ACCORDANCE WITH SECTION 905 OF THE BC OF NYS
↑ CLING WALL MOUNTED ILLUMINATED EXIT SIGN - W/ OR W/ ARROW(S) INDICATING EVACUATION ROUTE
2E 2-HOUR EXIT ENCLOSURE - FIRE BARRIER (WALL)
2S 2-HOUR (ELEVATOR) SHAFT - SHAFT ENCLOSURE
1B 1-HOUR (EXTERIOR/INTERIOR) BEARING WALL - REQ'D PER TYPE VA CONSTRUCTION CLASSIFICATION
1N 1-HOUR (EXTERIOR) NONBEARING WALL
1D 1-HOUR DU SEPARATION - FIRE PARTITION
1S 1-HOUR (MECHANICAL) SHAFT - SHAFT ENCLOSURE
1U 1-HOUR USE SEPARATION - FIRE BARRIER
1/2C 1/2-HOUR CORRIDOR WALL - FIRE PARTITION
NON-RATED NON-RATED PARTITION
FE FIRE EXTINGUISHER W/ (FIRE-RATED) CABINET
- CODE PLAN KEYNOTE - SEE BELOW**
 BEARING WALLS

CODE PLAN KEYNOTES:

- C01** 1-HOUR HORIZONTAL (FLR/CLNG) ASSEMBLY (ABOVE/THROUGHOUT) REQUIRED PER TYPE VA CONSTRUCTION CLASSIFICATION. ALSO MEETS REQ'TS FOR 1-HR USE SEPARATION BETWEEN CODE AREAS 1 AND 2 WITH SPRINKLER SYSTEM AND 1-HR DWELLING UNIT SEPARATION WHERE APPLICABLE.
- C02** 1-HR HORIZONTAL (ROOF/CLNG) ASSEMBLY (ABOVE/THROUGHOUT) REQUIRED PER TYPE VA CONSTRUCTION CLASSIFICATION.
- C03** 1-HR FIRE-RATED COLUMN SUPPORT - HEAVY TIMBER COLUMN (7" X 7" PSL) WITH 1-HR FIRE-RATING PER SECTION 721.6.3 OF THE BC OF NYS.
- C04** 1-HOUR FIRE-RATED BEAM (ABOVE) - HEAVY TIMBER BEAM (7" X 18" PSL) WITH 1-HOUR FIRE-RATING PER SECTION 721.6.3 OF THE BC OF NYS.
- C05** REQUIRED EXIT STAIR TO ROOF IN ACCORDANCE WITH SECTION [BC]1009.11. ACCESS TO THE ROOF FROM THE TOP STORY SHALL BE BY AN ALTERNATING TREAD DEVICE PER SECTION [BC]1009.10 THROUGH A ROOF HATCH NOT LESS THAN 16 SQUARE FEET IN AREA AND HAVING A MINIMUM DIMENSION OF 2 FEET.
- C06** MECHANICAL EQUIPMENT OR DUCT THRU ROOF - MECHANICAL SYSTEMS TO CONFORM TO THE MC OF NYS.
- C07** INCIDENTAL USE AREA WITH AUTOMATIC FIRE EXTINGUISHING SYSTEM OR AUTOMATIC SPRINKLER SYSTEM IN ACCORDANCE WITH TABLE [BC]302.1.1. SEE GENERAL CODE PLAN NOTE 20, SHEET G-002.
- C08** BOTTOM OF (MECHANICAL) SHAFT SHALL BE PROTECTED IN ACCORDANCE WITH SECTION 707.11 OF THE BC OF NYS.
- C09** HANDICAP ACCESSIBLE BUILDING ENTRANCE.
- C10** HANDICAP ACCESSIBLE ELEVATOR/ACCESSIBLE MEANS OF EGRESS ELEVATOR TO COMPLY WITH THE EMERGENCY OPERATION AND SIGNALING DEVICE REQUIREMENTS OF SECTION 2.27 OF ASME A17.1. STANDBY POWER SHALL BE PROVIDED IN ACCORDANCE WITH SECTIONS [BC]702 AND [BC]300.3.
- C11** HANDICAP ACCESSIBLE TOILET ROOM
- C12** SERVICE SINK
- C13** 42" HIGH GUARD (PARAPET WALL) REQUIRED WHERE ROOF HATCH OR MECHANICAL EQUIPMENT IS LOCATED WITHIN 10' OF ROOF EDGE.
- C14** (TYPICAL) EQUIPMENT SPACE NOT REQUIRED TO BE ACCESSIBLE PER [BC]1103.2.9.
- C15** ACCESSIBLE MEANS OF EGRESS AREA OF REFUGE WITH TWO-WAY COMMUNICATION SYSTEM IN ACCORDANCE WITH [BC]1007.6.
- C16** 1:12 HC RAMP WITH GRAB BARS EACH SIDE (8" RISE)
- C17** 1:30 HC RAMP (8" RISE) - GRAB BARS NOT REQUIRED.
- C18** REQUIRED EXIT STAIR WIDTH IS 36" PER SECTION [BC]1009.1, EXCEPTION 1, STAIRWAYS SERVING AN OCCUPANT LOAD OF LESS THAN 50 PERSONS.
- C19** EXIT DISCHARGE DIRECTLY TO EXTERIOR OF THE BUILDING PER [BC]1024.1.
- C20** A MAXIMUM OF 50% OF THE REQ'D EXIT ENCLOSURES ARE PERMITTED TO EXIT THROUGH AREAS ON THE LEVEL OF DISCHARGE PER [BC]1024.1, EXCEPTION 1 WITH SPRINKLER SYSTEM.
- C21** 10'-0" (TYPICAL) MINIMUM SETBACK REQUIRED TO ALL SERVICABLE MECHANICAL EQUIPMENT EXCEPT WHERE 42" GUARD (PARAPET WALL) IS PROVIDED.

4 LEGEND & KEYNOTES
 G-101K NO SCALE

2x6 WINDOW
Storage
above Door

TOASTED

GRAB & GO CAFE



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: TOASTED				
Project Location (describe, and attach a location map): 712 E FAYETTE ST STE 1 13210				
Brief Description of Proposed Action: OPENING cafe in existing location				
Name of Applicant or Sponsor: YVONNE ESSI		Telephone: 315 7272485		
Address: 712 E Fayette St Ste 1		E-Mail: Dinedife315@gmail.com		
City/PO: SUIV MM	State: NY	Zip Code: 13210		
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 government Agency? If Yes, list agency(s) name and permit or approval:			NO <input checked="" type="checkbox"/>	YES <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				

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 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	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 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	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"/>	
	<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:

Shoreline Forest Agricultural/grasslands Early mid-successional
 Wetland Urban 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?
If Yes,

a. Will storm water discharges flow to adjacent properties?

	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

	NO	YES
	<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)?
If Yes, explain the purpose and size of the impoundment:

	NO	YES
	<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?
If Yes, describe:

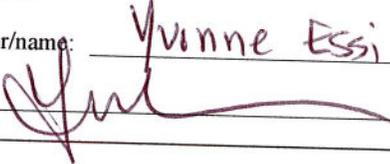
	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?
If Yes, describe:

	NO	YES
	<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: Yvonne Essi Date: 1/8/19

Signature:  Title: owner

PRINT FORM