

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: 6/17/19 Case Number: SP-19-16 Zoning District: 1A

NEW SPECIAL PERMIT MODIFICATION OF EXISTING SPECIAL PERMIT 7/14/19

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

900 Burnet Avenue, Syracuse, N.Y.

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

Section: <u>028,</u>	Block: <u>18</u>	Lot: <u>02.0</u>
Section: <u> </u>	Block: <u> </u>	Lot: <u> </u>
Section: <u> </u>	Block: <u> </u>	Lot: <u> </u>

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) Work out Gym

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

The vacant building at 900 Burnet Ave. will be used
as a workout gym. There will be no changes to the
building footprint, or the exterior, other than
signage

PROPERTY OWNER INFORMATION:

Name(s): Dellar Holding Co, LLC
Mailing Address: 4489 Red Spruce Lane, Manlius, N.Y.
Zip: 13104 Daytime phone: 315-447-2600 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): Rheta West

Mailing Address: 505 Tilden Drive Apt. 2 East Syracuse, NY

Zip: 13057 Home phone: (315) 256-1063 Day Phone: (315) 256-1063

E-mail: rheta@rhetawest.com

REPRESENTATIVE INFORMATION:

(Only if involved in this application)

Attorney ^{Engineer} ~~Architect~~ Contractor Other

Name(s): Joseph A. Mastrosanni, P.E.

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

Zip: 13089 Telephone: (315) 278-0261 E-mail: mastrosannieng@aol.com

DESCRIPTION OF OPERATION:

Days of week open: 7 days / week

Hours of operation: 4 A.M. - 10 P.M.

Maximum number of employees on premises at one time: 4

Number of off-street parking available (site plan required to indicate location): 9

Other uses currently on the property: FIRST FLOOR: N/A

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.):

N/A

SIGNAGE INFORMATION:

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

A sign plan is required, see attachment

Size: 4' x 10' Location: Front Facade Type: Wall (Wall, Ground, Projecting, Window)

Size: Location: Front Facade Type: Wall

Size: Location: Side Facade Type: Wall

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.

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

6/9/19
Date

Thomas Mellis PELLAS HOLDING CO. LLC
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) _____

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Short Environmental Assessment Form

Part 1 - Project Information

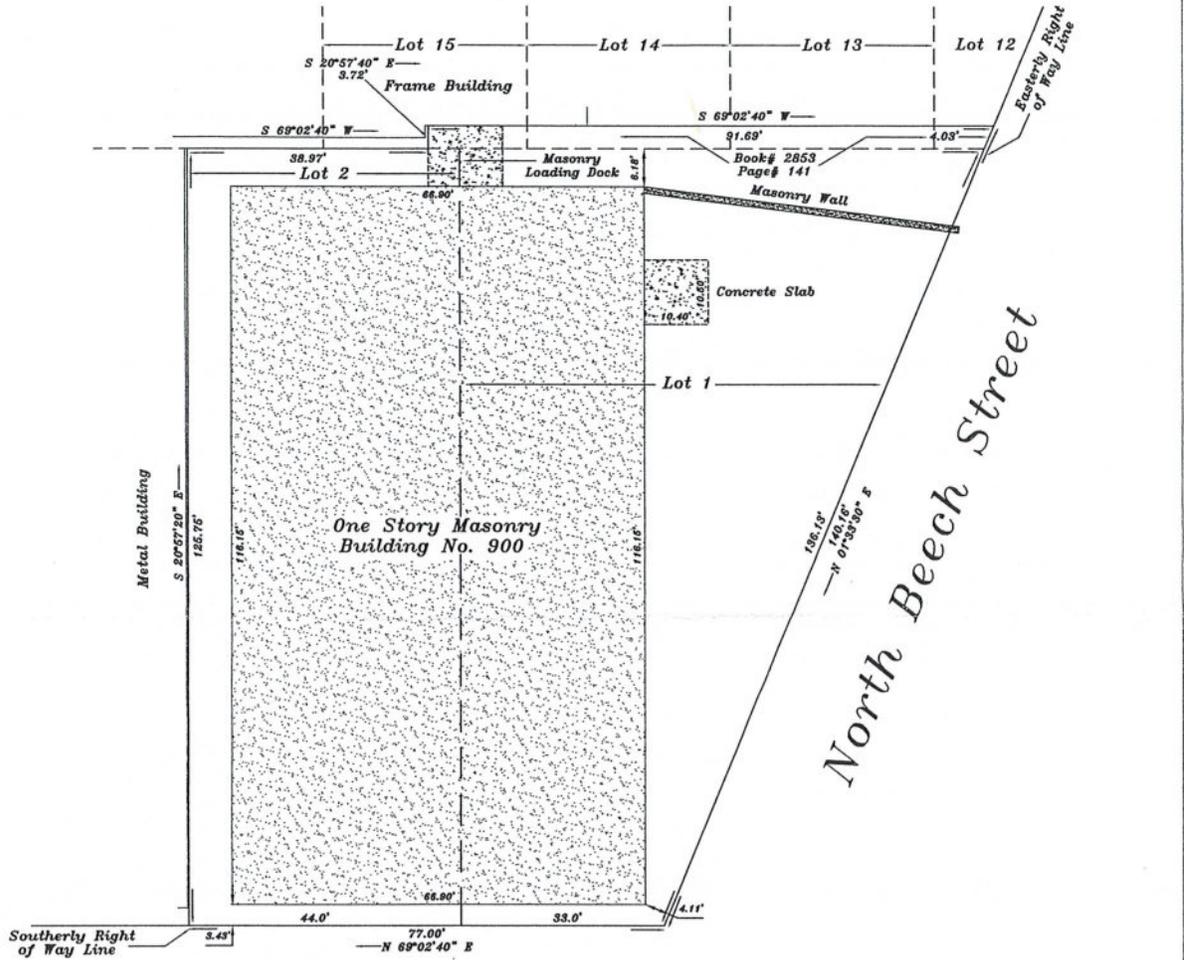
Instructions for Completing

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: Blood Iron Barbell			
Project Location (describe, and attach a location map): 900 Burnet Ave.			
Brief Description of Proposed Action: Establishment of a Blood Iron Barbell workout gym in the single story building located at 900 Burnet Ave, Syracuse, NY. This requires a Special Permit for the project.			
Name of Applicant or Sponsor: Rheta West		Telephone: (315) 256-1063 E-Mail: rheta@rhetawest.com	
Address: 505 Tilden Drive, Apt. 2			
City/PO: East Syracuse		State: New York	Zip Code: 13057
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 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:			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 0.31 acres b. Total acreage to be physically disturbed? _____ 0.03 acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 0.31 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 checked="" 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			

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<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? 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"/>	
	<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"/>	



Burnet Avenue



R.J. LIGHTON & SONS LAND SURVEYING
 886 E. Burnet Avenue, Syracuse, New York 13205
 Phone: (315) 487-2493

I hereby certify that this map was made from
 an actual survey and same is correct.

R.J. Lighton, NYSLS 45373
 J.P. Lighton, NYSLS 50606
 M.J. Lighton, NYSLS 50696

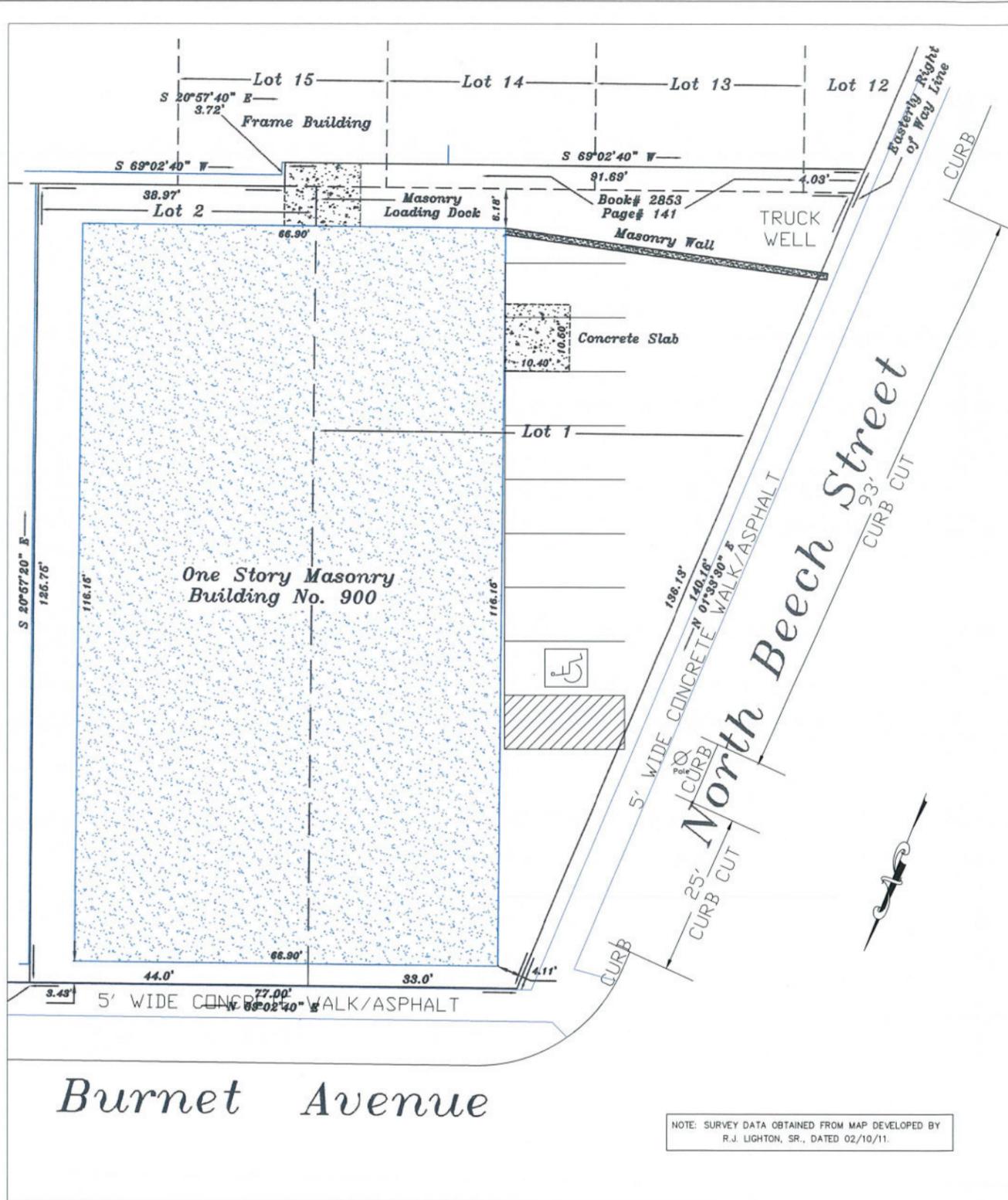


Location Survey on Lots 1 and 2 and Part of
 Lots 12-15, Block# 498 of the Mather &
 Williams Tract.

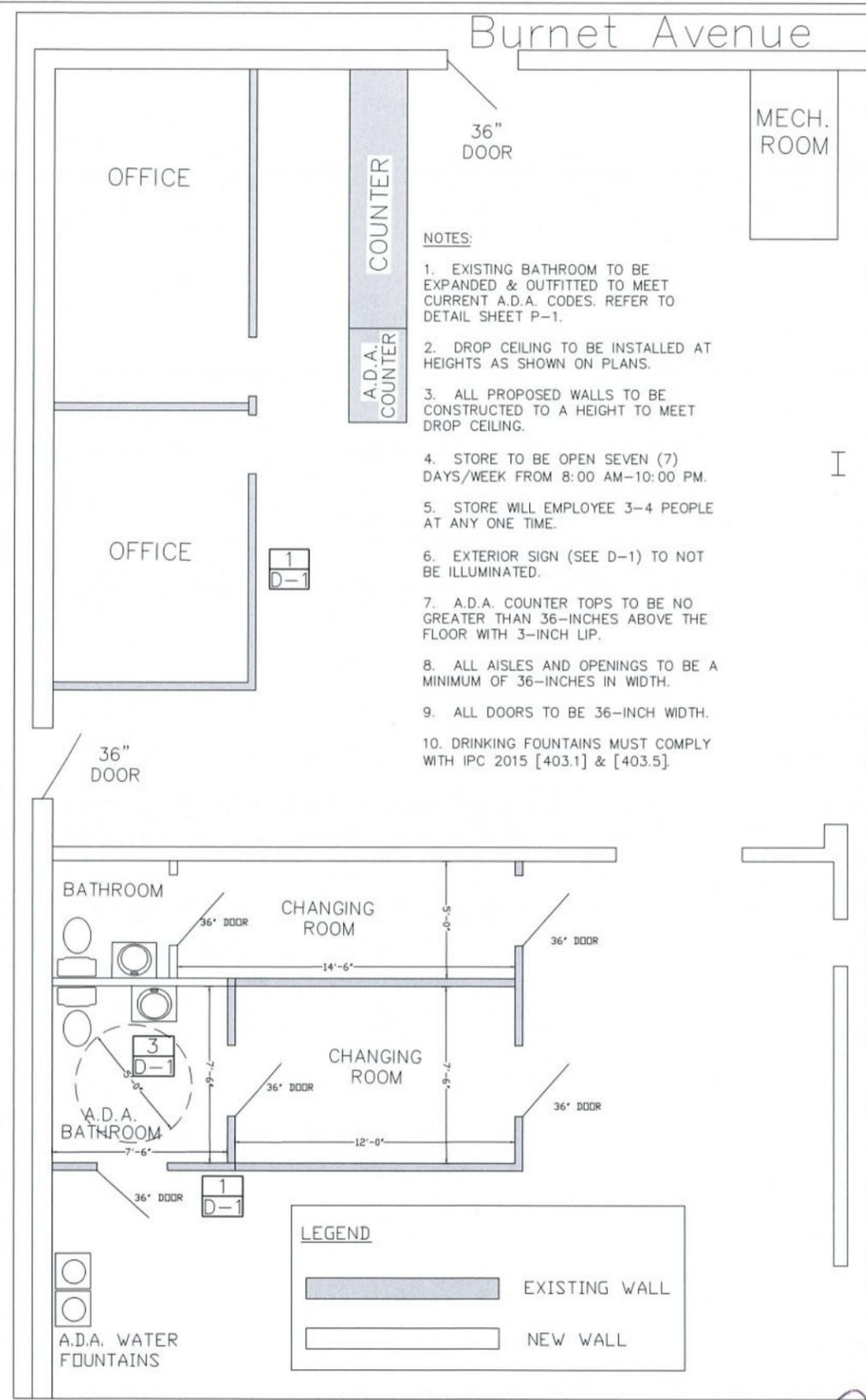
Known as No. 900 Burnet Avenue, City of
 Syracuse, County of Onondaga, State of
 New York.

Drawn by: MJM Scale: 1" = 20' Date: 02-17-09

Revisions: 02-10-11



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



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

- NOTES:
- EXISTING BATHROOM TO BE EXPANDED & OUTFITTED TO MEET CURRENT A.D.A. CODES. REFER TO DETAIL SHEET P-1.
 - DROP CEILING TO BE INSTALLED AT HEIGHTS AS SHOWN ON PLANS.
 - ALL PROPOSED WALLS TO BE CONSTRUCTED TO A HEIGHT TO MEET DROP CEILING.
 - STORE TO BE OPEN SEVEN (7) DAYS/WEEK FROM 8:00 AM-10:00 PM.
 - STORE WILL EMPLOYEE 3-4 PEOPLE AT ANY ONE TIME.
 - EXTERIOR SIGN (SEE D-1) TO NOT BE ILLUMINATED.
 - A.D.A. 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].



OWNER:
DELLAS HOLDING CO., LLC
4489 RED SPRUCE LANE
MANLIUS, NEW YORK 13104

APPROVALS

PROJECT NUMBER 19034
DRAWN BY JAM

NO.	DATE	ISSUE
1	06/16/19	CITY COMMENTS

RELEASED BY DATE 05/02/19

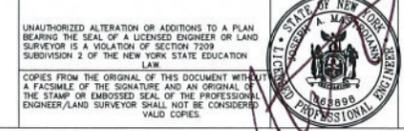
**900 BURNET AVE.
SYRACUSE, NY
T.M.P. 029-18-02.0**

SITE INFORMATION
CITY OF SYRACUSE
ONONDAGA COUNTY
NEW YORK

SHEET TITLE

SITE & BUILDING PLAN

SHEET NUMBER
P-1



NOTE: SURVEY DATA OBTAINED FROM MAP DEVELOPED BY R.J. LIGHTON, SR., DATED 02/10/11.



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

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RELEASED BY DATE 03/15/19

**900 BURNET AVE.
SYRACUSE, NY
T.M.P. 029-18-02.0**

SITE INFORMATION

CITY OF SYRACUSE
ONONDAGA COUNTY
NEW YORK

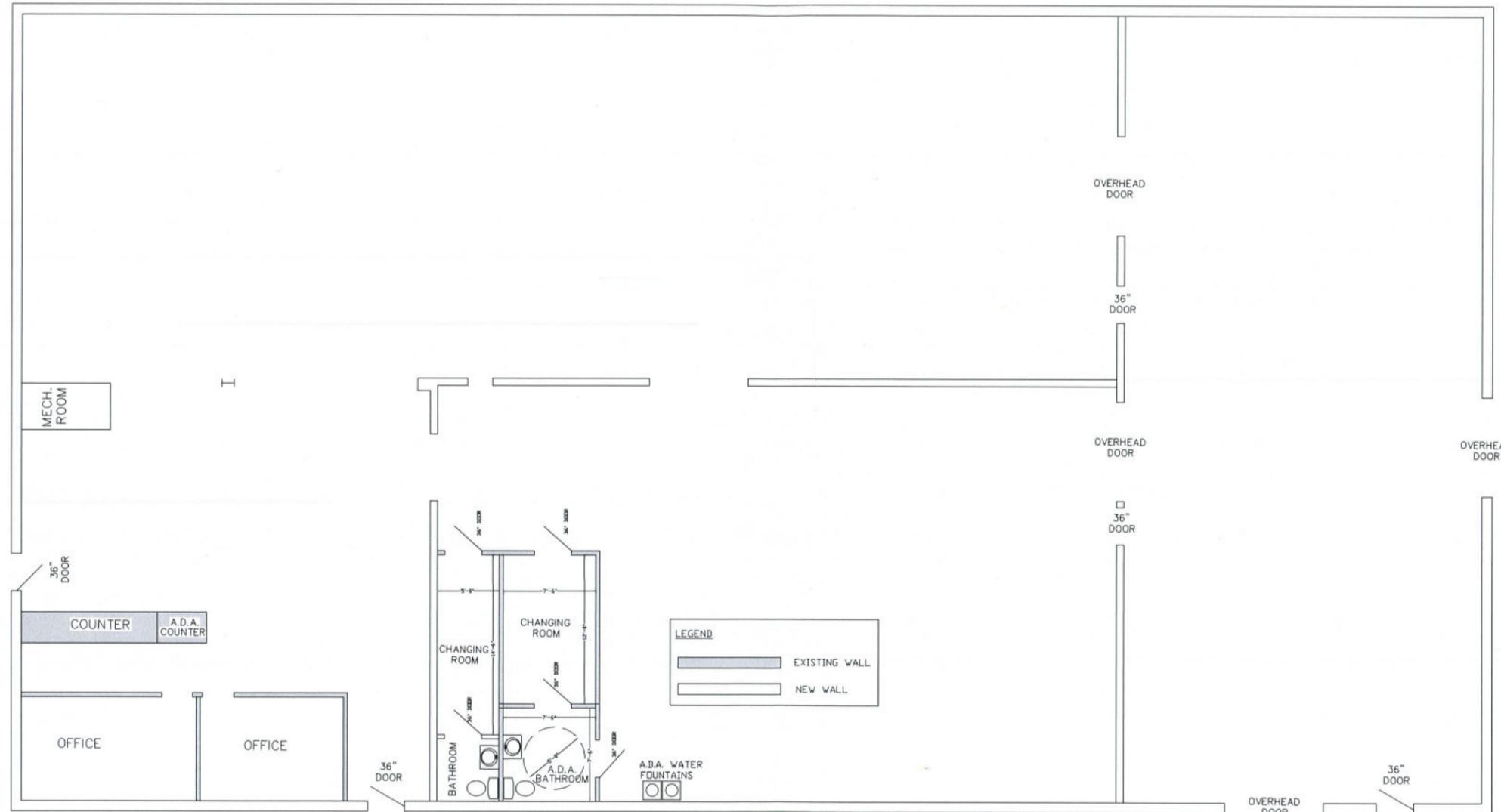
SHEET TITLE

BUILDING PLAN

SHEET NUMBER

P-2

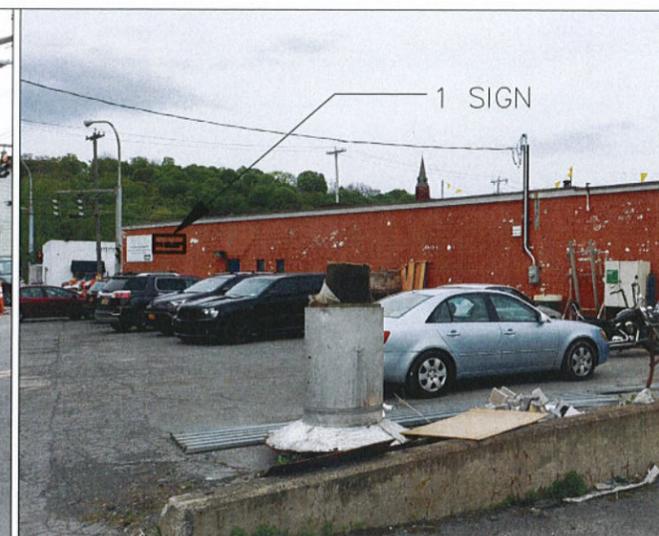
Burnet Avenue



BUILDING PLAN
SCALE: 1"=10'-0"

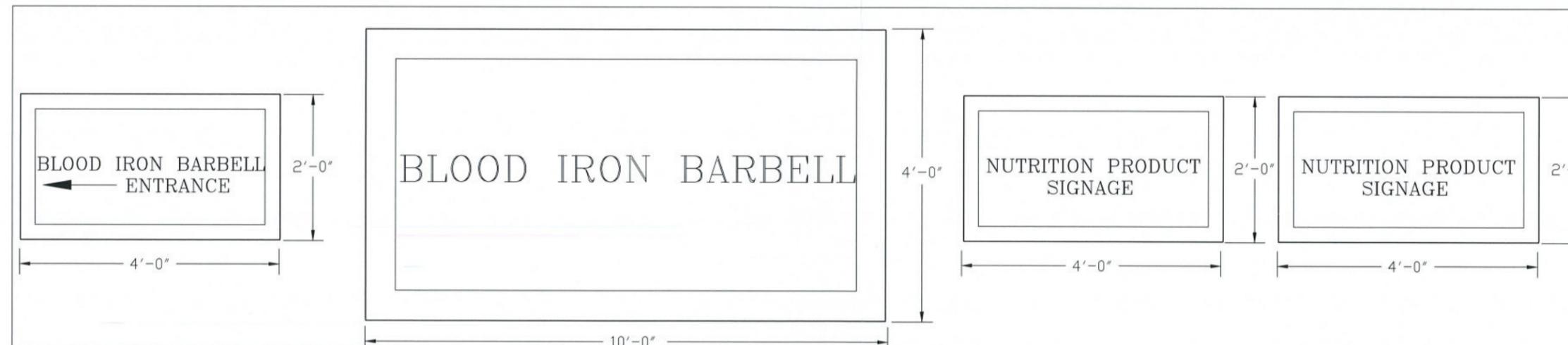
UNAUTHORIZED ALTERATION OR ADDITIONS TO A PLAN BEARING THE SEAL OF A LICENSED ENGINEER OR LAND SURVEYOR IS A VIOLATION OF SECTION 7209 SUBDIVISION 2 OF THE NEW YORK STATE EDUCATION LAW.
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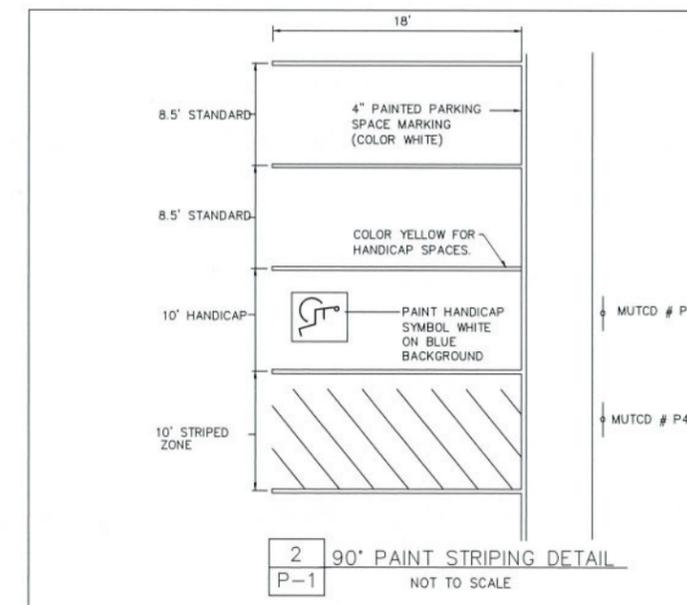


SIGN PLAN-NORTH FACADE
SCALE: NOT TO SCALE

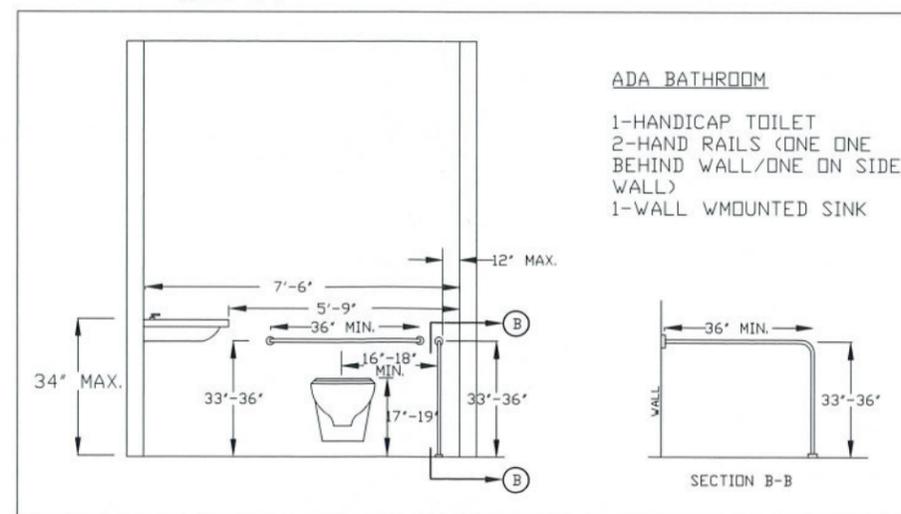
SIGN PLAN-WEST FACADE
SCALE: NOT TO SCALE



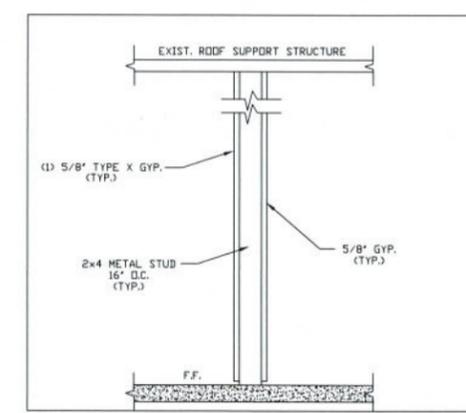
SIGNAGE DETAIL
SCALE: 1" = 1'-0"



2 90° PAINT STRIPING DETAIL
P-1 NOT TO SCALE



3 ADA BATHROOM DETAILS (TYP.)
P-1 SCALE: NOT TO SCALE



1 NEW WALL DETAIL
P-1 SCALE: NOT TO SCALE

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RELEASED BY: DATE: 05/15/19

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SYRACUSE, NY
T.M.P. 029-18-02.0**

SITE INFORMATION

CITY OF SYRACUSE
ONONDAGA COUNTY
NEW YORK

SHEET TITLE

DETAILS

SHEET NUMBER

D-1