

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: 7/19/2019 Case Number: SP-19-19 Zoning District: CA

NEW SPECIAL PERMIT MODIFICATION OF EXISTING SPECIAL PERMIT

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

600-610 East. HIAWATHA BOULEVARD

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

Section: 003 Block: 02 Lot: 27.0

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) Used Motor Veh Sales and light-Duty Motor Vehicle Repair

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

Construct A 1 story used Automotive Sales And Service Business. The Structure shall be A one story TYPE VB Building, on site sale of used automobiles And Service And Preparation for Sales of Vehicles.

PROPERTY OWNER INFORMATION:

Name(s): JAMAL Algaraghuli
Mailing Address: Apt. C 56, 925 7th North Street Liverpool N.Y.
Zip: 13090 Daytime phone: 315396 1054 Home phone: 315 898 0202
E-mail: Highendhousing3@gmail.com

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): THOMAS DITULLIO R.A.

Mailing Address: 237 Whittier AVE SYRACUSE NY

Zip: 13204 Telephone: 315-427-1637 E-mail: thomasj.ditullio@aol.com

**DESCRIPTION OF OPERATION:**

Days of week open: Monday - Saturday

Hours of operation: 9-5

Maximum number of employees on premises at one time: 3

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

Other uses currently on the property: FIRST FLOOR: NONE

SECOND FLOOR: \_\_\_\_\_ OTHER FLOORS: \_\_\_\_\_

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	<u>6'x 2'-6"</u>	Location	<u>East Side</u>	Type	<u>WALL</u>
Size	<u>16'x 2'-6"</u>	Location	<u>Front</u>	Type	<u>WALL</u>
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

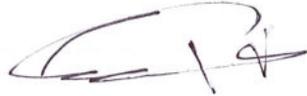
**DECLARATION:**

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.



June 9 . 19

**CURRENT PROPERTY OWNER SIGNATURE**

**DATE**

Jamal Algaragheli owner

Please legibly PRINT SIGNATURE NAME and TITLE

**\*Please note that if referrals are necessary for this application, additional copies of all required materials will be requested.**

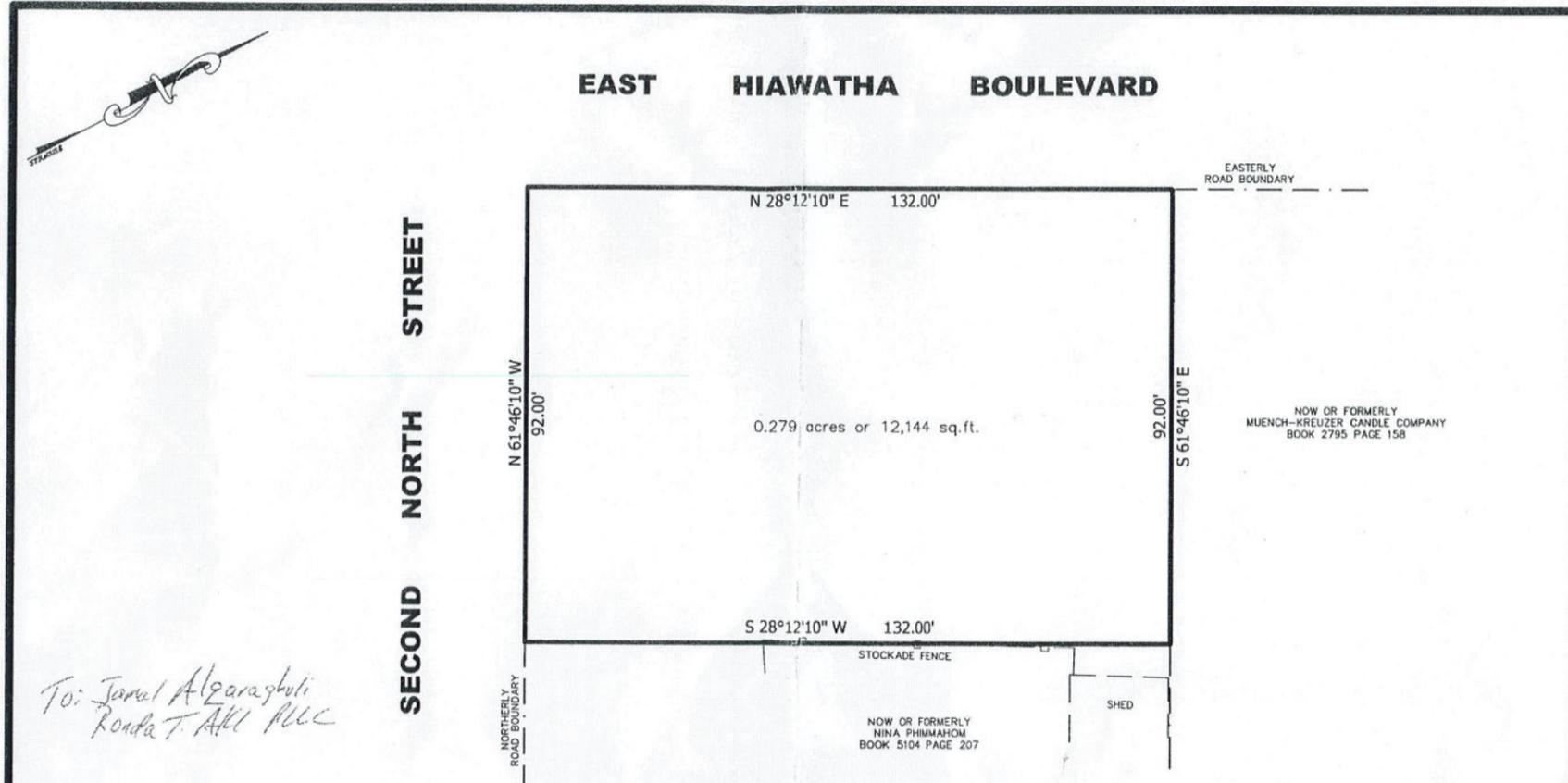
**FOR STAFF USE ONLY**

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**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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To: Jamal Algaraghali  
Ronda T. All PLLC

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.

 116 SALINA STREET - SUITE 6 LIVERPOOL, NEW YORK 13088 315-451-3333 lehrsurveyors@aol.com	 I HEREBY CERTIFY THAT THIS IS AN ACCURATE MAP MADE FROM AN ACTUAL SURVEY. DOUGLAS R. LEHR	LOCATION SURVEY ON PART OF LOTS 1, 2, 3, 4, IN BLOCK No.18, CITY OF SYRACUSE		
		KNOWN AS No.608-610 EAST HIAWATHA BOULEVARD, CITY OF SYRACUSE, COUNTY OF ONONDAGA, NEW YORK 13208		
		DATE: 9 FEB 2015	SCALE: 1"=20'	DRAWN BY: W.H
		REVISIONS: REDATED JANUARY 14, 2019		DRAWING No. 15-A-66



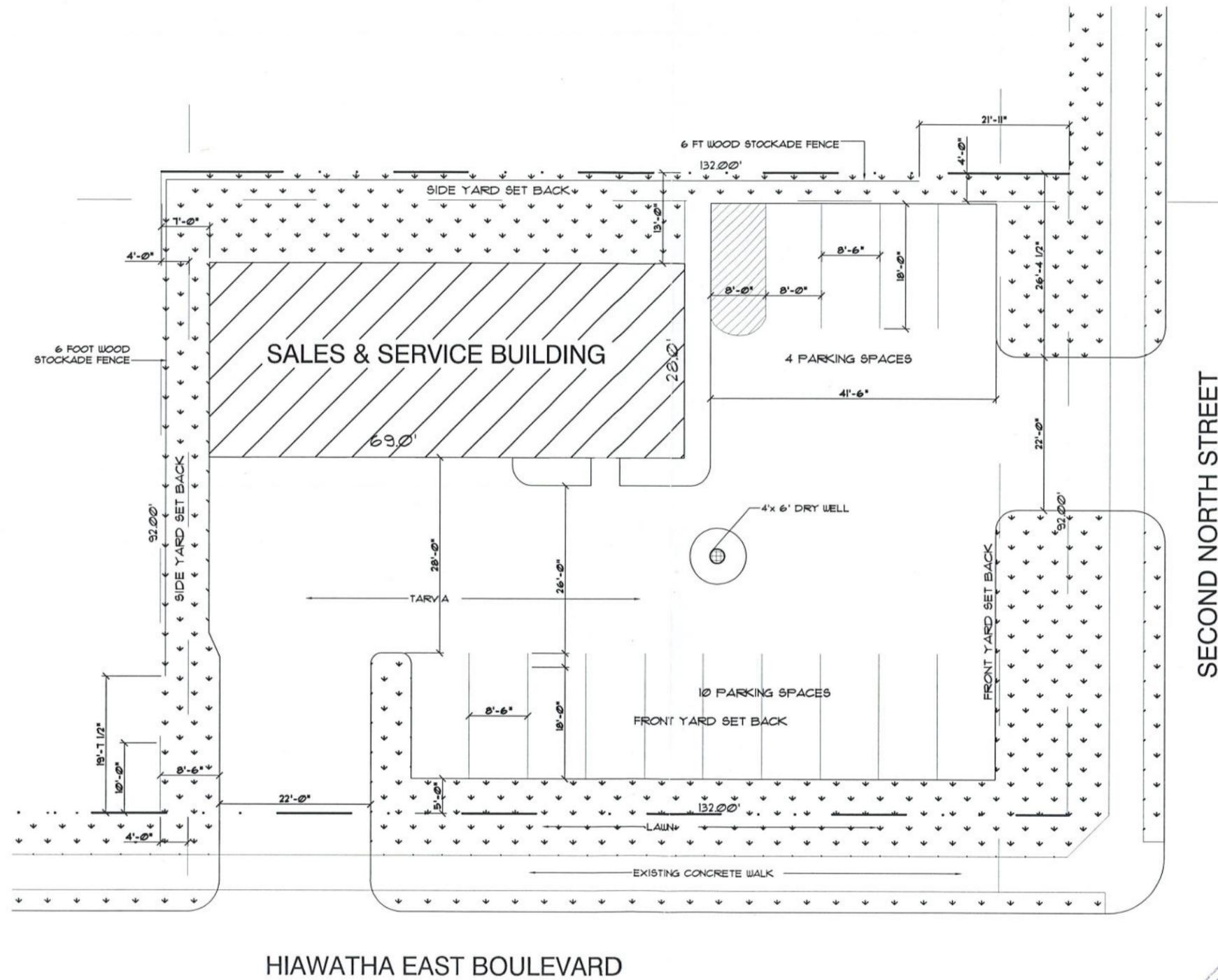
**SURVEY**  
SCALE: AS NOTED

**THOMAS J. DITULLIO**  
ARCHITECT  
237 Whittier Ave. Syracuse N.Y. 13204  
Phone 315-427-1637  
Email: thomasjditullio@aol.com

**PROPOSED HIAWATHA  
AUTO SALES**  
**608-610 HIAWATHA BLVD**  
**SYRACUSE, NY**

DRN BY:  
T DITULLIO  
SCALE:  
AS NOTED  
DATE:  
4/20/19  
REV.

**SK-0**  
JOB NO. 1905



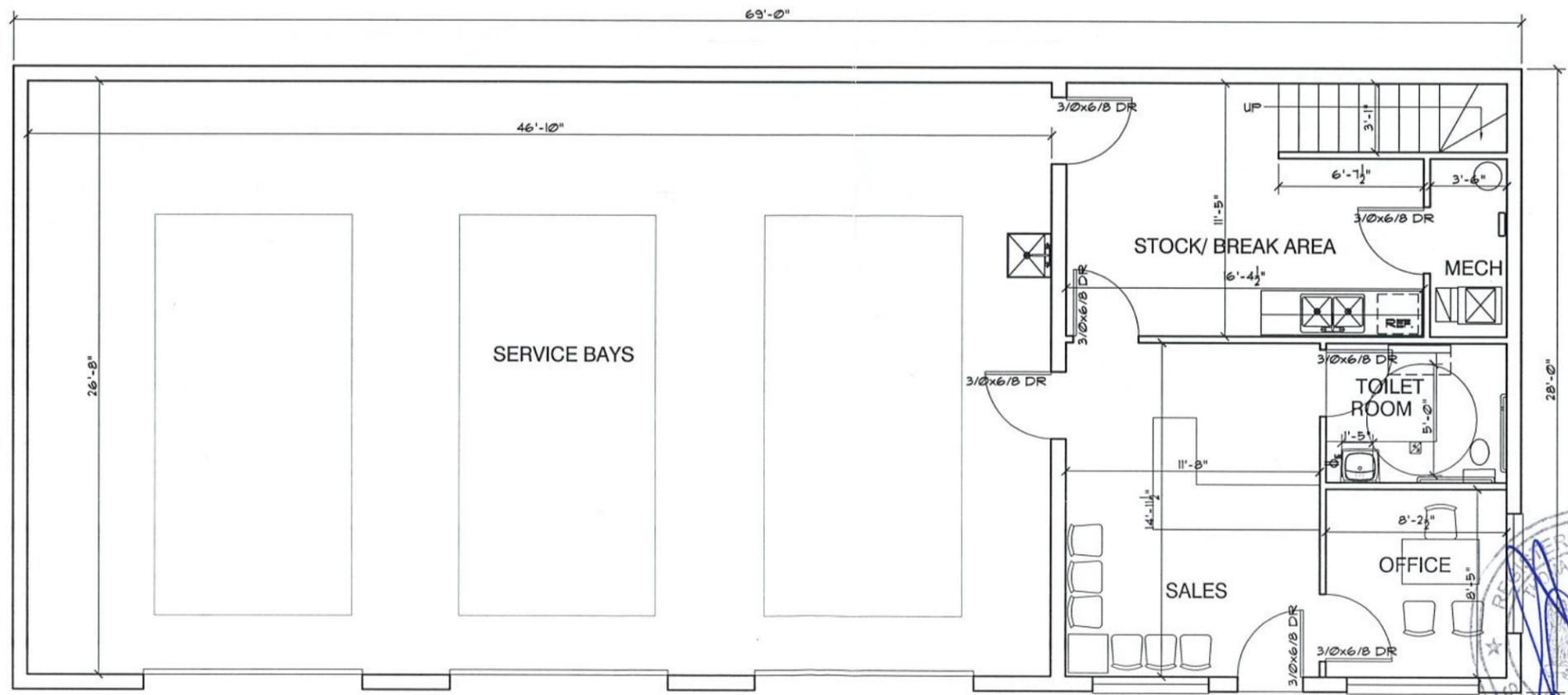
HIAWATHA EAST BOULEVARD

SECOND NORTH STREET

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

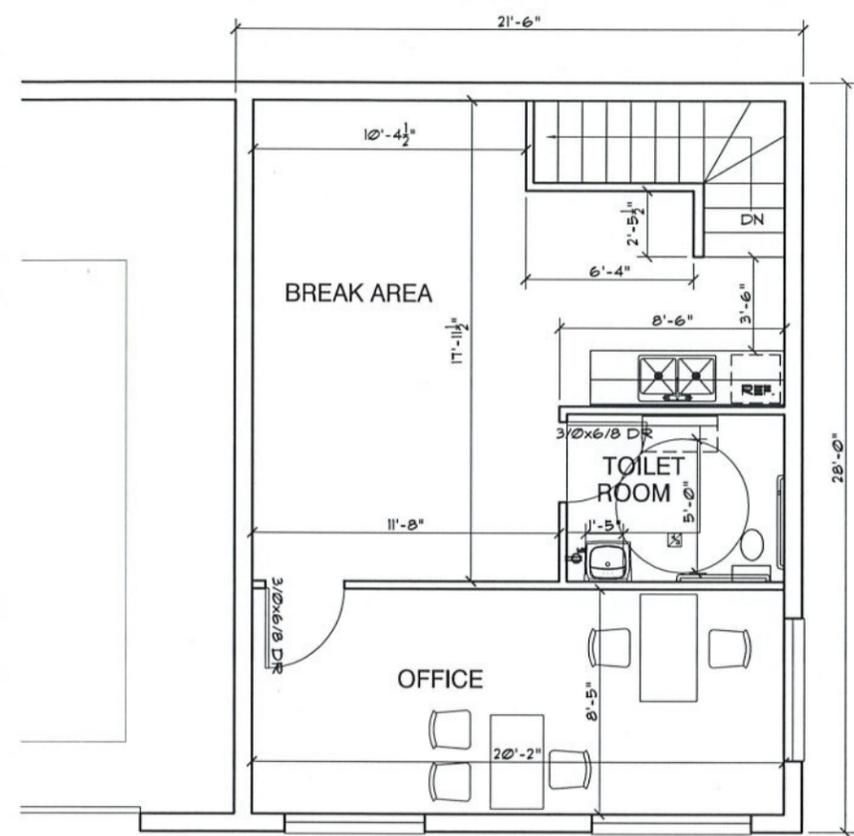


	<p><b>THOMAS J. DITULLIO</b> ARCHITECT 237 Whittier Ave. Syracuse N.Y. 13204 Phone 315-427-1637 Email: thomasjditullio@aol.com</p>
<p><b>PROPOSED HIAWATHA AUTO SALES</b> 608-610 HIAWATHA BLVD SYRACUSE, NY</p>	<p>DRN BY: T DITULLIO SCALE: AS NOTED DATE: 4/20/19</p>
<p>REV.</p>	<p><b>SK-1</b> JOB NO. 1905</p>



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

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

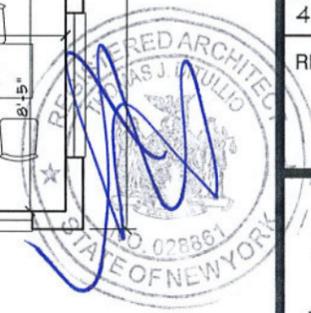


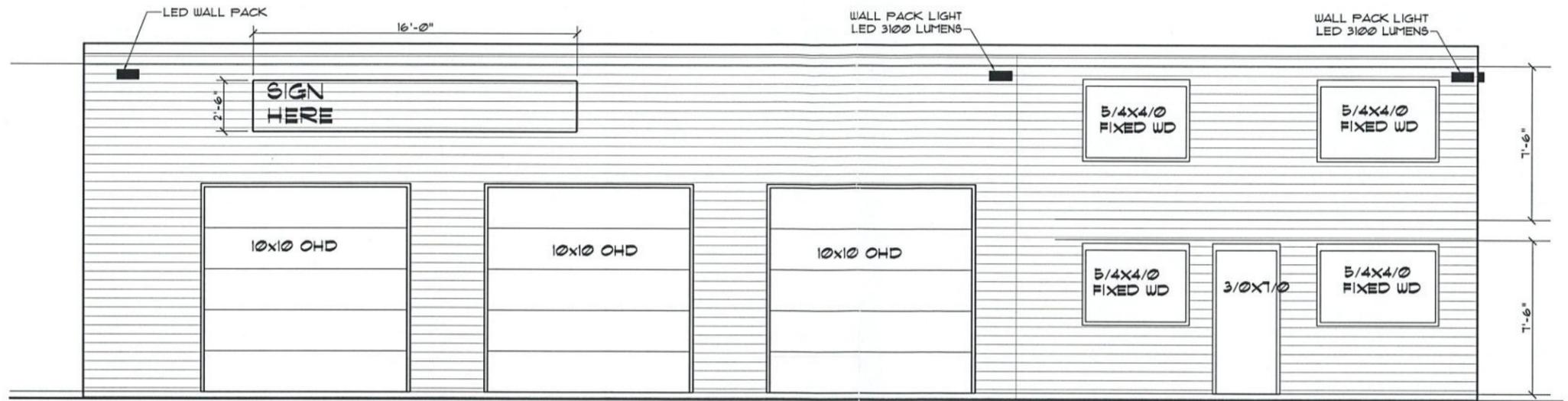
**PROPOSED HIAWATHA  
AUTO SALES**  
608-610 HIAWATHA BLVD  
SYRACUSE, NY

DRN BY:  
T DITULLIO  
SCALE:  
AS NOTED  
DATE:  
4/20/19  
REV.

**SK-2**  
JOB NO. 1905

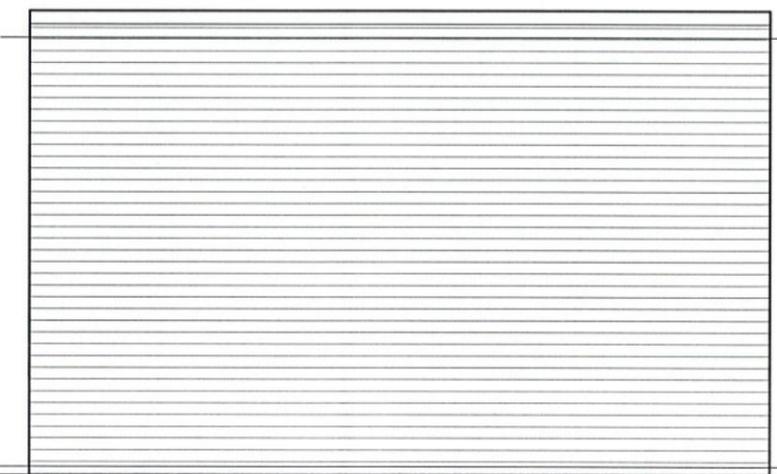
**THOMAS J. DITULLIO**  
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237 Whittier Ave. Syracuse N.Y. 13204  
Phone 315-427-1637  
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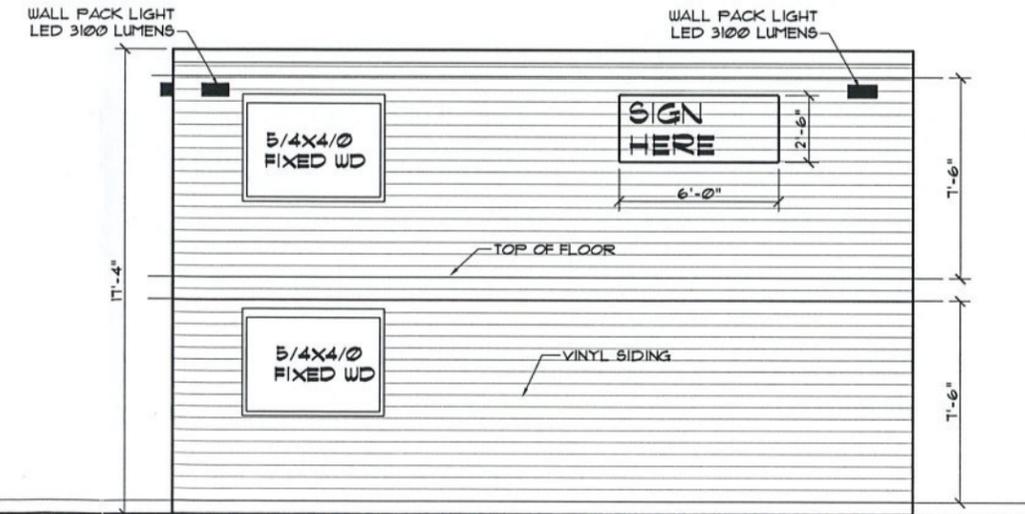
FRONT ELEVATION

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



LEFT SIDE ELEVATION

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



RIGHT SIDE ELEVATION

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



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 ARCHITECT  
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 Phone 315-427-1637  
 Email: thomasditullio@aol.com

PROPOSED HIAWATHA  
 AUTO SALES  
 608-610 HIAWATHA BLVD  
 SYRACUSE, NY

DRN BY:  
 T DITULLIO  
 SCALE:  
 AS NOTED

DATE:  
 4/20/19

REV.

SK-3

JOB NO. 1905

# 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>			
608-610 Hiawatha USED Auto Sales Building			
Name of Action or Project:			
608-610 EAST Hiawatha Boulevard Syracuse NY Onondaga			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: Construct A 14600 Square foot one story Building to house 3 Repair preparation/wash bays and office & sales SPACES			
Name of Applicant or Sponsor:		Telephone: 315-427-1637	
Thomas DiTollio R.A.		E-Mail: thomas.ditollio@aol.com	
Address: 237 Whittier AVE			
City/PO: SYRACUSE		State: NY	Zip Code: 13201
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		0.27 acres	
b. Total acreage to be physically disturbed?		.23 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.27 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 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			

		NO	YES	N/A
5. Is the proposed action,	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"/>
<i>Special Use</i>				
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		<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?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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: _____ _____ _____				

JUL 19 2019

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> 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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: <u>on site Drywell</u>		
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 <input type="checkbox"/>	YES <input checked="" 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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor name: <u>Thomas J. D. Tullio Architect</u> Date: <u>5/8/19</u> Signature: <u>[Signature]</u> Title: <u>Architect</u>		