

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:

361 6th NORTH STREET, SYRACUSE, N.Y. 13208

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

Section: 001.1 Block: 01 Lot: 13.1
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) **IMPOUND LOT**

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

APPLYING FOR A SPECIAL USE PERMIT TO USE PROPERTY IN ACCORDANCE TO CITY OF SYRACUSE ZONING.

PROPERTY OWNER INFORMATION:

Name(s): 65 ARTHUR ST LLC

Mailing Address: P.O. BOX 8, CAMILLUS, N.Y.

Zip: 13031 Daytime phone: 315-730-7376 Home phone:

E-mail: ADVRECOVERY@VERIZON.NET

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 *LANDSCAPE DESIGNER*

Name(s): *JEFFREY ROMANO*

Mailing Address: *1137 GRANT BOULEVARD*

Zip: *13203* Telephone: *315-559-3590* E-mail: *j_romano21@yahoo.com*

DESCRIPTION OF OPERATION:

Days of week open: *Office; Monday - Friday*

Hours of operation: *Office; 9am - 5pm / Towing operation; 24/7*

Maximum number of employees on premises at one time: *10*

Number of off-street parking available (site plan required to indicate location): *19*

Other uses currently on the property: *On site parking for local bus company*

FIRST FLOOR: *Office* 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.):

Office, Garage, Cross Loading Dock

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 *3' x 6'* Location *Front Wall of Building* Type *Affixed to Wall*

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.



12-6-19

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

Date

Todd O'Connor
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) _____

.....

8102 P 0 730

PLANS REVIEW FORM

This form is to be signed by the person who reviews the submitted plans at the Division of Code Enforcement, 201 E. Washington Street. Room 101. This signed form must accompany any applications for variances, special permits, site plan reviews, or other similar zoning reviews that are to be filed by the applicant with the Syracuse Zoning Office, City Hall Commons, Room 211, 201 East Washington Street., Syracuse, NY 13202.

We, the Division of Code Enforcement, have received two sets of plans from _____ on _____:
(applicant) (date)

one set which we have reviewed, and one set for transmittal to the Fire Prevention Bureau for its review.

(Division of Code Enforcement Signature)

I, the applicant, certify that the plans submitted to the Division of Code Enforcement are the same as the set being filed with my application.



(applicant's signature)

APPLICANT PLEASE NOTE: Approval of your application by the Board of Zoning Appeals, the City Planning Commission, or the Common Council does not relieve you or your agents from compliance with any other regulatory or licensing provisions applicable thereto by the properly constituted federal, state, county, or city authorities, including the issuance of permits by the Division of Code Enforcement.

5/2013

REC'D & FILED

Short Environmental Assessment Form

Part 1 - Project Information

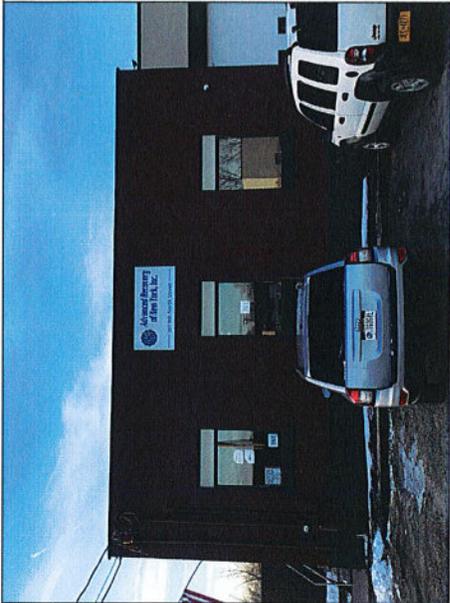
Instructions for Completing

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.

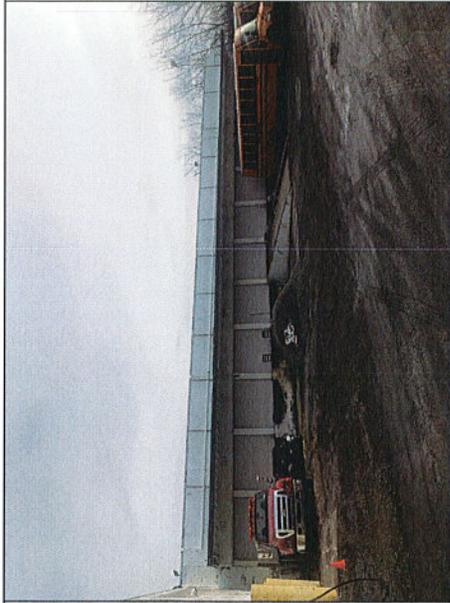
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: Special Use Permit			
Project Location (describe, and attach a location map): 361 6th North Street, Syracuse, NY 13208			
Brief Description of Proposed Action: Owner is requesting a special use permit to be in compliance with the City of Syracuse zoning			
Name of Applicant or Sponsor: Todd O'Connor		Telephone: 315-730-7376 E-Mail: advancerecovery@verizon.net	
Address: PO Box 8			
City/PO: Camillus		State: New York	Zip Code: 13031
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"/>
			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 type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 2.52 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? _____ 2.52 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 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,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>	<input 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?	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?	NO	YES	
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?	NO	YES	
	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies:			
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____			
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____			
Not applicable	<input type="checkbox"/>	<input 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?	<input type="checkbox"/>	<input checked="" 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?	NO	YES	
	<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: _____			



FRONT ELEVATION (OFFICE) - EXISTING SIGN (3'x6')



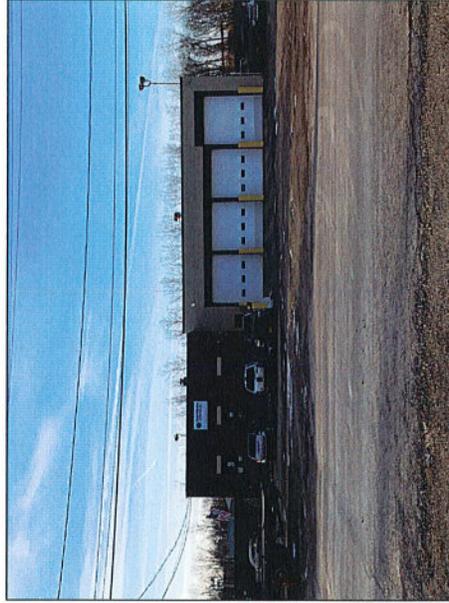
WEST ELEVATION (REAR TERMINAL)



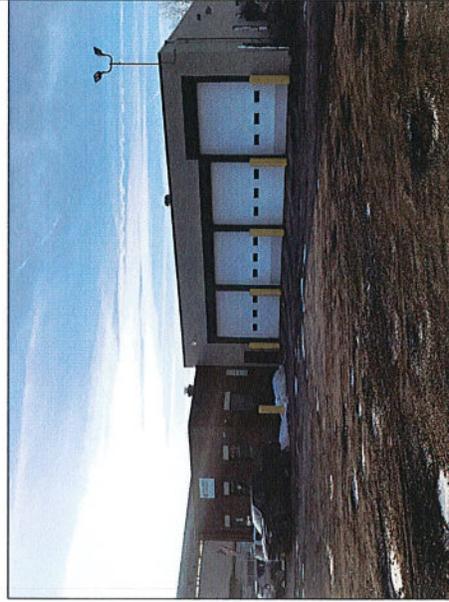
SOUTH ELEVATION



NORTHEAST ELEVATION



NORTH (FRONT) ELEVATION



NORTHWEST ELEVATION

1 361 6TH NORTH STREET - SITE PHOTOS

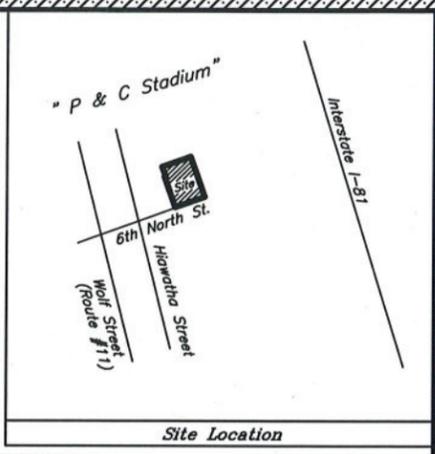
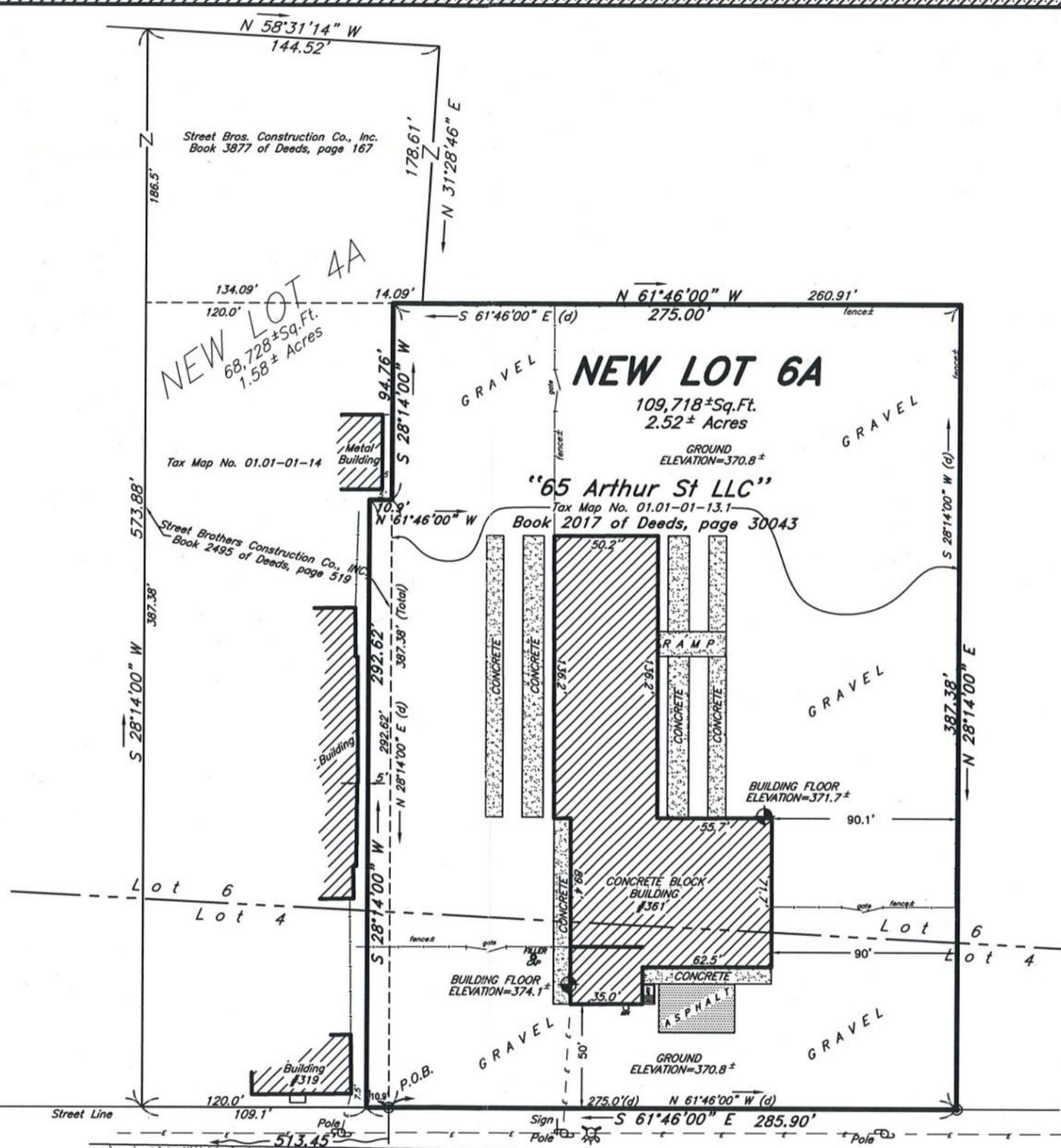
AD1

ADVANCED RECOVERY OF NEW YORK - SPECIAL PERMIT APPLICATION

DECEMBER 12, 2019

Hiawatha Blvd. East

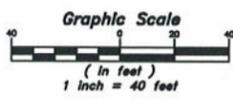
Street Line



6TH NORTH STREET

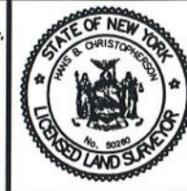
Elevations Refer to NAVD 88 Datum
 Subject to a Current Abstract of Title
 Map Not To Be Used For Construction Purposes.

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CHRISTOPHERSON
 LAND SURVEYING
 Syracuse & Tully, New York
 Phone: (315)437-9848 Fax: (315)437-4634

Certifications are not transferable to additional institutions or subsequent owners. Certifications shall run only to the person for whom the survey is prepared, and on his behalf to the title company, governmental agency and lending institution listed hereon, and to the assignees of the lending institution. Property corners, if any (found or set) as noted above. Utilities and Underground Structures Not Certified. It is a violation of Article 145 of the NYS Education Law to alter this map without the direct consent of the undersigned surveyor or his successor. The undersigned surveyor hereby certifies that this map is made from an actual survey of the property shown hereon.
 (VOID UNLESS SIGNED)
 IN RED INK. *John B. Christopher*
 A RESURVEY/UPDATE OF THIS MAP BY OTHERS VOIDS THIS CERTIFICATION



NO.	DATE	BY	REVISIONS
1	5/28/13	ALC	Update
2	7/12/17	HBC	Update
3	4/4/19	HBC	Update For Permit Purposes

BUILDING LOCATION SURVEY FOR PERMIT PURPOSES
NEW LOT 6A
 Resubdivision of Part of "Salina Marsh
 Lots 4 & 6" Into NEW LOTS 4A & 6A
 Filed: 06/21/2001, Tract Map #9210
 City of Syracuse
 County of Onondaga—State of New York
 Known As: #361 6th North Street

Made By: H.B.C.
 Reviewed By: A.L.C.
 Date: 6/22/2001
 Scale: 1"=40'
 File: 880H-L6A
 Disk: CD 1631

LEGEND		
EXISTING	PROPOSED	DESCRIPTION
+370.8		SPOT ELEVATION
— —		FENCE
⊕		UTILITY POLE
⊕		FIRE HYDRANT
—E—		OVERHEAD ELECTRIC
⊕		SANITARY MANHOLE
+		TRAFFIC SIGN
A		LIGHT FIXTURE (AFFIXED TO BUILDING)

SURVEY NOTES

SURVEY PROVIDED BY CHRISTOPHERSON LAND SURVEYING, SYRACUSE AND TILLY, NEW YORK. PHONE (315) 431-9848 FAX (315) 431-4634

BUILDING LOCATION SURVEY FOR PERMIT PURPOSES.
 NEW LOT 6A, RE-SUBDIVISION OF PART OF SALINA MARCH LOTS 4 & 6 INTO NEW LOTS 4A & 6A. FILED 06/21/2019, TRACT MAP #210, CITY OF SYRACUSE, COUNTY OF ONONDAGA, STATE OF NEW YORK. KNOWN AS 1561 6TH NORTH STREET

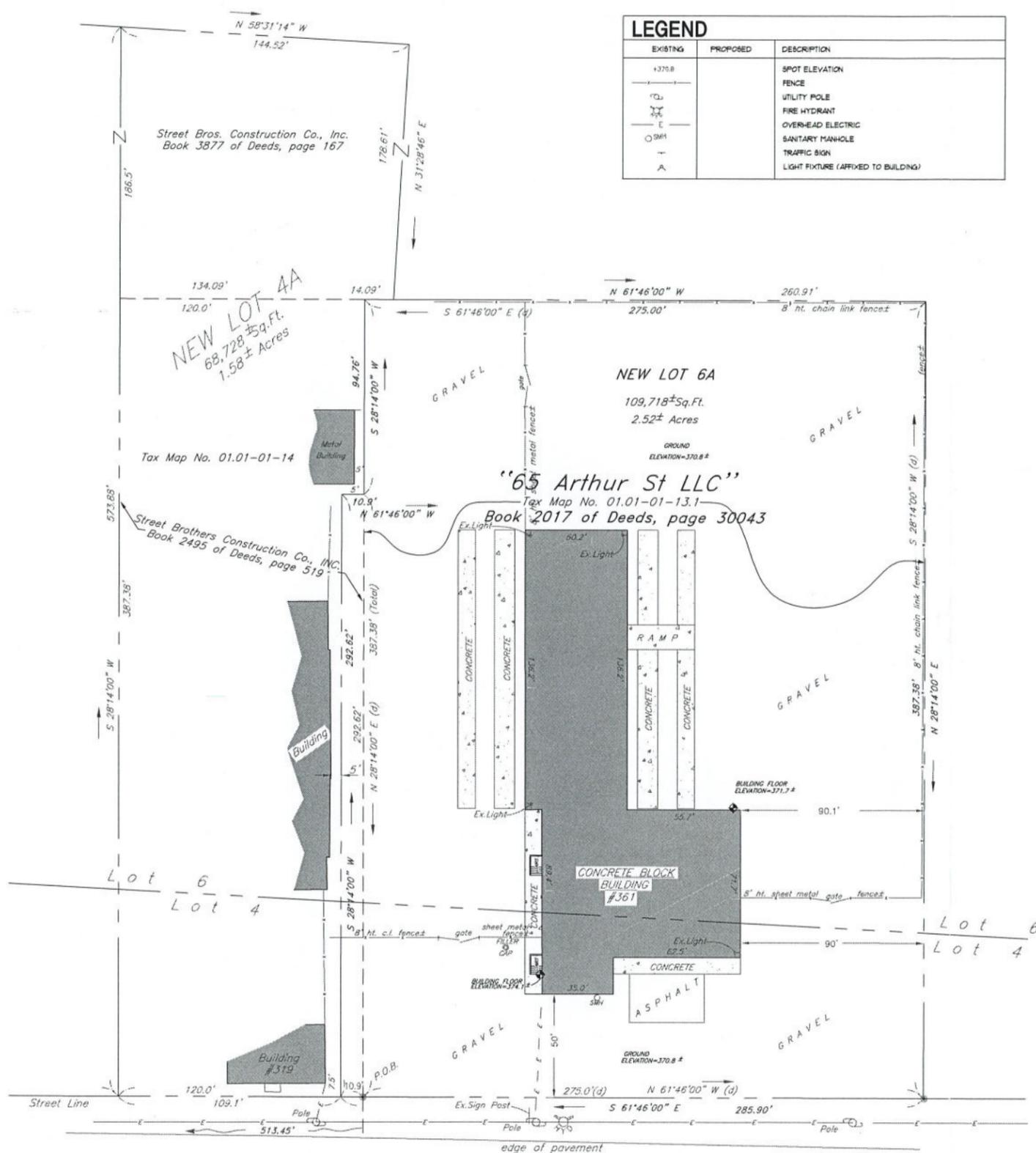
REVISIONS
 # 1/28/23 UPDATE
 # 3/24/21 UPDATE
 # 4/4/19 UPDATE FOR PERMIT PURPOSES

ZONING NOTES

ZONE: INDUSTRIAL A
 MINIMUM LOT SIZE: NONE, ACTUAL LOT SIZE 252 ACRES
 LOT COVERAGE:
 MAXIMUM ALLOWED: 100 PERCENT
 EXISTING 12.6 PERCENT (0.32 ACRES / 13,883 SQ. FT.)
 PROPOSED: 12.6 PERCENT (0.32 ACRES / 13,883 SQ. FT.)
 BUILDING HEIGHT: 2 STORIES (WHEN ABUTTING NON-RESIDENTIAL USES)
 FRONTYARD SETBACK: NONE (WHEN ABUTTING NON-RESIDENTIAL USES)
 SIDEYARD SETBACK: NONE (WHEN ABUTTING NON-RESIDENTIAL USES)
 REARYARD SETBACK: NONE (WHEN ABUTTING NON-RESIDENTIAL USES)
 PARKING REQUIREMENTS:
 STALL SIZE: 19'-0" X 8'-6", DRIVE AISLE 24' MIN. WIDTH
 EXISTING PARKING COUNT: 9 PARKING SPACES
 PARKING REQUIREMENT CALCULATIONS:

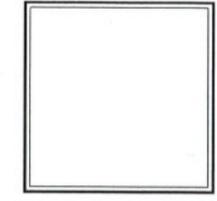
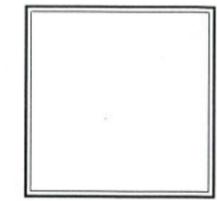
	AREA SQ. FT.	ZONING REGS	CURRENT SHIFT MAX.
OFFICE (1 SPACES/500 SQ. FT.)	3,175 SF.	1	(5 TOTAL)
WAREHOUSE (1 SPACES/ 6 EMPLOYEES) 10,108 SF.	10,108 SF.	1	(5 TOTAL)
TOTALS		2	10

PROPOSED PARKING COUNT: 19 PARKING SPACES (1 ADA)



6TH NORTH STREET

1 SURVEY PLAN
 L.O



ADVANCED RECOVERY OF NEW YORK
 361 SIXTH NORTH STREET
 SYRACUSE, NEW YORK

REVISIONS	

Drawn By: J.R.
 Checked By: J.R.
 Proj. No: 19-007
 Date: DECEMBER 6, 2019
 Scale: AS NOTED

SURVEY PLAN

L.O

