

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: 3/15/19 Case Number: SP-19-12 Zoning District: BA

NEW SPECIAL PERMIT  MODIFICATION OF EXISTING SPECIAL PERMIT

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

302 Gifford Street, Syracuse, NY

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

Section: 100 Block: 26 Lot: 019  
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) Grocery Store w/ hot food

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

A former dry cleaner store is being requested to be  
a neighborhood grocery store. Besides groceries, there  
will be hot food prepared for carry out as well as  
a deli.

PROPERTY OWNER INFORMATION:

Name(s): Wyoming - Gifford, LLC  
Mailing Address: 2 Filerky Court, Glen Head NY 11545-2252  
Zip: 11545 Daytime phone:    Home phone:     
E-mail: srveviggalla@y-sbus.com

**APPLICANT INFORMATION:**

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

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

Name(s): Mahmoud Naji Mours

Mailing Address: 102 Horace Drive, Syracuse

Zip: 13219 Home phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E-mail: Murch-express@aol.com

**REPRESENTATIVE INFORMATION:**

(Only if involved in this application)

Attorney  <sup>ENGINEER</sup> Architect  Contractor  Other: \_\_\_\_\_

Name(s): Joseph A. Mastroianni P.E. / MASTROIANNI ENGINEERING PC

Mailing Address: P.O. Box 2572 Liverpool NY 13089

Zip: 13089 Telephone: (315) 478-9261 E-mail: mastroiannieng@aol.com

**DESCRIPTION OF OPERATION:**

Days of week open: 7 Days / Week

Hours of operation: 9 AM - 10 PM

Maximum number of employees on premises at one time: 3-4

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

Other uses currently on the property: FIRST FLOOR: CVS Drug Store

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.):

None

**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.

\* Sambasiva Venigalla 03/11/2019  
CURRENT PROPERTY OWNER SIGNATURE DATE

\* SAMBASIVA VENIGALLA (MANAGING MEMBER) WYOMING-GIFFORD,  
Please legibly PRINT SIGNATURE NAME and TITLE LLC

**\*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) \_\_\_\_\_

\*\*\*\*\*

IN WITNESS WHEREOF, the parties have duly executed this Lease the 1<sup>st</sup> day of February, 2019.

TENANT

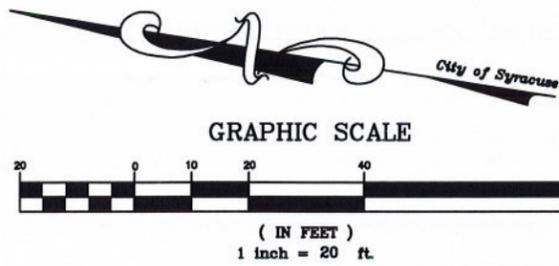
MUNCH EXPRESS MKT, INC.

By: *Naji Mahmud*  
Name: *Naji Mahmud*  
Its: *President*

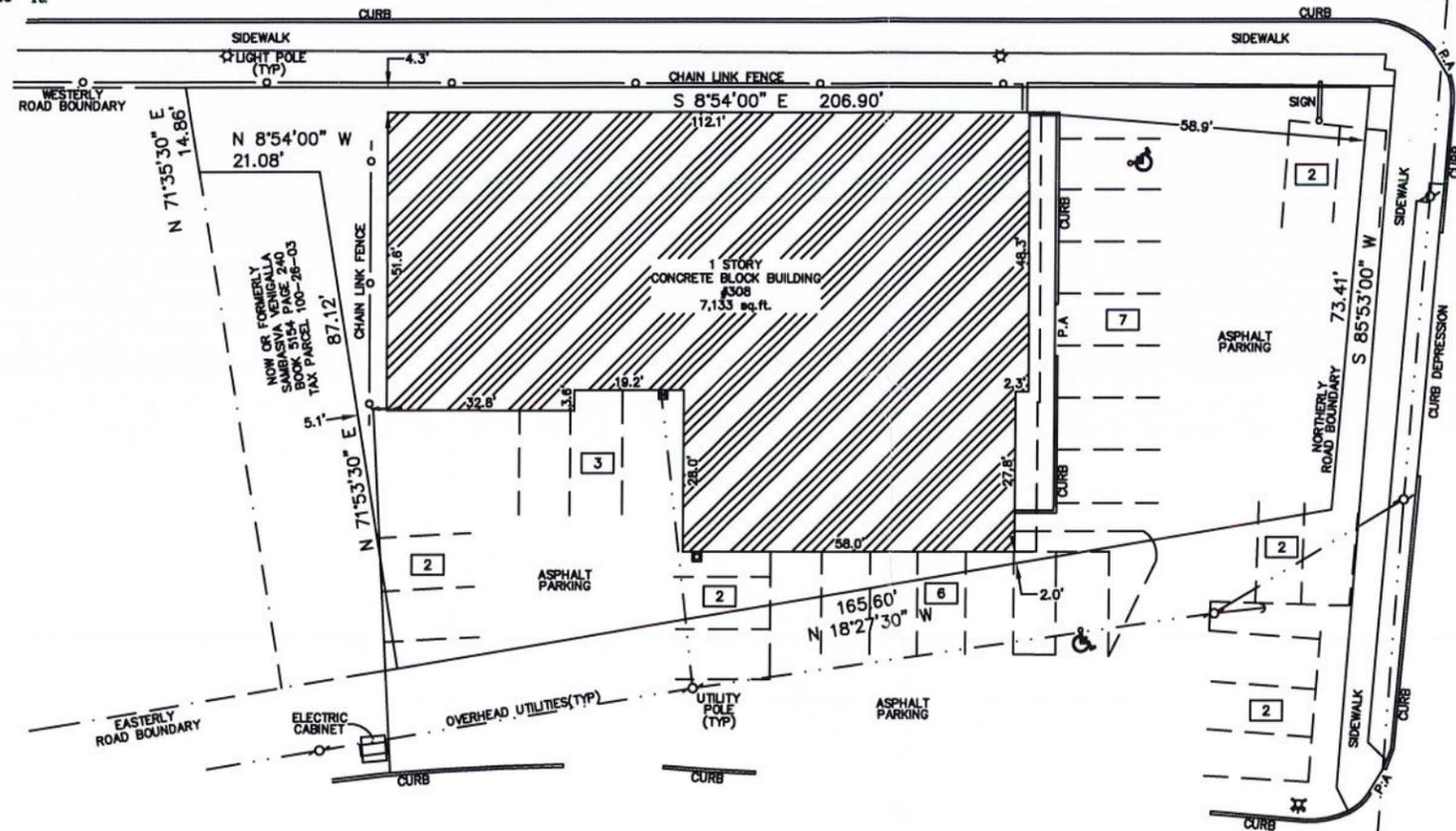
LANDLORD

WYOMING-GIFFORD, LLC

By: *Sambasiva Venigalla*  
Name: Sambasiva R. Venigalla  
Its: Member



**SOUTH WEST STREET**  
(VARIOUS WIDTHS)



**WYOMING STREET**  
(VARIOUS WIDTHS)

**GIFFORD STREET**  
(66' WIDE)

LANDS OF  
**WYOMING-GIFFORD, LLC**  
BOOK 5412 PAGE 834  
TAX PARCELS 100-26-01, 02 & 08  
15,546 sq.ft. / 0.357 acres

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.

No.	DATE	DESCRIPTION	BY

**LEHR**  
LAND SURVEYORS

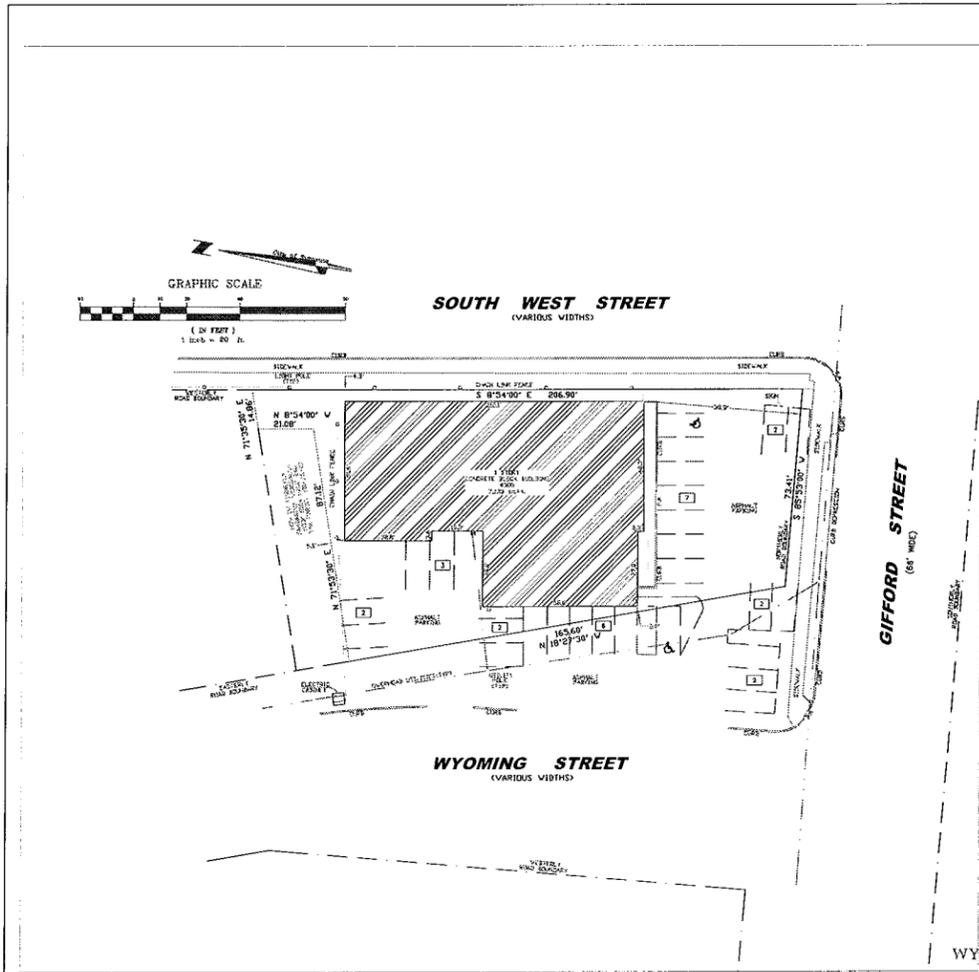
116 SALINA STREET - SUITE 6  
LIVERPOOL, NEW YORK 13088  
315-451-3333  
lehrsurveyors@aol.com

STATE OF NEW YORK  
DOUGLAS R. LEHR  
LICENSED LAND SURVEYOR  
NYSLS 49223

HEREBY CERTIFY THAT THIS IS AN ACCURATE MAP MADE FROM AN ACTUAL SURVEY.

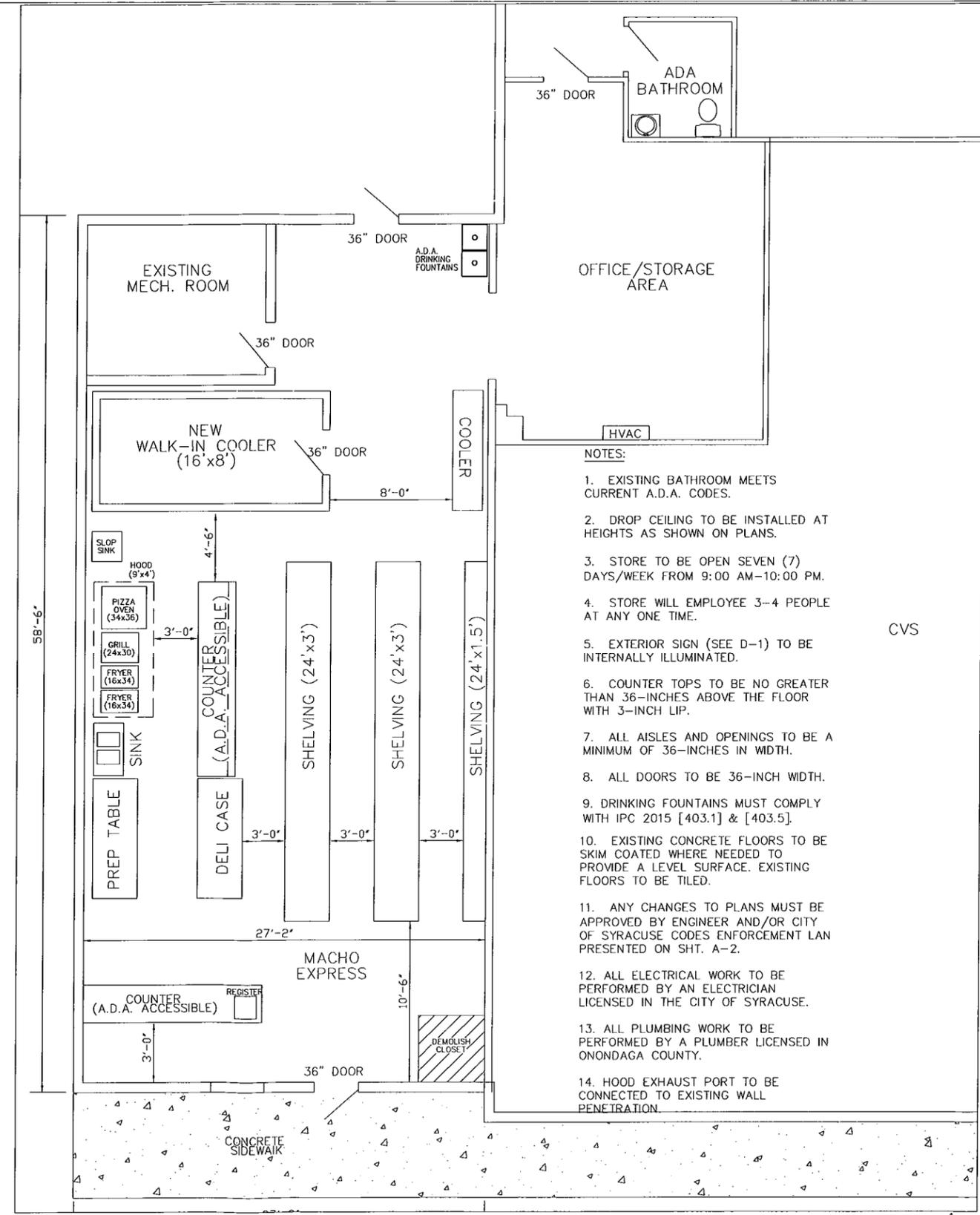
LOCATION SURVEY ON PART OF BLOCKS 185 & 312, CITY OF SYRACUSE			
KNOWN AS No.308 GIFFORD STREET, CITY OF SYRACUSE, COUNTY OF ONONDAGA, NEW YORK			
FIELD DATE: 06 MAR 2019	MAP DATE: 14 MAR 2019	SCALE: 1"=20'	DRAWN BY: KRH
REVISIONS:			DRAWING No. 19-B-49





**SITE PLAN**  
SCALE: 1"=30'-0"

NOTE: SURVEY DATA OBTAINED FROM MAP DEVELOPED BY LEHR SURVEYORS DATED 03/14/19.



**BUILDING PLAN**  
SCALE: 1/4"=1'-0"

- NOTES:**
- EXISTING BATHROOM MEETS CURRENT A.D.A. CODES.
  - DROP CEILING TO BE INSTALLED AT HEIGHTS AS SHOWN ON PLANS.
  - STORE TO BE OPEN SEVEN (7) DAYS/WEEK FROM 9:00 AM-10:00 PM.
  - STORE WILL EMPLOYEE 3-4 PEOPLE AT ANY ONE TIME.
  - EXTERIOR SIGN (SEE D-1) TO BE INTERNALLY ILLUMINATED.
  - COUNTER TOPS TO BE NO GREATER THAN 36-INCHES ABOVE THE FLOOR WITH 3-INCH LIP.
  - ALL AISLES AND OPENINGS TO BE A MINIMUM OF 36-INCHES IN WIDTH.
  - ALL DOORS TO BE 36-INCH WIDTH.
  - DRINKING FOUNTAINS MUST COMPLY WITH IPC 2015 [403.1] & [403.5].
  - EXISTING CONCRETE FLOORS TO BE SKIM COATED WHERE NEEDED TO PROVIDE A LEVEL SURFACE. EXISTING FLOORS TO BE TILED.
  - ANY CHANGES TO PLANS MUST BE APPROVED BY ENGINEER AND/OR CITY OF SYRACUSE CODES ENFORCEMENT LAN PRESENTED ON SHT. A-2.
  - ALL ELECTRICAL WORK TO BE PERFORMED BY AN ELECTRICIAN LICENSED IN THE CITY OF SYRACUSE.
  - ALL PLUMBING WORK TO BE PERFORMED BY A PLUMBER LICENSED IN ONONDAGA COUNTY.
  - HOOD EXHAUST PORT TO BE CONNECTED TO EXISTING WALL PENETRATION.

CVS



MASTROIANNI ENGINEERING, PLLC  
P.O. BOX 2572  
LIVERPOOL, NEW YORK 13089  
(315) 652-2000  
(315) 278-0261 CELL

OWNER:  
WYOMING-GIFFORD, LLC  
2 FILASKY COURT  
GLEN HEAD, NEW YORK 11545

APPROVALS

PROJECT NUMBER: 19003  
DRAWN BY: JAM

NO.	DATE	ISSUE

RELEASED BY: [ ] DATE: 02/25/19

**MUNCH EXPRESS**  
**308 GIFFORD ST.**  
**SYRACUSE, NY**  
**T.M.P. 100-26-01.0**

SITE INFORMATION

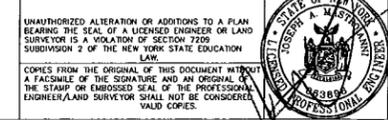
CITY OF SYRACUSE  
ONONDAGA COUNTY  
NEW YORK

SHEET TITLE

**SITE & BUILDING PLAN**

SHEET NUMBER

P-1



UNAUTHORIZED ALTERATION OR ADDITIONS TO A PLAN BEARING THE SEAL OF A LICENSED ENGINEER OR LAND SURVEYOR IS A VIOLATION OF SECTION 7209 SUBDIVISION 2 OF THE NEW YORK STATE EDUCATION LAW.  
COPIES FROM THE ORIGINAL OF THIS DOCUMENT WITHOUT A FACSIMILE OF THE SIGNATURE AND AN ORIGINAL OF THE STAMP OR EMBOSSED SEAL OF THE PROFESSIONAL ENGINEER/LAND SURVEYOR SHALL NOT BE CONSIDERED VALID COPIES.

NOTES:

ANCILLARY FIRE SUPPRESSION SYSTEM

Specifications

An ANSUL R-102 Fire Suppression System shall be furnished. The system shall be capable of protecting all hazard areas associated with cooking equipment.

1.0 GENERAL

- 1.1 References
- 1.1.1 Underwriters Laboratories (UL)
    - 1.1.1.1 UL Standard 1254
    - 1.1.1.2 UL Standard 300
  - 1.1.2 Underwriters Laboratories of Canada (ULC)
    - 1.1.2.1 ULCORP-C 1254-8
  - 1.1.3 National Fire Protection Association (NFPA)
    - 1.1.3.1 NFPA 96
    - 1.1.3.2 NFPA 17A

1.2 Submittals

- 1.2.1 Submit two sets of manufacturer's data sheets
- 1.2.2 Submit two sets of piping design drawings

1.3 System Description

- 1.3.1 The system shall be an automatic fire suppression system using a wet chemical agent for cooking grease related fires.
- 1.3.2 The system shall be capable of suppressing fires in the area associated with venting equipment including hoods, ducts, plenums, and filters as well as auxiliary grease extraction equipment. The system shall also be capable of suppressing fires in areas associated with cooking equipment, such as fryers, griddles and range tops, upright, natural charcoal, or chain-type broilers, electric, lava rock, mesquite or gas-radiant char-broilers, and woks.
- 1.3.3 The system shall be the pre-engineered type having minimum and maximum guidelines established by the manufacturer and listed by Underwriters Laboratories (UL).
- 1.3.4 The system shall be installed and serviced by personnel trained by the manufacturer.
- 1.3.5 The system shall be capable of protecting cooking appliances by utilizing either dedicated appliance protection and/or overlapping appliance protection.

1.4 Quality Control

- 1.4.1 Manufacturer: The R-102 Restaurant Fire Suppression System shall be manufactured by a company with at least forty years experience in the design and manufacture of pre-engineered fire suppression systems. The manufacturer shall be ISO 9001 registered.
- 1.4.2 Certificates: The wet agent shall be a specially formulated, aqueous solution of organic salts with a pH range between 7.7 - 8.7, designed for flame knockdown and foam securement of grease-related fires.

1.5 Warranty, Disclaimer, and Limitations

- 1.5.1 The pre-engineered restaurant fire suppression system components shall be warranted for five years from date of delivery against defects in workmanship and material.

1.6 Delivery

- 1.6.1 Packaging: All system components shall be securely packaged to provide protection during shipment.

1.7 Environmental Conditions

- 1.7.1 The R-102 system shall be capable of operating within a temperature range of 32 °F to 130 °F (0 °C to 54 °C).

2.0 PRODUCT

2.1 Manufacturer

- 2.1.1 Johnson Controls, One Stanton Street, Marinette, Wisconsin 54143-2542, Telephone (715) 735-7411.

2.2 Components

- 2.2.1 The basic system shall consist of an AUTOMAN regulated release assembly which includes a regulated release mechanism and a wet chemical storage tank housed within a single enclosure. Nozzles, flow-off caps, detectors, cartridge agents, audible lines, and pulley elbows shall be supplied in separate packages in the quantities needed for fire suppression system arrangements. Additional equipment shall include remote manual pull station, mechanical and electrical gas valves, and electrical switches for automatic equipment and gas line shut-off, and building fire alarm control panel interface.
- 2.2.2 Wet Chemical Agent: The extinguishing agent shall be a specially formulated, aqueous solution of organic salts with a pH range between 7.7 - 8.7, designed for flame knockdown and foam securement of grease related fires.
- 2.2.3 Agent Tank: The agent tank shall be installed in a stainless steel enclosure or wall bracket. The tank shall be constructed of stainless steel. Tanks shall be available in two sizes: 1.5 gallon (5.7 L) and 3.0 gal (11.4 L). The tank shall have a working pressure of 110 psi (7.6 bar), a test pressure of 330 psi (22.8 bar), and a minimum burst pressure of 650 psi (45.5 bar). The tank shall include an independent assembly containing a burst disc union.

Specifications (Continued)

- 2.2.4 Regulated Release Mechanism: The regulated release mechanism shall be a spring-loaded, mechanical/pneumatic type capable of providing the expellant gas supply to one of two agent tanks depending on the capacity of the gas cartridge used or three 3.0 gallon (11.4 L) agent storage tanks in certain applications. It shall contain a factory installed regulator device at 110 psi (7.6 bar) with an external relief of approximately 180 psi (12.4 bar). It shall have the following activation capabilities: automatic actuation by a fusible link detection system and remote manual actuation by a mechanical pull station. The regulated release mechanism shall contain a release assembly, regulator, expellant gas hose, and agent storage tank housed in a stainless steel enclosure with cover. The enclosure shall contain knock-outs for 1/2" in. conduit. The cover shall contain an opening for a visual status indicator. It shall be compatible with mechanical gas shut-off devices, or when equipped with a field or factory-installed switch(es). It shall be compatible with electric gas line or appliance shut-off devices, or connections to a building fire alarm control panel.
- 2.2.5 Regulated Actuator Assembly: When more than two agent tanks or three agent tanks in certain applications are required, the regulated actuator shall be available to provide expellant gas for additional tanks. It shall be connected to the cartridge receiver outlet of the regulated release mechanism providing simultaneous agent discharge. The regulator shall be certified at 110 psi (7.6 bar) with an external relief of approximately 180 psi (12.4 bar). The regulated actuator assembly shall contain an actuator, regulator, expellant gas hose, and agent tank housed in a stainless steel enclosure with cover. The enclosure shall contain knockouts to permit installation of the expellant gas line.
- 2.2.6 Discharge Nozzle: Each discharge nozzle shall be tested and listed with the R-102 system for a specific application. Nozzles tip shall be stamped with the flow number designation (1/2", 1", 2", or 3"). Each nozzle shall have a metal or rubber blow-off cap to keep the nozzle tip orifice free of cooking grease build-up.
- 2.2.7 Distribution Piping: Distribution piping shall be Schedule 40 black iron, chrome-plated, or stainless steel conforming to ASTM A193, A53, or A106.
- 2.2.8 Detectors: The detectors shall be the fusible link style designed to operate at a specific temperature, or shall be electric thermal detectors designed to operate at a factory preset temperature.
- 2.2.9 Cartridges: The cartridge shall be a sealed steel pressure vessel containing either carbon dioxide or nitrogen gas. The cartridge seal shall be designed to be punctured by the releasing device supplying the required pressure to expel wet chemical agent from the storage tank.

- 2.2.10 Agent Distribution Hose: An optional agent distribution hose shall be available for kitchen appliances manufactured with or resting on casters (wheeled/rollers). This shall allow the appliance to be moved for cleaning purposes without disconnecting the appliance fire suppression protection. Hose assembly shall include a restraining cable kit to limit the appliance movement within the range (length) of the flexible hose.
- 2.2.11 Flexible Conduit: The manufacturer supplying the Restaurant Fire Suppression System shall offer flexible conduit as an option to rigid EMT conduit for the installation of pull stations and/or mechanical gas valves. The flexible conduit shall be UL listed and include all approved components for proper installation.
- 2.2.12 Pull Station Assembly: The Fire Suppression System shall include a remote pull station for manual system actuation. The pull station shall be designed to include a built-in guard to protect the pull handle. The pull station shall also be designed with a pull handle to allow for three finger operation and shall be red in color for quick visibility.

3.0 IMPLEMENTATION

3.1 Installation

- 3.1.1 The R-102 fire suppression system shall be designed, installed, inspected, maintained, and recharged in accordance with the manufacturer's listed instruction manual.

3.2 Training

- 3.2.1 Training shall be conducted by representatives of the manufacturer.

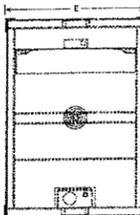
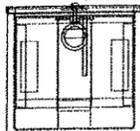
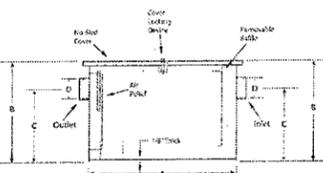
Note: The converted values in this document are for dimensional reference only and do not reflect an actual measurement. ANSUL R-102 and the product name appear on this material size marks and/or registered marks. Unauthorized use is strictly prohibited.

INTERIOR GREASE TRAP



888-310-4393 • 120 Frontage Road, Altamont, IL 62411 • www.bk-resources.com

Carbon Steel Grease Traps  
Model: BK-GT



Product Specifications:

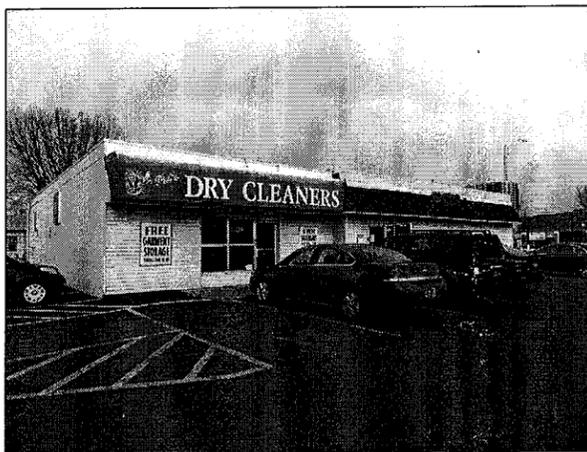
- Non-Skid Deck Plate
- Constructed of 11 ga. Carbon Steel w/ Corrosion Resistant Coating
- Removable Baffles for Ease of Maintenance
- Main Body of Grease Trap Suspended Above Floor to Avoid Corrosive Environment and Extend Life
- No Hub Connections
- 1-Vent Provided
- Designed for removing and isolating F.O.G. (Fat, Oil, Grease) from wastewater whenever food is prepared

Certifications:

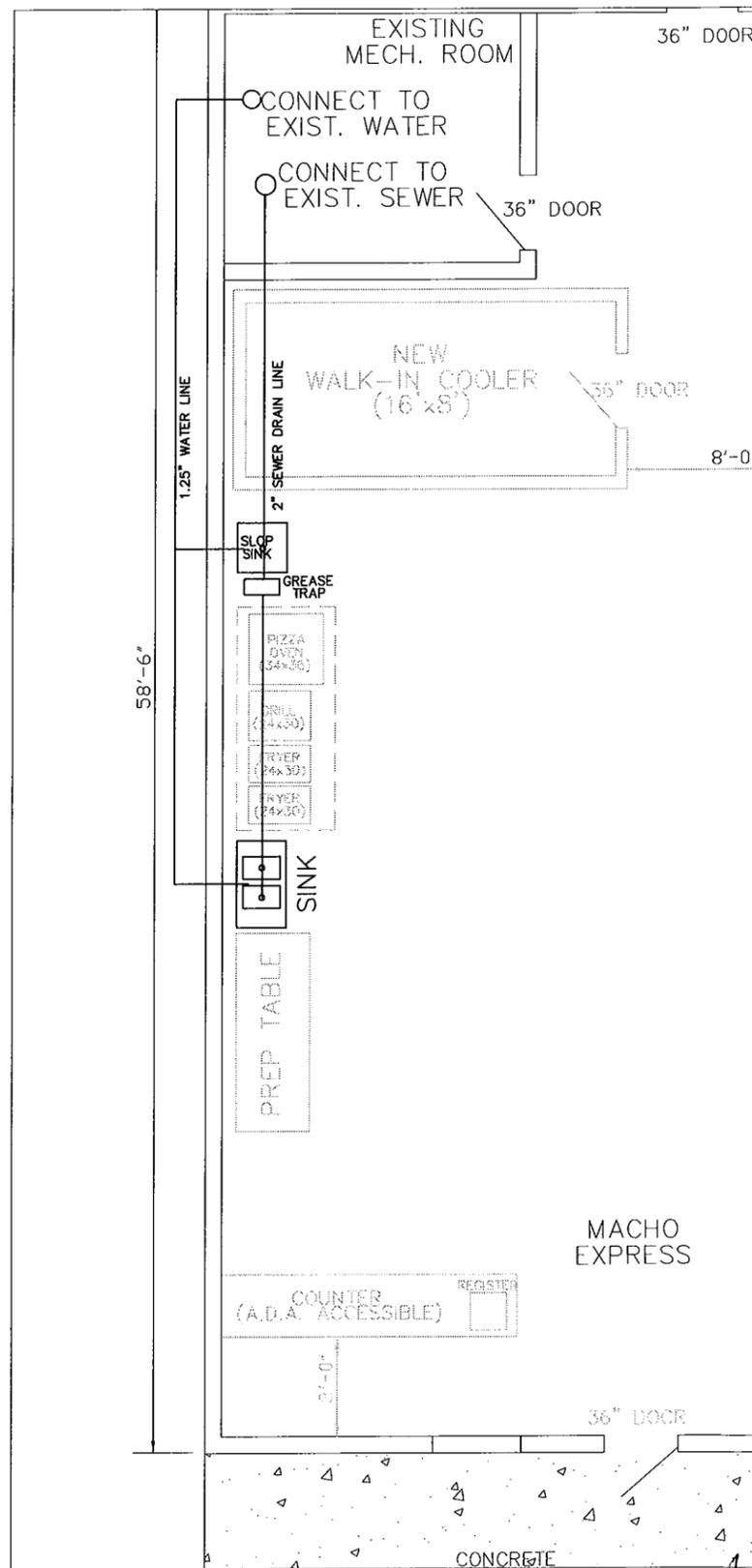


Product Detail:

Model #	DIM. A	DIM. B	DIM. C	DIM. D	DIM. E
BK-GT-8	14.125"	11.125"	7.75"	2"	18.125"
BK-GT-14	16.1875"	12.125"	8.125"	2"	19.375"
BK-GT-20	20.125"	12"	8"	2"	14.25"
BK-GT-30	20.375"	13.75"	10.375"	2"	15.25"
BK-GT-40	22.5"	14.875"	11.5"	3"	16"
BK-GT-50	24.375"	16.5"	12"	3"	17.5"
BK-GT-70	28.5"	19"	14"	3"	18.375"
BK-GT-100	30.375"	21.5"	16.25"	4"	22.125"



NEW SIGN FOR MUNCH EXPRESS  
WILL REPLACE EXISTING DRY CLEANERS SIGN.  
THERE WILL BE NO CHANGE IN SIZE.



KITCHEN PIPING PLAN

SCALE: 1/4"=1'-0"

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MASTROIANNI ENGINEERING, PLLC  
P.O. BOX 2572  
LIVERPOOL, NEW YORK 13089  
(315) 652-2000  
(315) 278-0261 CELL

OWNER:  
WYOMING-GIFFORD, LLC  
2 FILASKY COURT  
GLEN HEAD, NEW YORK 11545

APPROVALS

PROJECT NUMBER 19003  
DRAWN BY JAM

NO. DATE ISSUE

RELEASED BY DATE  
02/25/19

MACHO EXPRESS  
302 GIFFORD ST.  
SYRACUSE, NY  
T.M.P. 100-26-01.0

SITE INFORMATION

CITY OF SYRACUSE  
ONONDAGA COUNTY  
NEW YORK

SHEET TITLE

SPECIFICATIONS & DETAILS

SHEET NUMBER

D-1

617.20  
Appendix B  
Short Environmental Assessment Form

**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>				
308 GIFFORD STREET				
Name of Action or Project: MUNCH EXPRESS				
Project Location (describe, and attach a location map): 308 GIFFORD STREET				
Brief Description of Proposed Action: CONVERSION OF A FORMER DRY CLEANER FACILITY TO A NEIGHBORHOOD GROCERY STORE.				
Name of Applicant or Sponsor: MAHMOUD NAJI MUSA		Telephone:		
		E-Mail: munchexpress302@yahoo.com		
Address: 102 HORACE DRIVE				
City/PO: SYRACUSE		State: NY	Zip Code: 13219	
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.			<b>NO</b>	<b>YES</b>
			<input checked="" type="checkbox"/>	<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:			<b>NO</b>	<b>YES</b>
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		_____ < 1 AC 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?		_____ <1 AC 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 checked="" type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other (specify): <u>INDUSTRIAL</u>				
<input type="checkbox"/> Parkland				



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: _____	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"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: _____	Date: <u>7/15/12</u>	
Signature: <u><i>Vogel</i></u>		

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2.** Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

**PRINT**