

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: 10/2/19 Case Number: SP-86-39-M1 Zoning District: CA

NEW SPECIAL PERMIT MODIFICATION OF EXISTING SPECIAL PERMIT

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

505 South State Street

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

Section: 017 Block: 12 Lot: 09.0
Section: Block: Lot:
Section: Block: Lot:

*505 State St
North*

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) Signs Permitted Change in Approved size

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

CHANGE THIS TAKE-OUT WITH LIMITED IN-STORE SEATING
TO ETHIOPIAN TAKE-OUT WITH LIMITED IN-STORE SEATING

PROPERTY OWNER INFORMATION:

Name(s): Tesfahiwot Okube
Mailing Address: 1610 Lodi St. Apt 2 Syracuse NY 13208
Zip: 13208 Daytime phone: 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):

Mailing Address:

Zip: Home phone: Day Phone:

E-mail:

REPRESENTATIVE INFORMATION:

(Only if involved in this application)

Attorney Architect Contractor Other

Name(s):

Mailing Address:

Zip: Telephone: E-mail:

DESCRIPTION OF OPERATION:

Days of week open:

Hours of operation:

Maximum number of employees on premises at one time:

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

Other uses currently on the property: FIRST FLOOR:

SECOND FLOOR: OTHER FLOORS:

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	<input type="text" value="20" x280"=""/>	Location	<input type="text" value="Front Canopy"/>	Type	<input type="text" value="Canopy"/>
Size	<input type="text" value="36" x60"=""/>	Location	<input type="text" value="Front pendant"/>	Type	<input type="text" value="Pendant TYPE"/>
Size	<input type="text"/>	Location	<input type="text"/>	Type	<input type="text"/>

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

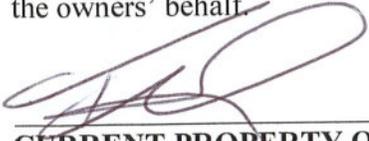
DECLARATION:

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.



CURRENT PROPERTY OWNER SIGNATURE

10/01/19

DATE



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) _____



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			
Ethioeritrea Restaurant			
Name of Action or Project: 505 North State Street Syracuse			
Project Location (describe, and attach a location map): see site plan			
Brief Description of Proposed Action: Change of ownership of take-out restaurant with some eat in tables from Thia to Ethiopian style foods			
Name of Applicant or Sponsor: Thomas DiTullio		Telephone: 315-427-1637	
		E-Mail: thomasditullio@aol.com	
Address: 237 Whittier Ave			
City/PO: Syracuse		State: Ny	Zip Code: 13204
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: local planning			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		_____ .05 acres	
b. Total acreage to be physically disturbed?		_____ .05 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ .05 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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? 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 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"/>
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"/>
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 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 checked="" type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	<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"/>
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 checked="" type="checkbox"/> <input type="checkbox"/>

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 THOMAS D. TULLO on 9/27/11 :
(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.



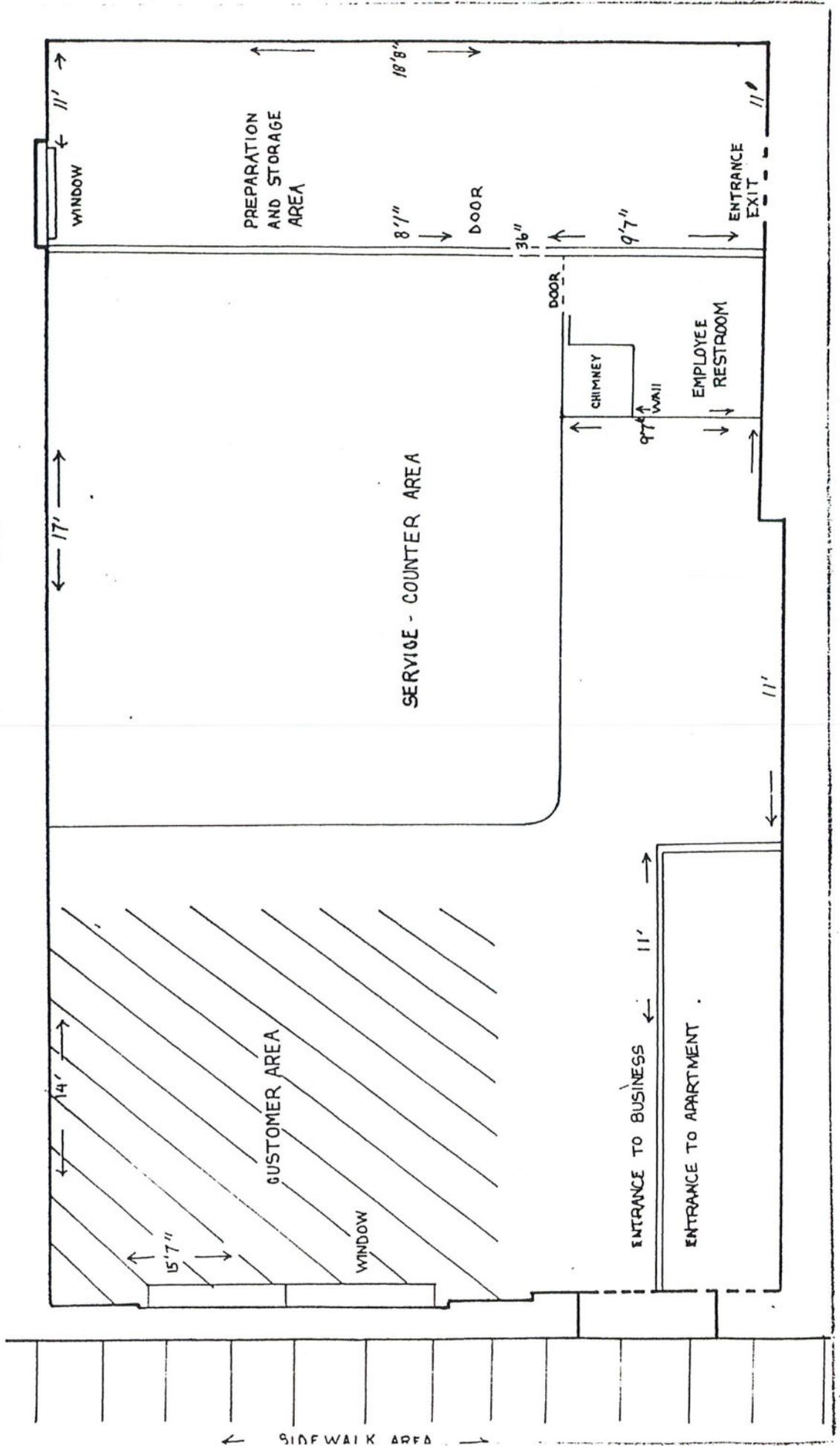
(applicant's signature)

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

FLOOR PLAN FOR SOS
N. STATE ST.

AUGUST 1986



City of Syracuse – Division of Code Enforcement
201 East Washington Street • Syracuse, New York 13202 • 315-448-8695



CERTIFICATE OF COMPLIANCE SECTION 27-15
PROPERTY CONSERVATION CODE

To: Tesfahiwot H. Okube
1610 Lodi Street Apt #2
Syracuse, NY
13208

Issuance Date: Sept. 20, 2019

Pursuant to an inspection made on September 19, 20 19 of the premises located at
505 N. State Street
Syracuse, New York

This office certifies that the referenced property is on this date in substantial compliance with the Property Conservation Code and the Zoning Ordinance of the City of Syracuse.

PROPERTY DESCRIPTION

Number of structures on lot 1 Type of Construction: Masonry — Wood Frame — —

Number of Apartments: 1 Sleeping Rooms: _____ Commercial Units: 1
(Rooming House ONLY) (1) Occupied as: Restaurant

(2) Occupied as: _____

(3) Occupied as: _____

(4) Occupied as: _____

Total units by stories: Auxiliary Buildings? (INDICATED WITH AN X)
Cellar _____ 0. None

Basement _____ 1. 1-CAR MASONRY GARAGE

First Floor 1 2. 2-CAR MASONRY GARAGE

Second Floor 1 3. 3 OR MORE CAR MASONRY GARAGE

Third Floor _____ 4. 1-CAR WOOD FRAME GARAGE Attic _____ (Y) (N)

Fourth Floor _____ 5. 2-CAR WOOD FRAME GARAGE

6. 3 OR MORE CAR WOOD FRAME GARAGE

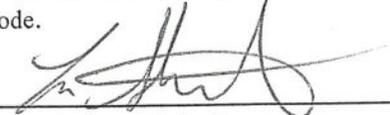
7. CARRIAGE HOUSE Car Spaces _____

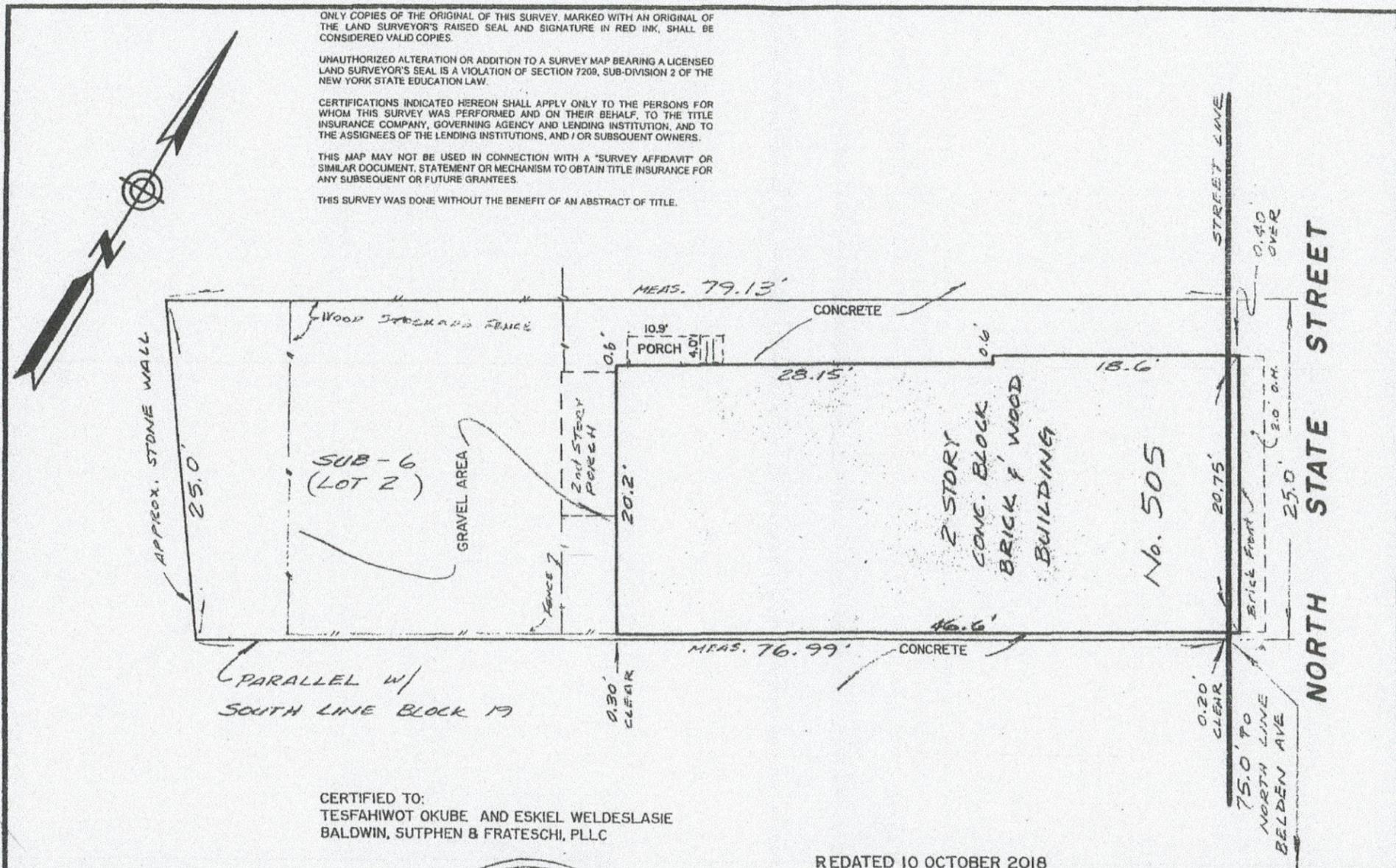
8. SHED

If the inspection referred to above was made during the period of May 31 to September 15 no representation is made hereby as to the adequacy of the heating system. This certificate shall be considered current for a period of five (5) years after the date of issuance provided that such Certificate of Compliance has not been revoked during that period as provided in accordance with Article 2 Section 27-15 of the Property Conservation Code.

Receipt #: 2019-TS-265

Case #: 31


Assistant Director



CERTIFIED TO:
TESFAHIWOT OKUBE AND ESKIEL WELDESLASIE
BALDWIN, SUTPHEN & FRATESCHI, PLLC

REDATED 10 OCTOBER 2018

LEHR
LAND SURVEYORS

LIVERPOOL, NEW YORK

STATE OF NEW YORK
DOUGLAS R. LEHR
HEREBY CERTIFY THAT THIS IS AN ACCURATE MAP MADE FROM AN ACTUAL SURVEY.
LICENSED LAND SURVEYOR
DOUGLAS R. LEHR
NYSLS 49223

Location survey on Sub 6-Lot #2, part of Block #19, City of Syracuse.

Known as No. 505 North State Street, City of Syracuse, County of Onondaga, N.Y.

DRAWN BY: TWW	SCALE: 1"=10'	DATE: 09 June 1986
REVISIONS: REDATED DEC. 21, 1989		DRAWING NO. 86-06-67*

REGISTERED ARCHITECT
THOMAS J. DITULLIO
STATE OF NEW YORK
028851

THOMAS J. DITULLIO
ARCHITECT
237 Whittier Ave. Syracuse N.Y. 13204
Phone 315-427-1637
Email: thomasditullio@aol.com
COPY RIGHT PROTECTED ALL RIGHTS RESERVED BY THOMAS J DITULLIO R.A.

CHANGE OF OCCUPANCY
ETHIOERITREA RESTAURANT
505 NORTH STATE STREET
SYRACUSE, NY

DRN BY:
T DITULLIO
SCALE:
AS NOTED
9/9/2019
REV.

S-1
JOB NO.
1918



REPLACE SIGN
IN-KIND

**ETHIOERITREA
RESTAURANT**
315-XXX-XXXX

3'X5' D/F SIGN
ALUMALITE

ETHIOERITREA RESTAURANT

CANVAS VALANCE
20"H X 289"W

BURGANDY COLORED

NEW SIGN

SCALE: NTS

STREET ELEVATION

SCALE: NTS



DRN BY:
T DITULLIO
SCALE:
AS NOTED

9/9/2019

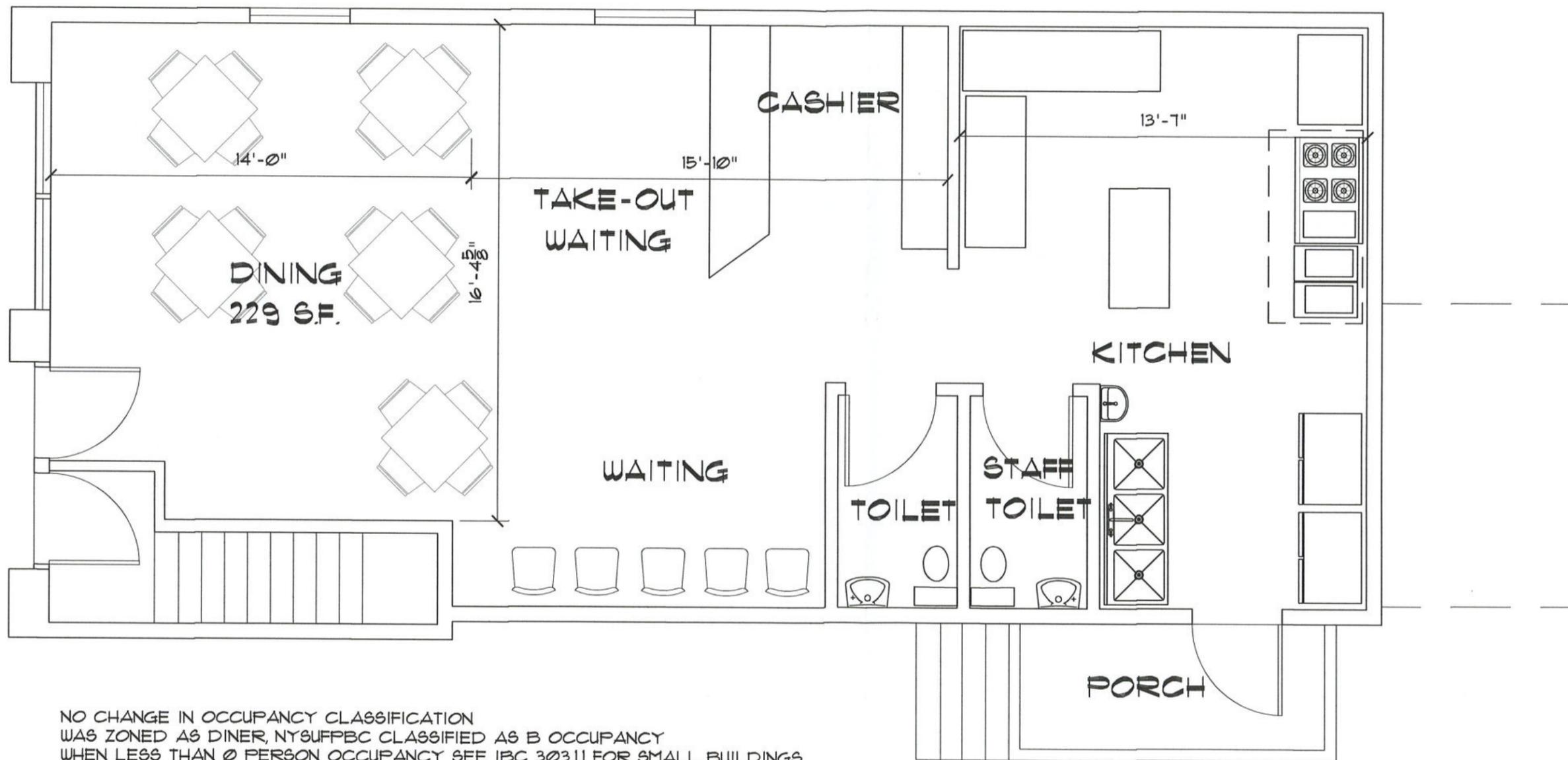
REV.

A-0

JOB NO.
1918

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Phone 315-427-1637
Email: thomasditullio@aol.com
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CHANGE OF OCCUPANCY
ETHIOERITREA RESTAURANT
6105 NORTH STATE STREET
SYRACUSE, NY



NO CHANGE IN OCCUPANCY CLASSIFICATION
 WAS ZONED AS DINER, NYSUPPBC CLASSIFIED AS B OCCUPANCY
 WHEN LESS THAN 0 PERSON OCCUPANCY SEE IBC 303.1.1 FOR SMALL BUILDINGS
 SMOKE, FIRE DETECTION SYSTEMS WERE COMPLIANT WHEN LAST INSPECTED.
 SEE IBC 1001.2.1 WHEN WORK DOES NOT CHANGE USE IN CLASSIFICATION
 OR ANOTHER GROUP. NO WORK PERFORMED OTHER THAN CLEANING PAINTING
 AND SIGN CANOPY CHANGE. USE REMAINS THE SAME.

FIRST FLOOR PLAN

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



THOMAS J. DITULLIO
 ARCHITECT
 237 Whittier Ave. Syracuse N.Y. 13204
 Phone 315-427-1637
 Email: thomasditullio@aol.com
 COPY RIGHT PROTECTED ALL RIGHTS
 RESERVED BY THOMAS J DITULLIO R.A.

CHANGE OF OCCUPANCY
ETHIORETREA RESTAURANT
1505 NORTH STATE STREET
SYRACUSE, NY

DRN BY:
 T DITULLIO
 SCALE:
 AS NOTED

9/9/2019

REV.

A-1

JOB NO.
 1918