

**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:  Case Number:  Zoning District:

NEW SPECIAL PERMIT  MODIFICATION OF EXISTING SPECIAL PERMIT

**LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:**

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

Section: 089 Block: 02 Lot: 08.0  
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) **Private Fitness Club**

**PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:**

Project shall replace the previous tenant (a furniture outlet store) with a private fitness club. Proposed exterior work will limited to the erection of new interior lighted L.E.D. channel letters (displaying: blink fitness) which will occupy approximately 234sf. Interior work will include the removal of existing partition walls, ceilings, floors, and finishes, and the erection of new. Existing plaza parking is sufficient and will be used for the new fitness club. The existing electrical service will be upgraded and run along the rear of the building.

**PROPERTY OWNER INFORMATION:**

Name(s): Wegmans Food Markets, Inc.  
Mailing Address: P.O. Box 30844, Rochester, N.Y.  
Zip: 14603 Daytime phone:  Home phone:   
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):

Mailing Address:

Zip:  Home phone:  Day Phone

E-mail:

**REPRESENTATIVE INFORMATION:**

**(Only if involved in this application)**

Attorney  Architect  Contractor  Other

Name(s): Craig C. Polhamus, R.A.

Mailing Address: 219 Burnet Avenue, Syracuse, N.Y.

Zip: 13203 Telephone: (315) 475-8404 E-mail: craig@zausmerfrisch.com

**DESCRIPTION OF OPERATION:**

Days of week open: Monday - Sunday

Hours of operation: 5:00am-11:00pm

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: Grocery Store, Good Will

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.): Grocery Store, Retail

**SIGNAGE INFORMATION:**

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

A sign plan is required, see attachment

Size +/- 200 sf Location front canopy

Size +/- 234 sf Location front canopy

canopy

(Wall, Ground, Projecting, Window)

Type existing channel letters on raceway

Type new channel letters mounted to

**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.

Tyrese J Bryant WFM 3-22-19  
Signature of CURRENT PROPERTY OWNER Date  
(or owner's LEGAL representative)

TYRESE J BRYANT WFM  
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) \_\_\_\_\_

.....

March 21, 2019

City of Syracuse Zoning Administration  
Attn: Heather Lamendola, Zoning Administrator  
City Hall Commons  
201 E. Washington Street  
Room 101  
Syracuse, NY 13202

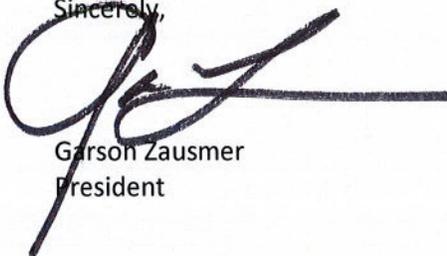
Dear Ms. Lamendola,

Mr. Dean Panos of Panos Fitness Onondaga LLC proposes the establishment of Blink Fitness (a private fitness club) in Onondaga Plaza located at 4722 Onondaga Boulevard, Syracuse, NY. Following the success of his club in Liverpool, completion of an exhaustive demographic study, and an excellent working relationship with Wegmans Food Market, Mr. Panos in conjunction with the franchiser, has determined that Onondaga Plaza is an ideal location for the profitability of his club.

Mr. Panos is requesting a special permit to establish his club in the BA zoning district which, per a ruling by the City of Syracuse Law Department, is defined as an "Indoor amusement and recreation establishment" allowable by the special permit in a BA zoning district.

The proposed club will be fully staffed during operation hours (5:00 am and 11:00 pm), and will occupy 17,094 sf of the existing tenant space, with the remaining 4,921 sf being used as storage. The club will utilize the existing parking lot and exterior modifications will be minor with scope limited to; the erection of a 234 sf, interior light, channel letter sign (displaying "blink fitness") mounted to the existing canopy, and the replacement exterior door with the new to match the existing.

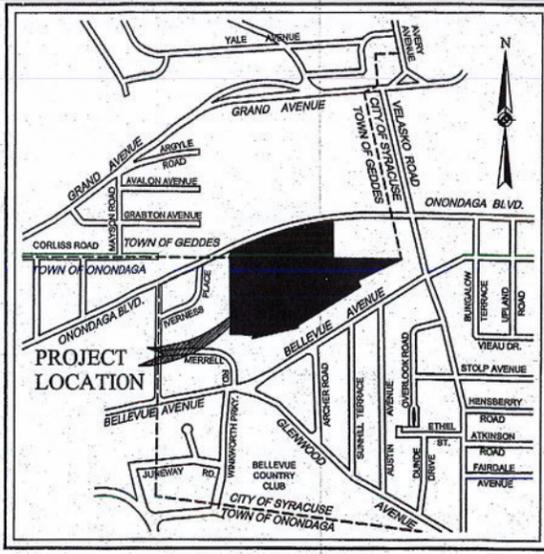
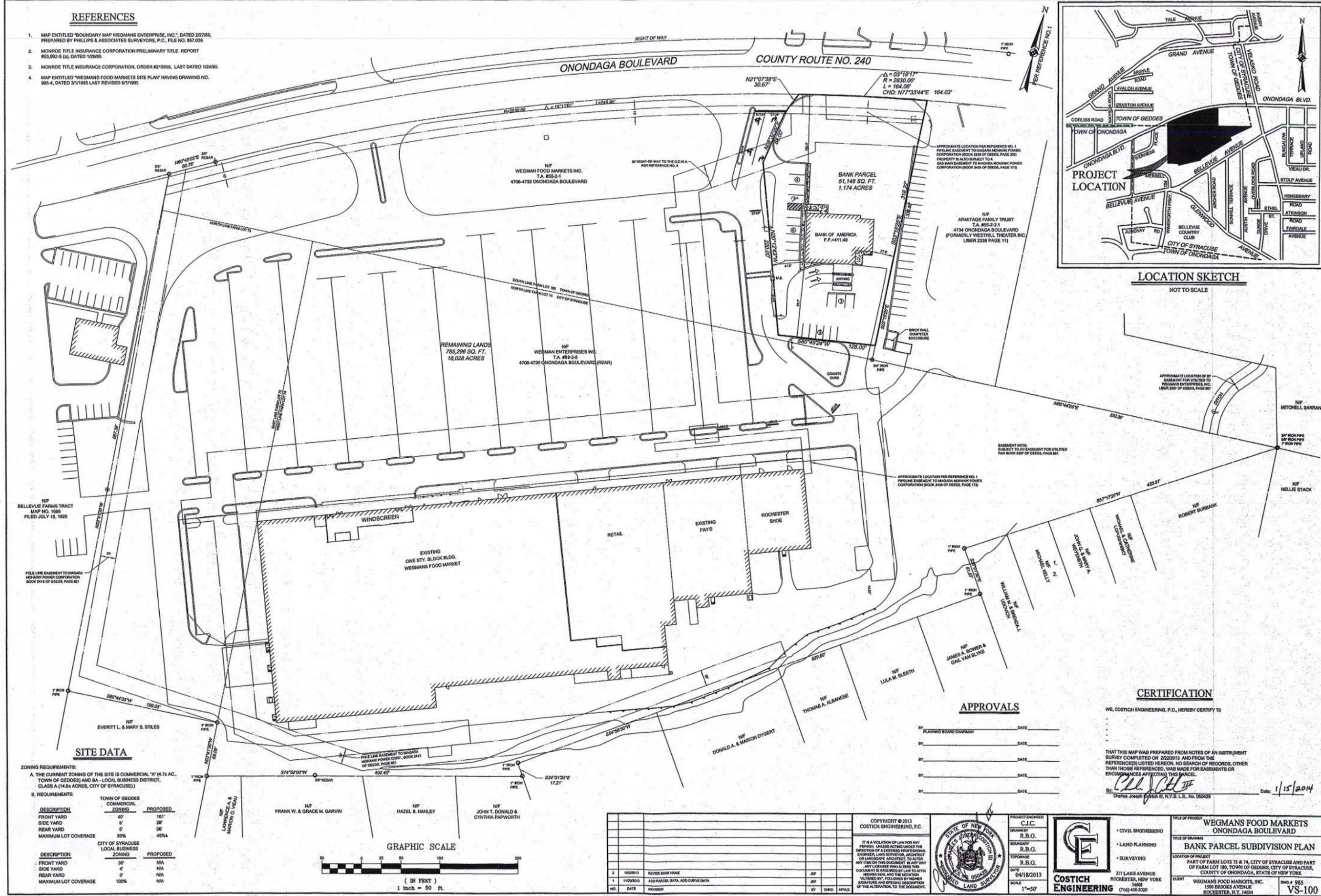
Sincerely,

A handwritten signature in black ink, appearing to read 'G. Zausmer', written over the typed name and title.

Garson Zausmer  
President

**REFERENCES**

- MAP ENTITLED "BOUNDARY MAP WEGMANS ENTERPRISE, INC.", DATED 2/27/89, PREPARED BY PHILLIPS & ASSOCIATES SURVEYORS, P.C., FILE NO. 667.036
- MONROE TITLE INSURANCE CORPORATION PRELIMINARY TITLE REPORT #53,992-S (6), DATED 1/26/89.
- MONROE TITLE INSURANCE CORPORATION, ORDER #219958, LAST DATED 1/24/85.
- MAP ENTITLED "WEGMANS FOOD MARKETS SITE PLAN" HAVING DRAWING NO. 985-4, DATED 3/11/95 LAST REVISED 9/7/1995



**LOCATION SKETCH**  
NOT TO SCALE

**SITE DATA**

**ZONING REQUIREMENTS:**

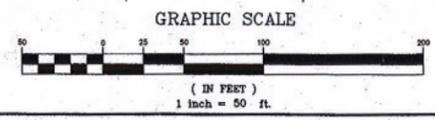
A. THE CURRENT ZONING OF THE SITE IS COMMERCIAL "A" (4.75 AC., TOWN OF GEDDES) AND BA - LOCAL BUSINESS DISTRICT, CLASS A (14.84 ACRES, CITY OF SYRACUSE)

B. REQUIREMENTS:

DESCRIPTION	TOWN OF GEDDES COMMERCIAL ZONING	PROPOSED
FRONT YARD	40'	151'
SIDE YARD	5'	28'
REAR YARD	5'	96'
MAXIMUM LOT COVERAGE	50%	45%

DESCRIPTION	CITY OF SYRACUSE LOCAL BUSINESS ZONING	PROPOSED
FRONT YARD	30'	N/A
SIDE YARD	4'	N/A
REAR YARD	5'	N/A
MAXIMUM LOT COVERAGE	100%	N/A



**APPROVALS**

BY _____	DATE _____

**CERTIFICATION**

WE, COSTICH ENGINEERING, P.C., HEREBY CERTIFY TO \_\_\_\_\_

THAT THIS MAP WAS PREPARED FROM NOTES OF AN INSTRUMENT SURVEY COMPLETED ON 02/22/2013 AND FROM THE REFERENCE(S) LISTED HEREON. NO SEARCH OF RECORDS, OTHER THAN THOSE REFERENCED, WAS MADE FOR EASEMENTS OR ENCUMBRANCES AFFECTING THIS PARCEL.

By: *Charles Joseph*  
Charles Joseph, P.E., N.Y.S. L.S., No. 090428 Date: 1/15/2014

NO.	DATE	REVISION	BY	CHKD.	APPRD.
1	10/20/13	ADD PARCEL DATA, ADD CURVE DATA	JP		
2	10/20/13	REVISE BARR NAME	JP		

COPYRIGHT © 2013 COSTICH ENGINEERING, P.C.  
 IT IS A VIOLATION OF LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED PROFESSIONAL ENGINEER, LAND SURVEYOR, ARCHITECT OR LANDSCAPE ARCHITECT, TO ALTER ANY ITEM ON THIS DOCUMENT IN ANY WAY. ANY LICENSEE WHO ALTERS THIS DOCUMENT IS REQUIRED BY LAW TO AFFIX HIS/HER OWN SEAL AND THE WORDS "ALTERED BY," FOLLOWED BY HIS/HER SIGNATURE AND SPECIFIC DESCRIPTION OF THE ALTERATION, TO THE DOCUMENT.

**COSTICH ENGINEERING**  
 CIVIL ENGINEERING  
 LAND PLANNING  
 SURVEYING  
 217 LAKE AVENUE  
 ROCHESTER, NEW YORK 14608  
 (716) 455-3020

**STATE OF NEW YORK**  
 OFFICE OF THE SURVEYOR  
 LAND SURVEYING

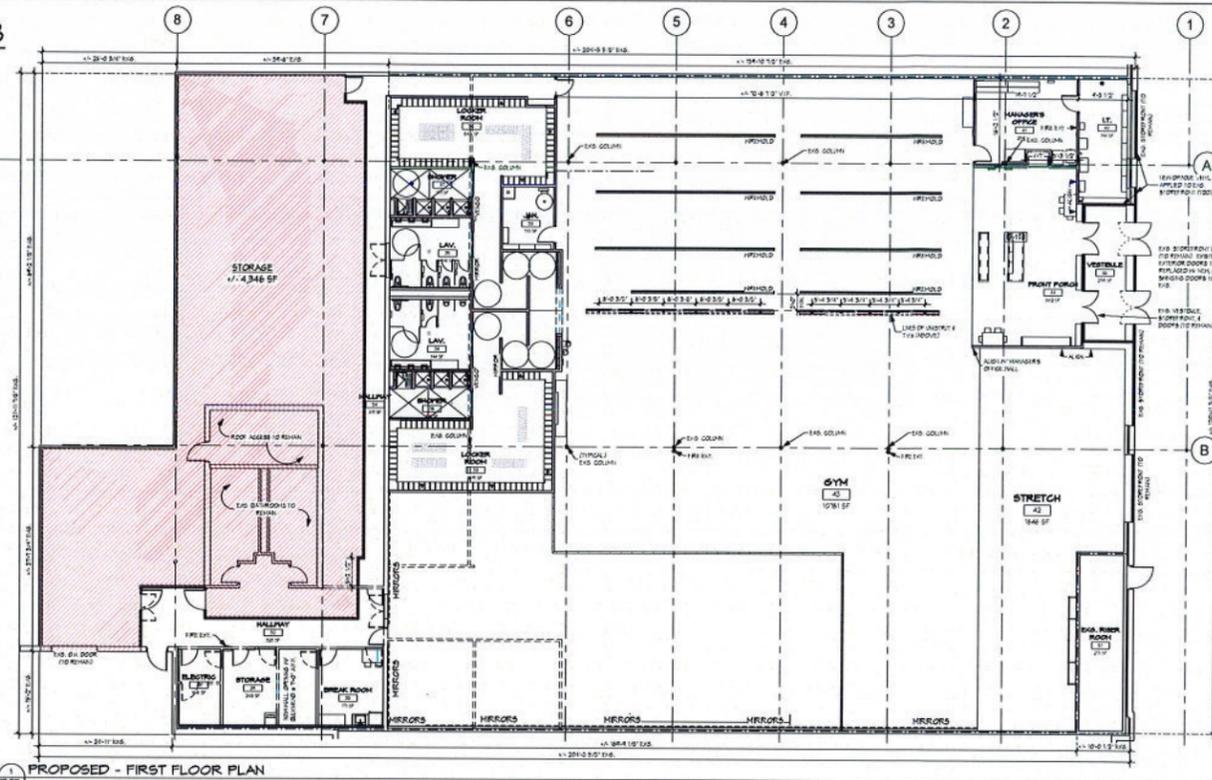
PROJECT ENGINEER: C.J.C.  
 DRAWN BY: R.B.O.  
 REVISION BY: R.B.G.  
 TOPOGRAHY BY: R.B.G.  
 DATE: 04/18/2013  
 SCALE: 1"=50'

**WEGMANS FOOD MARKETS ONONDAGA BOULEVARD**  
**BANK PARCEL SUBDIVISION PLAN**  
 LOCATION OF PROJECT: PART OF FARM LOTS 73 & 74, CITY OF SYRACUSE AND PART OF FARM LOT 180, TOWN OF GEDDES, CITY OF SYRACUSE, COUNTY OF ONONDAGA, STATE OF NEW YORK.  
 CLIENT: WEGMANS FOOD MARKETS, INC.  
 1500 BROOKS AVENUE  
 ROCHESTER, N.Y. 14624  
 DWG # 985 VS-100

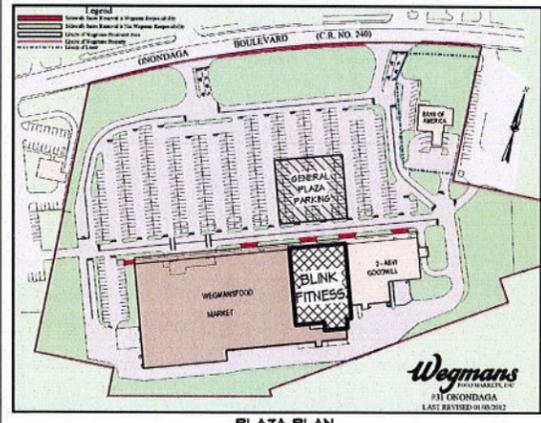
**PROPOSED FITNESS CLUB**

FOR  
**BLINK FITNESS**

4122 ONONDAGA BOULEVARD, SYRACUSE, N.Y. 13214



PROPOSED - FIRST FLOOR PLAN



PLAZA PLAN

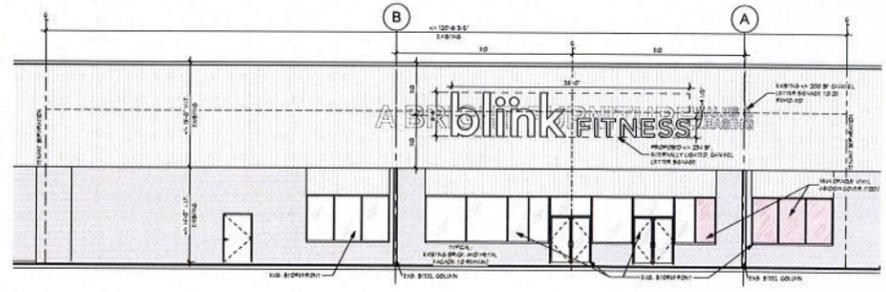
**SGN CALCULATION**

VERTICAL WALL AREA	11,329 SF
PROPOSED GLAZING	3,700 SF
TOTAL PROPOSED GLAZING	15,029 SF

**WALL LEGEND**

EXISTING WALL	[Symbol]
NEW WALL	[Symbol]
NEW WALL WITH GLAZING	[Symbol]
EXISTING WALL WITH GLAZING	[Symbol]

22,015  
17,094



FRONT ELEVATION

**LAUSMER - FRISCH  
SCRUTON & AGGARWAL**  
DESIGNERS / BUILDERS

PROJECT  
**BLINK FITNESS - ONONDAGA**  
4722 ONONDAGA BOULEVARD  
SYRACUSE, N.Y.

TITLE  
**PROPOSED PLANS &  
ELEVATIONS**

THE ARCHITECT CERTIFIES THAT THIS PROJECT HAS BEEN DESIGNED BY HIM OR UNDER HIS SUPERVISION IN ACCORDANCE WITH THE NEW YORK STATE BUILDING CODE, FIRE CODE AND PROPERTY MAINTENANCE CODE, THE NEW YORK STATE ENERGY CONSERVATION CONSTRUCTION CODE, ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, CODES AND REGULATIONS, TO THE BEST OF HIS KNOWLEDGE AND BELIEF. THESE CONSTRUCTION DOCUMENTS ARE IN COMPLIANCE THEREWITH.

REGISTERED ARCHITECT  
020875  
N.Y. REG. NO. DATE

IT IS A VIOLATION FOR ANY PERSON, UNLESS AUTHORIZED BY THE ARCHITECT OR A LICENSED ARCHITECT TO ALTER ANY ITEM ON THIS DOCUMENT IN ANY MANNER. ANY LICENSEE WHO ALTERS THIS DOCUMENT IS REQUIRED BY LAW TO AFFIX HIS OR HER SEAL AND THE SIGNATURE, ALTERED BY FOLLOWING BY HIS OR HER SIGNATURE AND A SPECIFIC DESCRIPTION OF THE ALTERATIONS.

Date: 03-20-2019  
Project Number: 18024  
Scale: As Indicated  
Drawn by: RJC

**SHEET NUMBER**

**PROP-1**

REVISION	DATE	BY	DESCRIPTION



**FASTSIGNS**  
More than fast. More than signs.®

2043 Erie Blvd East, Unit 2      315-473-0444  
Syracuse, NY 13224      597@fastsigns.com

PROJECT:  
**Blink Fitness**  
**Western Lights Plaza, Syracuse, Ny**

JOB NO.:  
**13176**

DATE:  
**1/10/19**

DRAWING NAME:  
**Blink Fitness Sign Package**

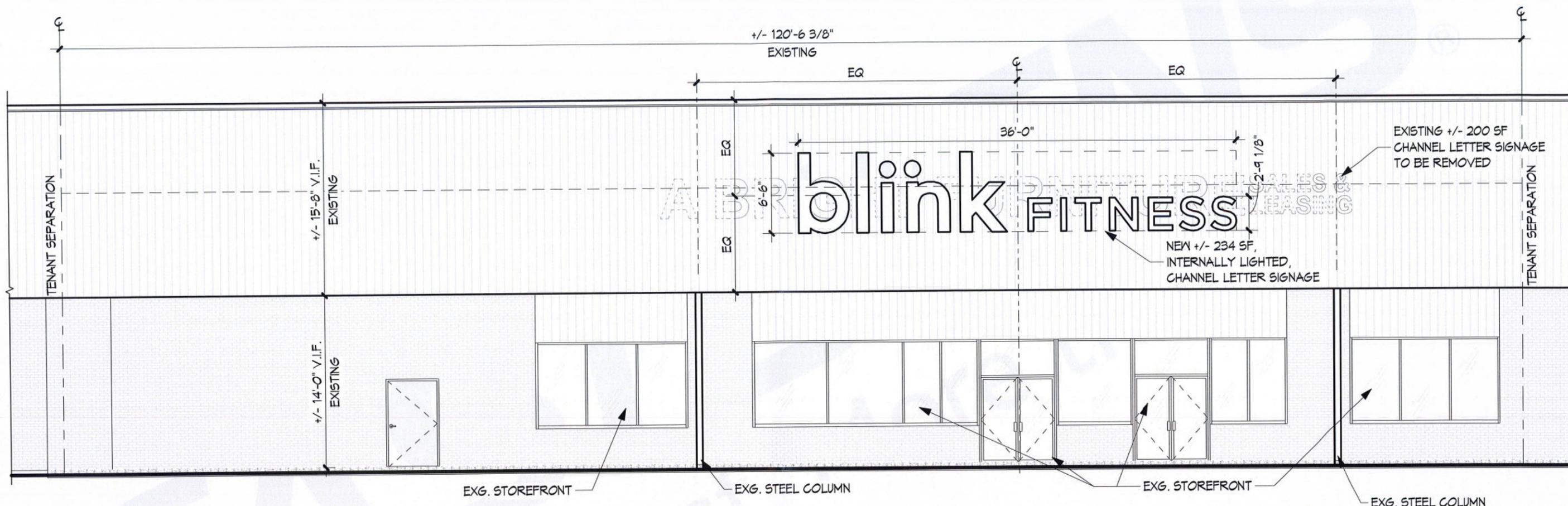
DRAWN BY:  
**C. Neary**

SCALE:  
**1/20" = 1"**

By signing these submittals, I hereby acknowledge that I have reviewed the drawings to ensure accuracy, and am approving them for production as shown. Should there be any changes from what I have approved, I acknowledge the changes will be my responsibility, and the manufacturer is not liable.

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_



1 FRONT ELEVATION  
1 1/20" = 1"

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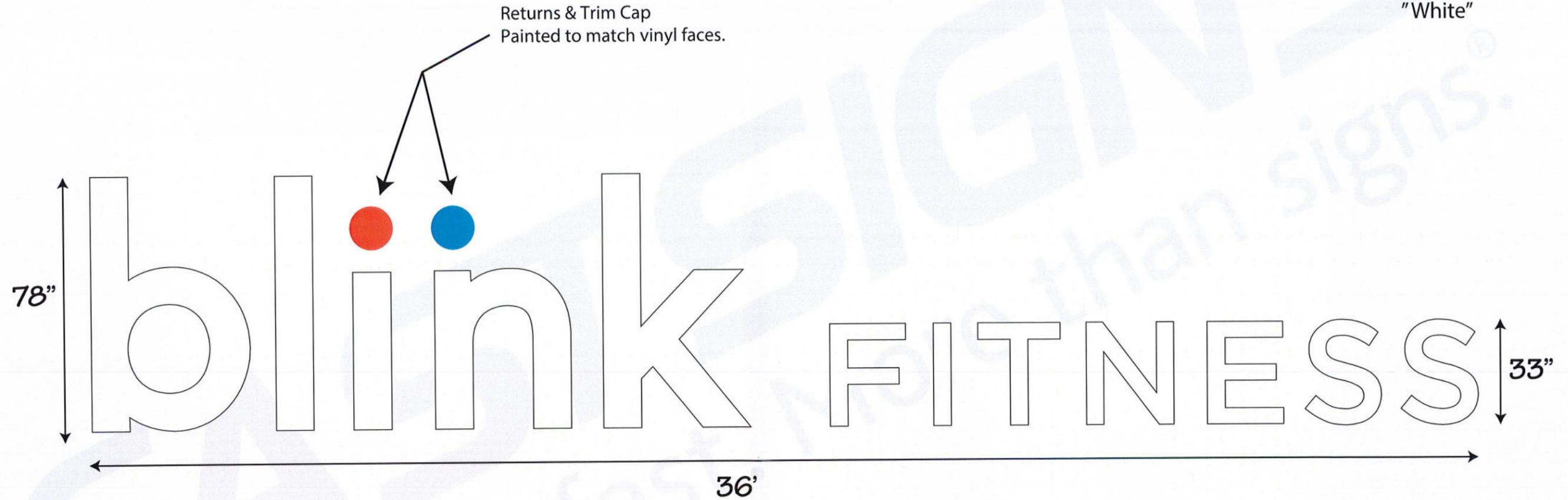
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SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**COLORS**

- 3M Vinyl  
3630-57  
"Olympic Blue"
  - 3M Vinyl  
3630-43  
"Orange"
- Faces, trim cap & returns unless otherwise noted.  
"White"



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DRAWN BY:  
**C. Neary**

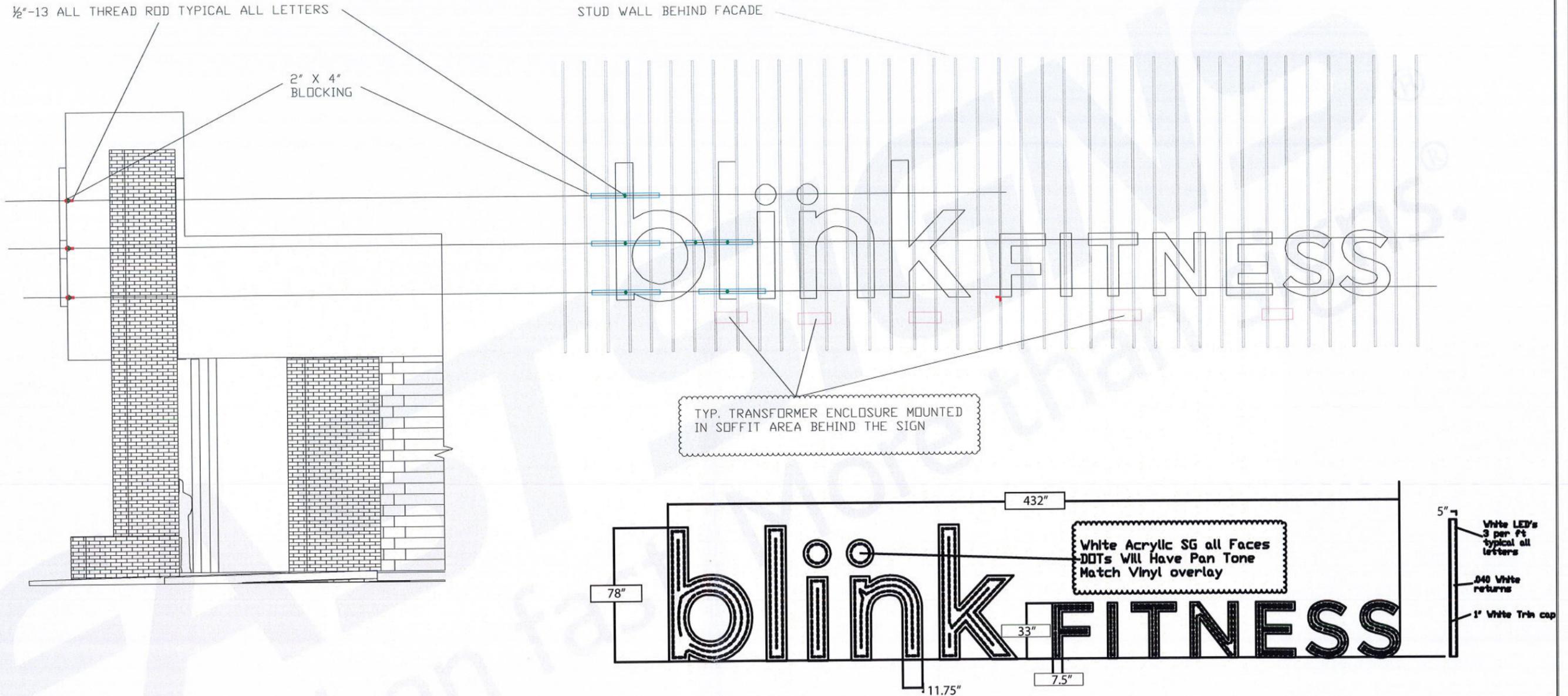
SCALE:  
**1/10" = 1"**

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SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

# BLINK FITNESS CHANNEL LETTER TYP. MOUNTING



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Syracuse, NY 13224

315-473-0444  
597@fastsigns.com

PROJECT:  
**Blink Fitness**  
Western Lights Plaza, Syracuse, Ny

JOB NO.:  
**13176**

DATE:  
**1/10/19**

DRAWING NAME:  
**Blink Fitness Sign Package**

DRAWN BY:  
**C. Neary**

SCALE:  
**Not To Scale**

By signing these submittals, I hereby acknowledge that I have reviewed the drawings to ensure accuracy, and am approving them for production as shown. Should there be any changes from what I have approved, I acknowledge the changes will be my responsibility, and the manufacturer is not liable.

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

# 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.

<b>Part 1 – Project and Sponsor Information</b>			
New private fitness club			
Name of Action or Project:			
4722 Onondaga Blvd, Syracuse, NY 13219			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Establishment of a new private fitness club in the existing Onondaga Plaza complex.			
Name of Applicant or Sponsor:		Telephone: 315-396-7222	
Dean Panos, Panos Fitness, llc.		E-Mail: deanpanos@me.com	
Address:			
4979 W. Taft Rd.			
City/PO:		State:	Zip Code:
Liverpool		NY	13088
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?			NO
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.			YES
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO
If Yes, list agency(s) name and permit or approval:			YES
3. a. Total acreage of the site of the proposed action?			19.2 acres
b. Total acreage to be physically disturbed?			0area acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			19.2 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 checked="" 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,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO YES
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"/>	NO YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO YES
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO YES
If No, describe method for providing potable water: _____ _____			
11. Will the proposed action connect to existing wastewater utilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO YES
If No, describe method for providing wastewater treatment: _____ _____			
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
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"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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

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  
     

16. Is the project site located in the 100-year flood plan?      NO      YES  
     

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:  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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

Applicant/sponsor/name: Dean S. Panos      Date: 3/25/19  
Signature: [Signature]      Title: MEMBER

**PRINT FORM**