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:** SP- _____ **Zoning District:** _____

☐ **NEW SPECIAL PERMIT** ☐ **MODIFICATION OF EXISTING SPECIAL PERMIT**

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

129 Columbus Ave Syracuse NY 13210

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

Section: _____ **Block:** _____ **Lot:** _____
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) _____

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

food services (food to go). Address 1st At
129 Columbus Ave. Syracuse NY 13210

PROPERTY OWNER INFORMATION:

Name(s): Mohamed Alltoshishi
Mailing Address: 1700 E fayette st
Zip: 13210 Daytime phone: 315-380-9691 Home phone: _____
E-mail: Dalhamera@yahoo.com

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

☐ Contract Purchaser(s) ☑ Tenant ☐ Co-Applicant ☐ Other (please state):

Name(s): Carmen D. Rumaldo

Mailing Address: 124 Genesee Park DR

Zip: 13224 Home phone: Day Phone 315- -2323

E-mail: Robin168905@gmail.com

REPRESENTATIVE INFORMATION:
(Only if involved in this application)

☐ Attorney ☑ Architect ☐ Contractor ☐ Other

Name(s): Rod A. Vanderwater

Mailing Address: 7515 Morgan Road Liverpool NY

Zip: 13090 Telephone: 315-472-9848 E-mail: Rwater@CDTCAD.com

DESCRIPTION OF OPERATION:

Days of week open: 7 day (monday to Sunday)

Hours of operation: 10am to 7pm

Maximum number of employees on premises at one time: 3

Number of off-street parking available (site plan required to indicate location): 0

Other uses currently on the property: FIRST FLOOR: Restaurant (take out)

SECOND FLOOR aparment OTHER FLOORS: aparment

Indicate types and uses of other structures on the property if any (i.e. garage, storage building, etc.):

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	195	Location	Kitchen	Type	Ground
Size	701	Location	Store	Type	Ground
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.

Mohamed Alhoshishi Mohamed 6-19-20

CURRENT PROPERTY OWNER SIGNATURE **DATE**

Mohamed Alhoshishi owner 6-19-20

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

****

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) _____

Required submittals for a Special Permit Review

(Before an application can be considered complete, the following **must** be provided)

A title block with author, date, scale, and address of subject property must be on ALL plans listed below including property surveys. Three full sized and one 11x17 copy of ALL plans must be submitted with application.

When submitting the necessary plans listed below, the applicant must show with graphic representation, all information, drawn to scale and in a manner that can be correctly interpreted to any person viewing the case file without additional staff explanation.

☑ **APPLICATION** (completed, dated, and signed by property owner)

☑ **PROPERTY SURVEY**(s) of all properties involved in the project (Must be current and drawn to scale and signed by a licensed surveyor) **We cannot accept a survey that has been reduced, faxed or scanned.**

☑ **SITE PLAN** (Does not have to be drawn by a licensed architect but needs to be labeled, dated, and scaled)

a) Location of existing or proposed building
b) Location and dimensioned areas to be used for parking, including type of parking surface, curb cuts and all driveways
c) Location and dimensioned areas of landscaping indicating type, height, and number of plantings
d) Location of dumpsters and/or trash receptacles indicating type of screening to be installed
e) Proposed overall site screening and landscaping
f) Location, type, and height of fencing
g) Proposed lighting location, height, and wattage of luminaries
h) Location of loading dock/areas
i) Location and dimensioned areas to be used by delivery vehicles
j) Location of all signage

☑ **FLOOR PLANS** (Plans do not have to be drawn by a licensed architect but need to be drawn to scale and labeled with dimensions.) **If any floor plans are not drawn to scale and/or do not include the following they WILL NOT be accepted.**

Commercial Layouts
a) Customer areas
b) Employee areas
c) Storage areas and restrooms
d) Office space
e) Counters/tables/chairs/booths
f) Stages/Dance Floors/DJ Booths
g) Shelving/display areas
h) All kitchen equipment
i) Coolers/freezers/etc.
j) Vending machines/amusement games/etc.

Residential Layouts
a) Bedrooms
b) Common areas (living room, kitchen, dining room)
c) Bathrooms, hallways and closets

☑ **STATE ENVIRONMENTAL QUALITY REVIEW ACT ASSESSMENT FORM** –Part one filled out completely and signed by Applicant or Owner.

☐ **PLANS REVIEW FORM** – Must be submitted to, and signed by Department of Code Enforcement – City Hall Commons, Permit Desk, Room 101 (see attached form).

☐ **EXTERIOR ELEVATIONS** -Must be drawn to scale, labeled with dimensions, and include material notes on the elevations). **Schematic, photo shop, or color renderings will NOT be accepted.**

a) Exterior Elevations with all dimensions clearly indicated for all exterior elements
b) Building materials and colors. Please include THREE sets of color catalogue cuts or manufacturer's reference that can be photocopied (**not life size samples or real materials**). Elevation drawings must indicate materials, color, and location of each.

☐ **EXTERIOR SIGNAGE DRAWINGS** (Photos may be used to show location)

a) Type (ground/wall/window/projecting)
b) Size (exact dimensions including height from grade to top of sign example)
c) Location(s) – (see attached sign plan sample)
    i. Exact placement must be included for ground signs – measurements from structure to sign location and distance from sign to property line. (not sidewalk)
    ii. For wall signs, the distance from the top of sign to roofline , from ground to bottom of sign and measurement from side of building to the side of the sign– see attached

☐ **SPECIFICATIONS** (include specs for exterior surface materials, awnings, windows, doors, etc.)

☐ **PHOTOGRAPHS** - (COLOR 35mm or digital) of existing structures and project site. (MUST BE LABELED WITH ADDRESS OF SUBJECT SITE.)

☐ **JUSTIFICATION OF WAIVERS** – In a short summary, note why waivers are requested in this special permit application. For example: Additional signage (more than allowed), parking requirements (less than needed) etc.

☐ Please see Part C, Section IV, Articles 1 and 2 for the applicable regulations pertaining to each Special Permit use.

☐ **Special Permit Reviews by the City Planning Commission may require additional action by the Syracuse Common Council.**

11/2017

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 Carmen D. Rumaldo (applicant) on 6-19-20 (date):

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

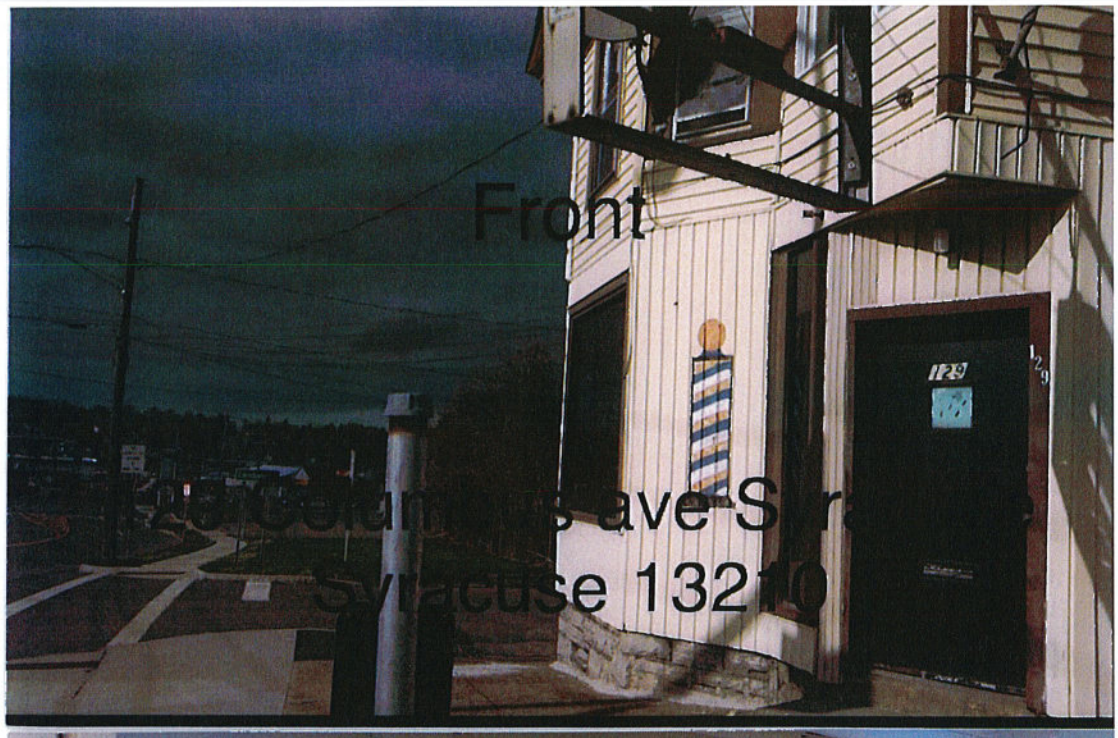
_____
(Division of Code Enforcement Signature)

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



129 Columbus ave Syracuse
Syracuse 13210

Costumer area

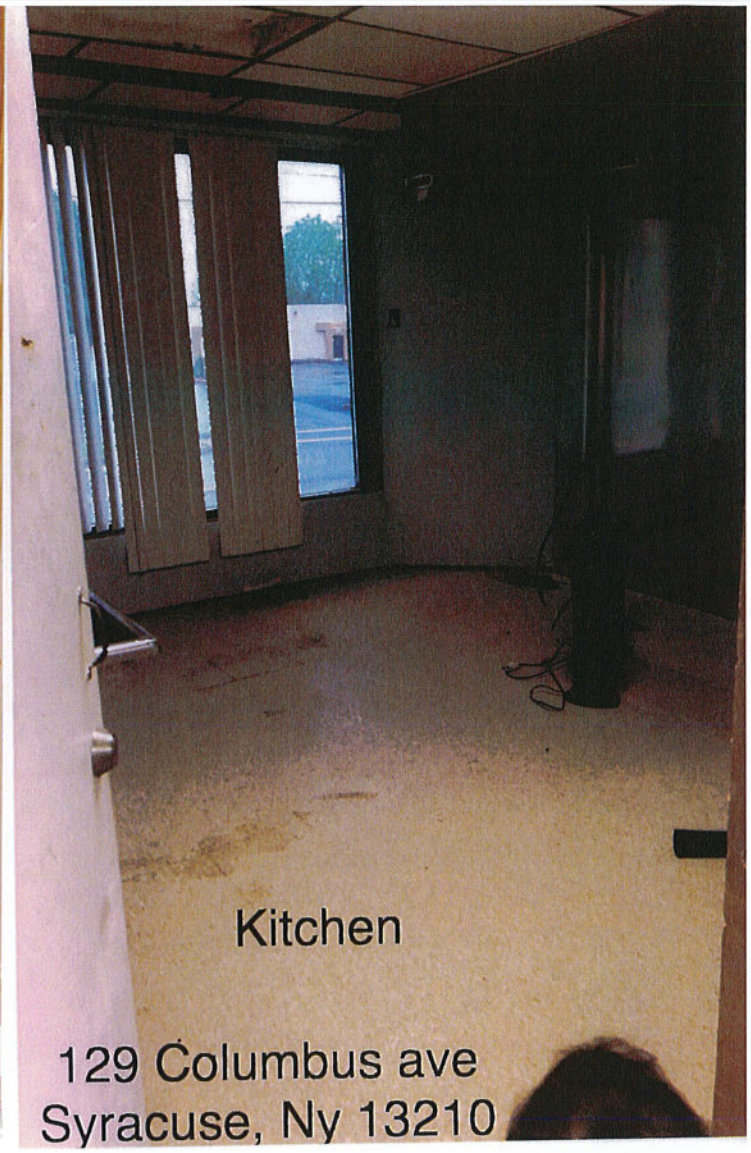
129 Columbus Ave Syracuse
NY 13210

Front
129

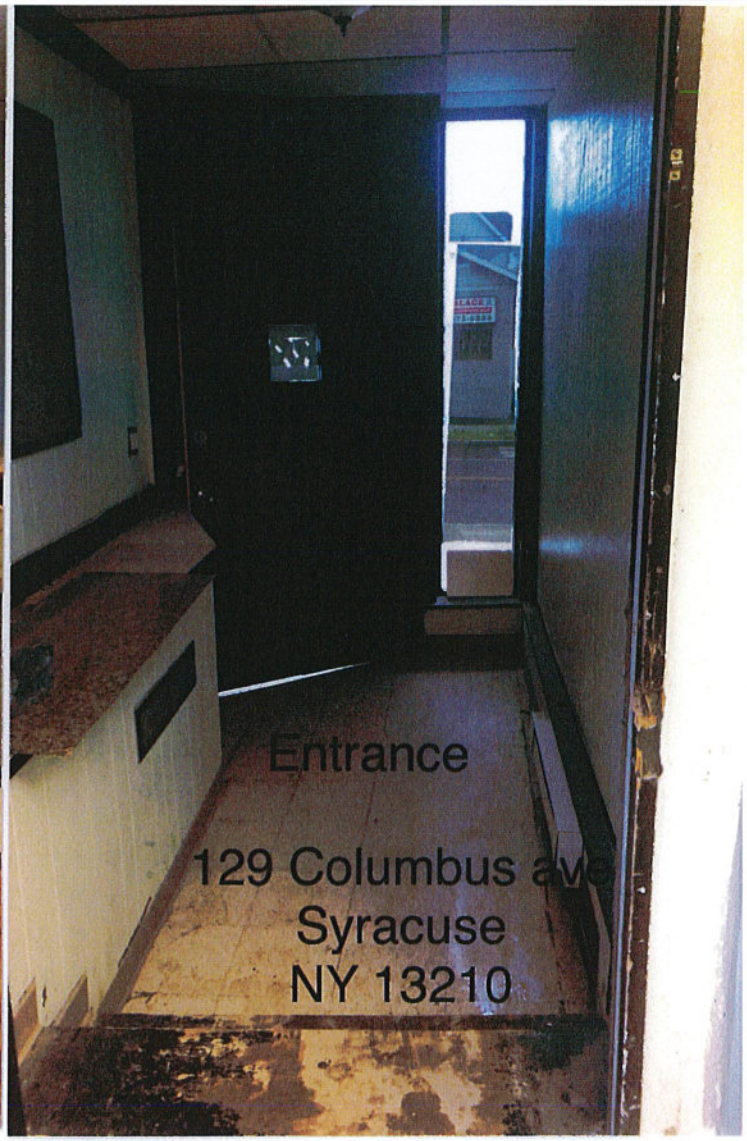
EXIT
Exit
129 Columbus Ave Syracuse
NY 13210

Employee area
29 Columbus ave Syracuse
NY 13210

Bathroom
129 Columbus ave Syracus
NY 13210


Kitchen
129 Columbus ave
Syracuse, Ny 13210

Employee area
129 Columbus ave Syracuse,
NY 13210


Entrance
129 Columbus ave
Syracuse
NY 13210

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:
709 Restaurant

Project Location (describe, and attach a location map):
129 columbus Ave Syracuse NY 13224

Brief Description of Proposed Action:
Take out food
prep food for take out

Name of Applicant or Sponsor:	Telephone: 315-278-2323
Carmen D. Rumaldo	E-Mail: Robin16890s@gmail.com

Address:
124 Genesee Park DR

City/PO:	State:	Zip Code:
Syracuse	NY	13224

	NO	YES
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.	☑	☐
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: Office of Zoning Administration	☐	☑

3. a. Total acreage of the site of the proposed action? 896.85 acres
   b. Total acreage to be physically disturbed? 896.85 acres
   c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 0 acres

4. Check all land uses that occur on, are adjoining or near the proposed action:

☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☑ Commercial ☐ Residential (suburban)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify):

☐ 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?	☐	☐	☑

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☑

	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: _____	☑	☐

	NO	YES
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
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
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	☐	☑

	NO	YES
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	☐	☑

	NO	YES
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
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: _____		

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

	NO	YES
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?	☑	☐
16. Is the project site located in the 100-year flood plan?	☑	☐
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?	☑	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	☑	☐
If Yes, briefly describe: Water flow through sewe out to the street		
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:	☑	☐
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:	☑	☐
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:	☑	☐

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

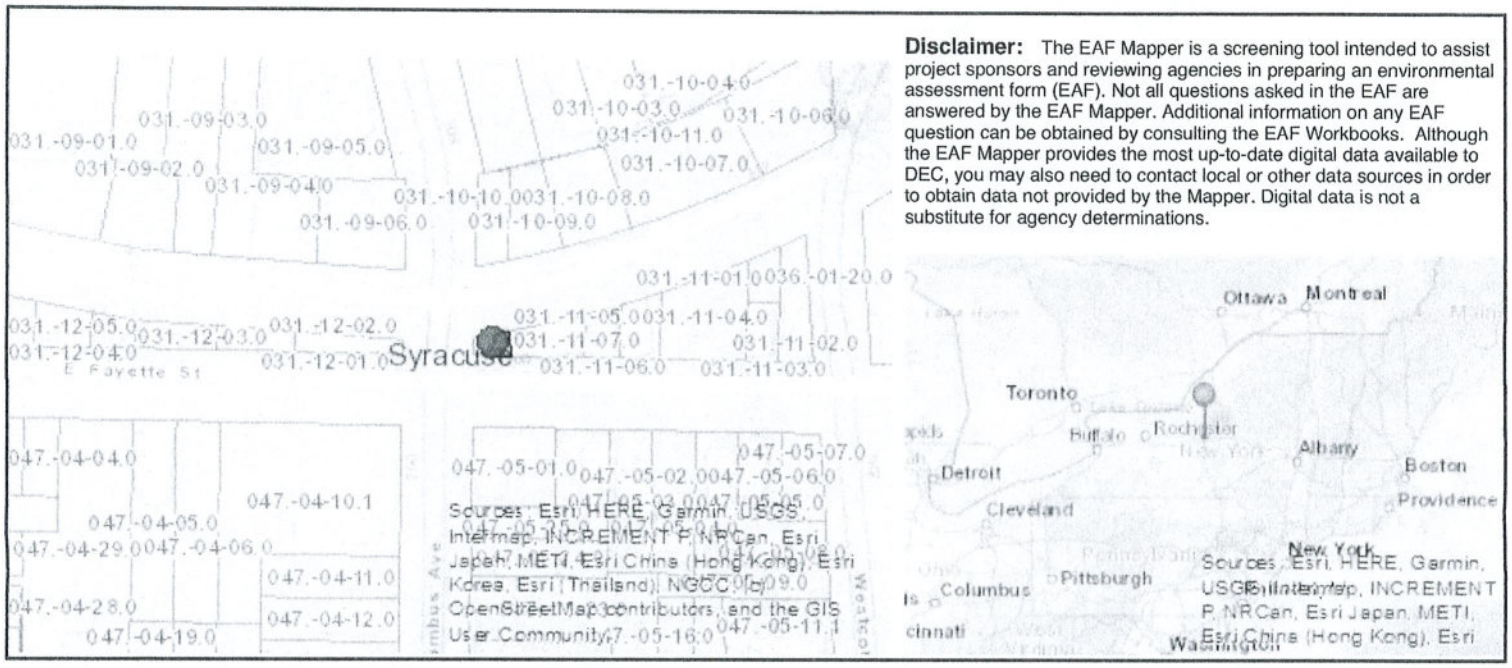
Applicant/sponsor name: Carmen D. Kumaldo Date: 6-19-20

Signature: Title: Tenant

PRINT FORM

EAF Mapper Summary Report

Friday, March 06, 2020 7:25 PM



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	Yes
Part 1 / Question 15 [Threatened or Endangered Animal - Name]	Northern Long-eared Bat
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	Yes

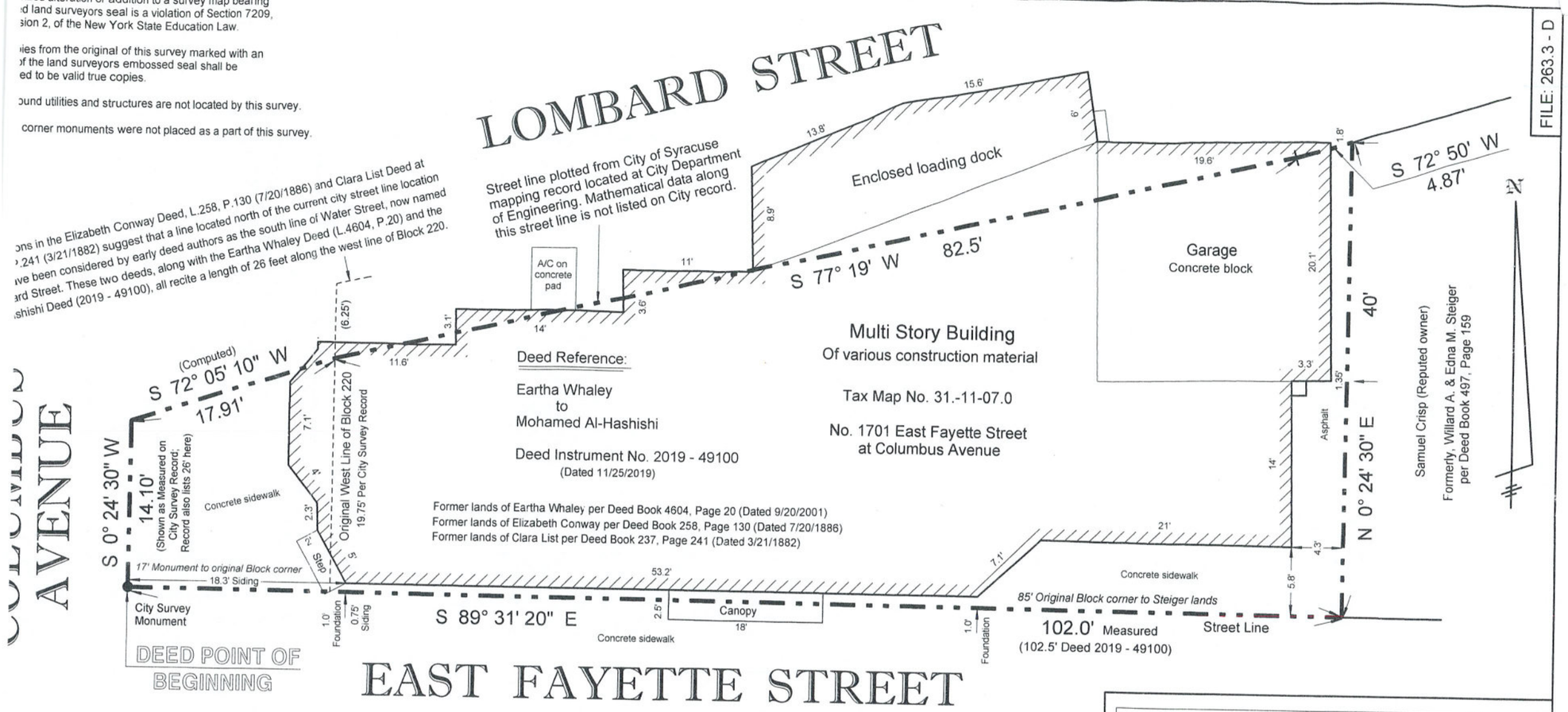
rized alteration or addition to a survey map bearing
d land surveyors seal is a violation of Section 7209,
sion 2, of the New York State Education Law.

ies from the original of this survey marked with an
of the land surveyors embossed seal shall be
ed to be valid true copies.

ound utilities and structures are not located by this survey.

corner monuments were not placed as a part of this survey.

ons in the Elizabeth Conway Deed, L.258, P.130 (7/20/1886) and Clara List Deed at
.241 (3/21/1882) suggest that a line located north of the current city street line location
ave been considered by early deed authors as the south line of Water Street, now named
ard Street. These two deeds, along with the Eartha Whaley Deed (L.4604, P.20) and the
shishi Deed (2019 - 49100), all recite a length of 26 feet along the west line of Block 220.



FILE: 263.3 - D

Lands of
Mohamed Al-Hashishi
Part of Block No. 220
City of Syracuse
Onondaga County, New York
SCALE: 1" = 10' FILE: 263.3 - D

THOMAS D. JONES
W YORK STATE LICENSED LAND SURVEYOR
7 STONYKILL STREET EAST SYRACUSE, N.Y. 13057
PHONE: (315) 656-8607

The undersigned certifies that this map was made from an actual survey completed April 16, 2020.

N.Y. State Licensed Land Surveyor No. 49315

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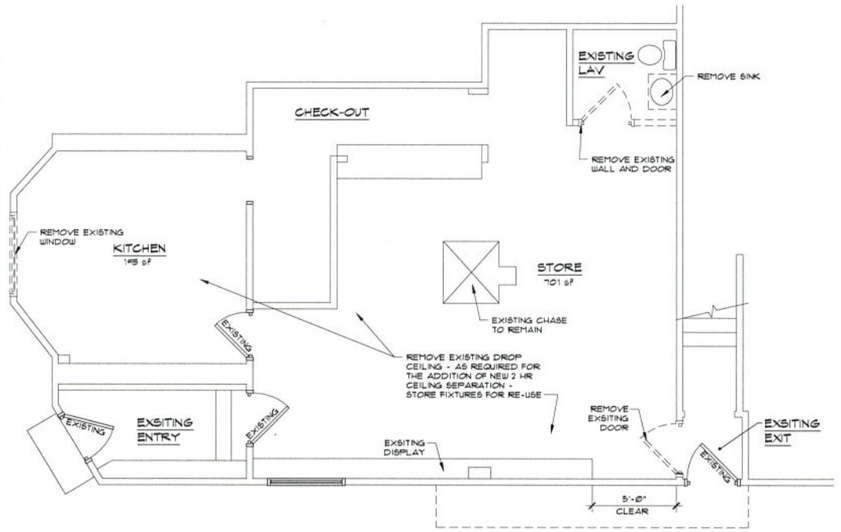
All Rights Reserved



DEMOLITION PLAN

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

DEMO NOTES:

A. CONTRACTOR IS TO COORDINATE ALL REMOVALS WITH THE NEW SCOPE OF WORK. REFER TO THE NEW FLOOR PLAN ON DRAWING A-2 FOR THE COMPLETE SCOPE OF WORK.

B. REMOVE AND DISPOSE OF ALL ITEMS INDICATED TO BE REMOVED, EXCEPT AS NOTED.

C. REMOVE EXISTING PARTITIONS COMPLETELY INCLUDING ALL ELECTRICAL DEVICES, CONDUITS AND WIRING AS INDICATED ON THE REMOVALS FLOOR PLAN. ELECTRICAL CONTRACTOR TO REMOVE ALL ABANDONED WIRING AND CONDUITS. E.C. TO COORDINATE WITH NEW WORK.

D. REMOVE EXISTING DOORS, DOOR FRAMES AND HARDWARE COMPLETELY AS INDICATED. CONTRACTOR IS TO FIELD VERIFY IF ANY OF THE REMOVED HD METAL DOORS, DOOR HARDWARE AND / OR HOLLOW METAL DOOR FRAMES CAN BE SAVED AND REUSED, WITH APPROVAL FROM THE BUILDING OWNER.

E. REMOVE EXISTING FLOOR FINISHES, WHERE INDICATED, COMPLETELY AND PREP REMAINING SUB-FLOOR TO RECEIVE NEW FLOOR FINISHES.

F. REMOVE AND DISPOSE OF EXISTING CABINETRY AS INDICATED OR REQUESTED BY OWNER TO INCORPORATE. (WHERE APPLICABLE)

G. ELECTRICAL CONTRACTOR TO COORDINATE REMOVALS WHERE INDICATED WITH NEW WORK. REMOVE PIPING NOT USED.

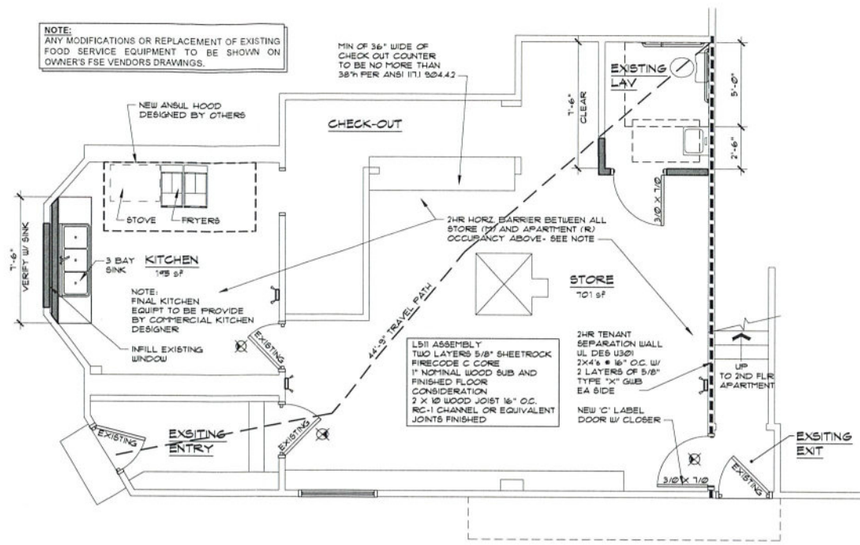
H. PLUMBING CONTRACTOR TO COORDINATE REMOVALS WHERE INDICATED WITH NEW WORK. REMOVE PIPING NOT USED.

I. HVAC CONTRACTOR TO COORDINATE REMOVALS WHERE INDICATED WITH NEW WORK. REMOVE DUCTWORK NOT USED.

J. THE CONTRACTOR IS TO PROTECT ALL EXISTING WALLS, DOORS, FLOOR FINISHES, CEILINGS, ETC., THAT ARE TO REMAIN AND/OR NOT IN THE SCOPE OF WORK. CONTRACTOR IS RESPONSIBLE FOR ALL DAMAGE TO ITEMS NOT IN THE SCOPE WORK AND WILL BEAR ALL COSTS FOR THE REPAIR OF DAMAGED AREAS TO LIKE NEW CONDITION.

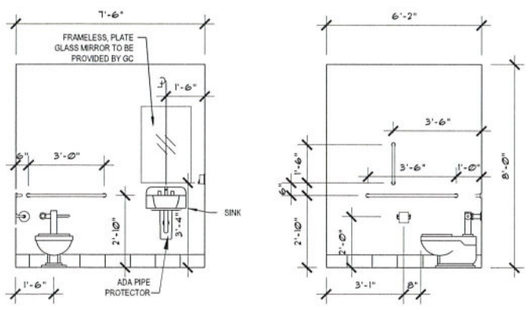
K. ALL WORK IS TO BE DONE IN A WORKMAN LIKE MANNER IN ACCORDANCE WITH ALL GOVERNING LOCAL, STATE AND FEDERAL CODES AND REGULATIONS.

L. GENERAL CONTRACTOR IS TO PROPERLY DISPOSE OF AND / OR RECYCLE ALL REMOVED BUILDING MATERIALS IN ACCORDANCE WITH ALL LOCAL, STATE AND FEDERAL REGULATIONS.



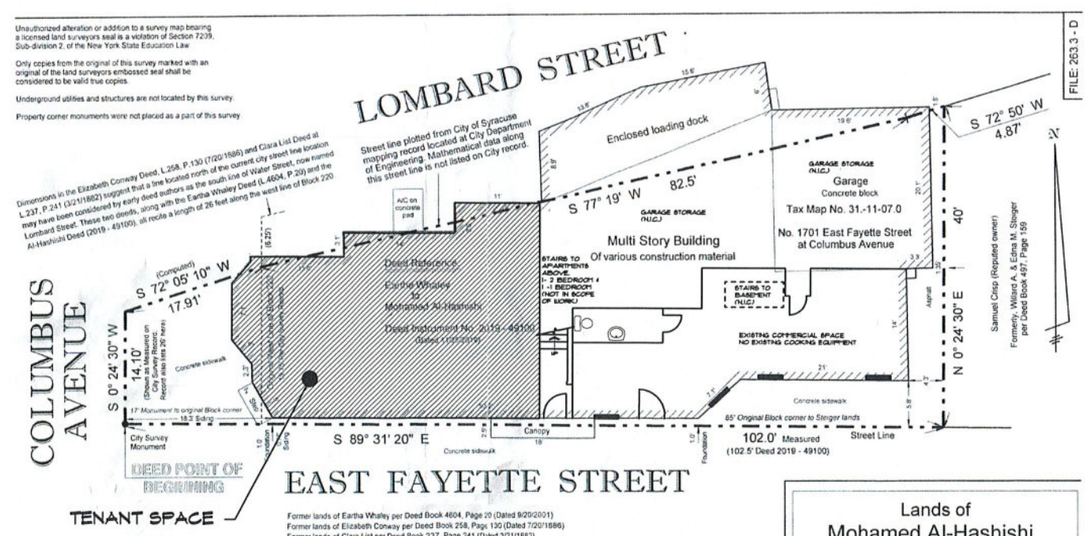
PROPOSED FLOOR PLAN

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



TOILET ELEVATIONS

SCALE: 3/8" = 1'-0"



KEY PLAN

NTS

CONSTRUCTION PLAN LEGEND

Type	Description
	NEW INTERIOR PARTITIONS: FULL HT. PARTITION: 3-1/2" WOOD STUD FRAMING @ 16" O.C., 5/8" TYPE "X" GWB EA. SIDE
	EXISTING WALLS AND PARTITIONS PATCH & REPAIR AS NEEDED TO MAINTAIN FIRE SEPARATION
	EXISTING WALLS AND PARTITIONS TO BE DEMOLISHED
	ABOVE, BELOW OR BEYOND
	EXISTING DOOR
	NEW DOOR

GENERAL NOTES:

1. ALL DIMENSIONS ARE TO FINISH FACE OF PARTITIONS, UNLESS OTHERWISE NOTED.
2. MODIFICATIONS TO HVAC, PLUMBING & ELECTRICAL SYSTEMS TO BE DESIGN/BUILD BY THE CONTRACTOR. CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL NECESSARY APPROVALS, PERMITS, & INSPECTIONS REQUIRED BY LOCAL & STATE CODES.
3. MODIFICATIONS TO LIFE SAFETY WARNING & DETECTION DEVICE LAYOUT TO BE DESIGN/BUILD BY THE ELECTRICAL CONTRACTOR. CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL NECESSARY APPROVALS, PERMITS & INSPECTIONS REQUIRED BY LOCAL & STATE CODES. COORDINATE WITH BUILDING OWNER ALL MODIFICATIONS TO EXISTING SYSTEM.
4. INTERIOR FINISHES TO COMPLY WITH NYS BUILDING CODE, CHAPTER 8
5. PROVIDE FIRE EXTINGUISHERS AND LOCATE PER CODES OFFICER
6. EQUIPMENT & FIXTURE INFORMATION PROVIDED BY OWNER

CODE REVIEW SUMMARY

APPLICABLE CODES:
2020 Building Code of New York State (First Printing: Nov 2019)
2020 Energy Conservation Construction Code of New York State (First Printing: Nov 2019)
2020 Existing Building Code of New York State (First Printing: Nov 2019)
2020 Fire Code of New York State(First Printing: Nov 2019)
2020 Plumbing Code of New York State (First Printing: Nov 2019)
2020 Mechanical Code of New York State (First Printing: Nov 2019)
2020 Fuel Gas Code of New York State (First Printing: Nov 2019)
2020 Property Maintenance Code of New York State (First Printing: Nov 2019)
NFPA 10 - PORTABLE FIRE EXTINGUISHERS - 2018 EDITION
NFPA 13 - STANDARD FOR THE INSTALLATION OF SPRINKLER SYSTEMS - 2016 EDITION
NFPA 70 - NATIONAL ELECTRICAL CODE - 2017 EDITION (NEC)
NFPA 72 - NATIONAL FIRE ALARM AND SIGNALING CODE - 2016 EDITION
NFPA 101 - LIFE SAFETY CODE - 2018 EDITION (LSC)
ICC / A117.1-09 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES (ANSI)

EXISTING BUILDING CONSTRUCTION TYPE AND OCCUPANCY:
CONSTRUCTION TYPE: EXISTING TYPE V-B, UN-SPRINKLERED
USE GROUP: MIXED USE BUSINESS (B) - MERCANTILE (M) - RESIDENTIAL (R2)

Existing space was used as a barber shop (B) will now be used as Mercantile (M)

EXISTING TENANT AREA:
EXISTING LOWER LEVEL GROSS AREA: 896.8 S.F.

CALCULATED OCCUPANCY BY USE: (SECTION 1004 OCCUPANT LOAD)
KITCHEN AREA: 195.4/ 200 S.F./PER = 1 EMPLOYEES
STPRE/RETAIL AREA 701.47 / 60 SF PER = 11 PEOPLE

TOTAL OCCUPANT LOAD: 12 PEOPLE

EGRESS:

SECTION 1006 NUMBER OF EXITS AND EXIT ACCESS DOORWAYS
TABLE 1006.3.1 MINIMUM NUMBER OF EXITS OR ACCESS TP EXITS PER STORY

OCCUPANT LOAD	NUMBER OF EXITS REQUIRED	NUMBER OF EXITS PROVIDED
1-500	2	2*

SECTION 1017 EXIT ACCESS TRAVEL DISTANCE
TABLE 1017.2 EXIT ACCESS TRAVEL DISTANCE
OCCUPANCY - M (W/O SPRINKLER SYSTEM) 75 EET = ACTUAL DISTANCE 44'-9"

1020.4 DEAD ENDS. WHERE MORE THAN ONE EXIT OR EXIT ACCESS DOORWAY IS REQUIRED, THE EXIT ACCESS SHALL BE ARRANGED SUCH THAT THERE ARE NO DEAD ENDS IN CORRIDORS MORE THAN 20 FEET IN LENGTH.

PLUMBING FIXTURE REQUIREMENTS:
SECTION PC403 MINIMUM PLUMBING FACILITIES
TABLE PC403.1 MINIMUM NUMBER OF FIXTURES REQUIRED:

OCCUPANCY	WATER CLOSETS MALE	WATER CLOSETS FEMALE	LAVATORIES MALE	LAVATORIES FEMALE	DRINKING FOUNTAIN	OTHER
M	1	1	1	1	0	0

(REQUIRED DRINKING FOUNTAIN: 1 PER 500 ***SEE NOTE BELOW.***)

(PC410.4 Substitution. Where restaurants provide drinking water in a container free of charge, drinking fountains shall not be required in those restaurants. In other occupancies where drinking fountains are required, water dispensers shall be permitted to be substituted for not more than 50 percent of the required number of drinking fountains.)

Exception e: [P] Table 2902.1 : Occupancies in groups M & B with fewer than 15 occupants do not require a service sink

2902.2 Separate facilities

Exception 3. separate facilities shall not be required in mercantile occupancies where the maximum occupant load is less than 100 people.

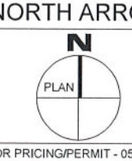
Grease trap

1010.1 Increased demand. Where the occupancy of an existing building or part of an existing building is changed such that the new occupancy is subject to increased or different plumbing fixture requirements or to increased water supply requirements in accordance with the International Plumbing Code, the new occupancy shall comply with the intent of the respective International Plumbing Code provisions.

1010.2 Food-handling occupancies. If the new occupancy is a food-handling establishment, all existing sanitary waste lines above the food or drink preparation or storage areas shall be panned or otherwise protected to prevent leaking pipes or condensation on pipes from contaminating food or drink. New drainage lines shall not be installed above such areas and shall be protected in accordance with the International Plumbing Code.

1010.3 Interceptor required. If the new occupancy will produce grease or oil-laden wastes, interceptors shall be provided as required in the International Plumbing Code.

NORTH ARROW



ISSUED FOR PRICING/PERMIT - 05-27-2020

RAV ARCHITECT P.C.

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PROJECT TITLE & LOCATION:

Proposed Store For:
Take-out food store
1701 East Fayette Street,
Syracuse, New York 13210

REVISIONS

DRAWING TITLE
Demolition Plan, Proposed Floor Plan, Toilet Elevations, Code Review Summary, Key Plan

DRAWING INFORMATION	
Scale	AS NOTED
Drawn	RAV
Checked	RAV
Date	05-26-20
Job No.	20-089

DRAWING NUMBER
A-1