

City of Syracuse Zoning Administration
Application for SPECIAL PERMIT Review by the Planning Commission
City Hall Commons * Room 500 * 201 E. Washington Street * Syracuse, NY 13202-1426 * 315-448-8640

For Office Use: Filing Date: 3/5/20 Case Number: SP-98-2443 Zoning District: CA
 NEW SPECIAL PERMIT MODIFICATION OF EXISTING SPECIAL PERMIT

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

638 W Genesee Street, Syracuse, NY 13204

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

Section: <u>106</u>	Block: <u>.06</u>	Lot: <u>05.0</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) Repair Facility

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

Sign A: Install new sign cabinet on West elevation on corner of building. Illuminated internally by LED. 2'2"Hx14'8"W.
Copy will be Gerber Collision & Glass.

Sign B: Remove existing sign from East elevation and move to South elevation above entrance door. Replace existing sign face with new. 1'-11 1/2"H x 15'-11 1/2' W internally illuminated. Copy will be Gerber Collision & Glass.

Sign C: Remove existing sign face and replace with new sign face 3'-11 1/2"H x 7'-11 1/2"W internally illuminated.
Copy will be Gerber Collision & Glass.

PROPERTY OWNER INFORMATION:

Name(s): Todd Zigrassi
Mailing Address: 32 King Fisher Dr
Zip: 14559 Daytime phone: 585-202-4361 Home phone:
E-mail: ToddZigrassi@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): Deborah Yost, Yost Neon Displays, Inc.

Mailing Address: 20 Ransier Drive, West Seneca, NY

Zip: 14224 Telephone: 716-713-3231 E-mail: yostneon@yahoo.com

DESCRIPTION OF OPERATION:

Days of week open: 6 days

Hours of operation: M W F 8am - 5pm, T & Th 8am - 5:30pm, Saturday 8:30am - 12pm

Maximum number of employees on premises at one time: 24

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

Size	Location	Type	(Wall, Ground, Projecting, Window)
2'2"H x 14'8"W	Corner of West elevation	Wall	
1'-11 1/2"H x 15'-11 1/2"W	South elevation	Wall	
3'-11 1/2"H x 7'-11 1/2"W	North elevation	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.

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.

Todd Egocsi 12-26-19
CURRENT PROPERTY OWNER SIGNATURE 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) _____

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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

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: Gerber Collision & Glass - Sign Package				
Project Location (describe, and attach a location map): 638 W Genesee Street				
Brief Description of Proposed Action: Sign A. Install new sign cabinet on West elevation on corner of building. Illuminated internally by LED. 2'2"Hx14'8"W. Sign B. Remove existing sign from East elevation and move to South elevation above entrance door. Replace existing sign face with new. 1'-11 1/2"H x 15'-11 1/2"W internally illuminated. Sign C: Remove existing sign face and replace with new sign face 3'-11 1/2"H x 7'-11 1/2"W internally illuminated. Copy on all signs will be Gerber Collision & Glass				
Name of Applicant or Sponsor: Deborah Yost - Yost Neon Displays, Inc.		Telephone: 716-713-3231 E-Mail: yostneon@yahoo.com		
Address: 20 Ransier Drive				
City/PO: West Seneca		State: NY	Zip Code: 14224	
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 checked="" 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: Planning Dept or Code Enforcement			NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			<div style="display: flex; justify-content: space-between;"> 1.303 acres _____ acres _____ acres </div>	
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 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				

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

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

N/A

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	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Is the project site located in the 100-year flood plan?

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

17. Will the proposed action create storm water discharge, either from point or non-point sources?

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If Yes,

a. Will storm water discharges flow to adjacent properties?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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If Yes, briefly describe:

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)?

NO	YES
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If Yes, explain the purpose and size of the impoundment:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?

NO	YES
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If Yes, describe:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?

NO	YES
----	-----

If Yes, describe:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: Deborah Yost

Date: 12/19/19

Signature: [Handwritten Signature]

Title: Vice President



February 11, 2020

City Hall Commons
Room 500
201 E. Washington Street
Syracuse, NY 13202-1426

To Whom It May Concern:

On behalf of Gerber Collision & Glass we are requesting waivers for the special permit application.

Currently there is no signage identifying the business name directly on W. Genesee Street. The addition of the 31.8 square foot sign cabinet to the West elevation and the relocation of the East elevation sign (32 square feet) to the South elevation will have a direct impact on visual finding of Gerber Collision & Glass from W. Genesee Street.

The existing signage on the North elevation (32 square feet) will be refaced with no change to structure or size. This signage also serves as a necessary visual finding for customers who are entering the business property and can be seen from W. Genesee Street. All signage is internally illuminated with LED lighting. All of the proposed signs are under the requirement of 40 square feet.

All proposed signage is necessary for business growth and sustainability of Gerber Collision & Glass. There are many Car dealerships on W. Genesee Street that multiple exterior signs.

We appreciate your consideration in this matter.

Sincerely,

Deborah Yost
Vice President

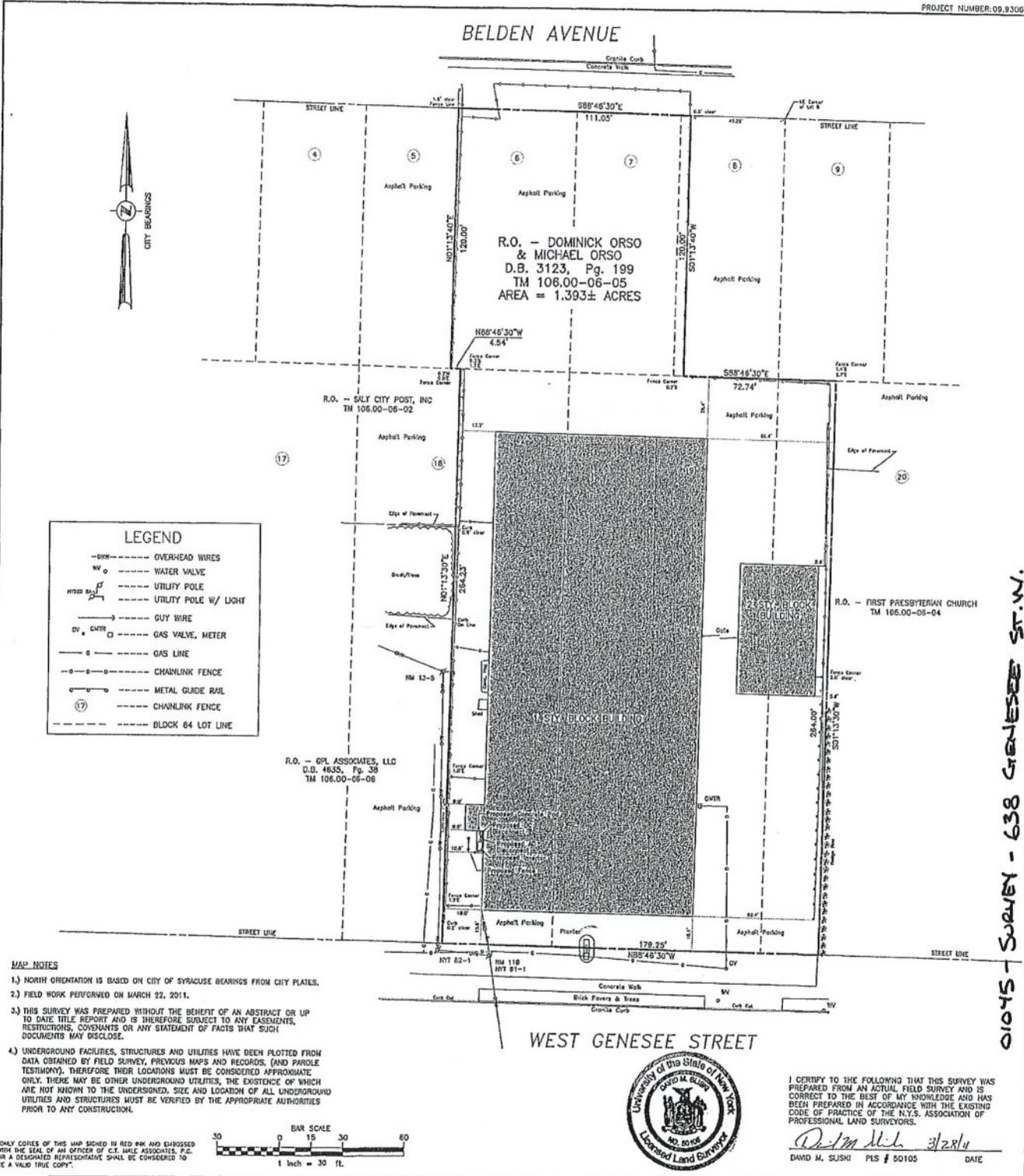
Yost Neon Displays, Inc.
20 Ransier Drive
Buffalo, NY 14224
YostNeon@yahoo.com
716-713-3231

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4. Survey drawings meet appropriate accuracy standards only at the scale at which the field copies were provided. Any enlargement of the field copies will decrease its accuracy.

XREFS: NONE

PROJECT NUMBER: 09.9306



CAD DWG. FILE NAME: ORSO SURVEY.DWG

01045 - SURVEY - 638 GENESEE ST. W.



I CERTIFY TO THE FOLLOWING THAT THIS SURVEY WAS PREPARED FROM AN ACTUAL FIELD SURVEY AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND HAS BEEN PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE OF THE N.Y.S. ASSOCIATION OF PROFESSIONAL LAND SURVEYORS.

David M. Suski 3/28/11
DAVID M. SUSKI PLS # 80105 DATE



"ONLY COPIES OF THIS MAP SIGNED IN RED INK AND EMBOSSED WITH THE SEAL OF AN OFFICER OF C.T. MALE ASSOCIATES, P.C. OR A DESIGNATED REPRESENTATIVE SHALL BE CONSIDERED TO BE A VALID TRUE COPY."

DATE	REVISIONS RECORD/DESCRIPTION	DRAFTER	CHECK	APPR.	UNAUTHORIZED ALTERATION OR ADDITION TO THIS DOCUMENT IS A VIOLATION OF THE NEW YORK STATE EDUCATION LAW.
					© 2011 C.T. MALE ASSOCIATES, P.C.
					APPROVED:
					DRAFTED : DMS
					CHECKED : DMS
					PROJ. NO: 09.9306
					SCALE : 1" = 30 FT.
					DATE : MAR. 28, 2011

BOUNDARY SURVEY MAP
OF
NICK ORSO'S BODY SHOP & SERVICE CENTER
638 WEST GENESEE STREET

LOTS 6, 7, & 19 and PART OF LOTS 8, 18 & 20 OF CITY BLOCK NUMBER 64
CITY OF SYRACUSE ONONDAGA COUNTY, NEW YORK

C.T. MALE ASSOCIATES, P.C.
300 GATEWAY PARK DRIVE, SUITE 200, BOX 3246
SYRACUSE, NY 13209
315.458.6438 • FAX 315.458.4427
ARCHITECTURE & BUILDING SYSTEMS ENGINEERING • CIVIL ENGINEERING
ENVIRONMENTAL SERVICES • SURVEY & LAND INFORMATION SERVICES

SHEET 1 OF 1
DWG. NO: 11-0176

CAD DWG. FILE NAME: ORSO SURVEY.DWG

Genesee, NY

The logo for Gerber Collision & Glass. The word "gerber" is written in a blue, lowercase, sans-serif font. A red and blue swoosh graphic underlines the letters "er". Below this, the words "COLLISION & GLASS" are written in a bold, red, uppercase, sans-serif font.

gerber
COLLISION & GLASS

Project Title: Gerber Auto Collision

Date: 02/11/20

SITE PLAN

Address: 638 W Genesee St, Syracuse, NY



SIGN	DESCRIPTION
A	Remove existing letterset, replace with wall cabinet Gerber Collision and Glass Right Side, Scale to 32 Sq Ft
B	Reface existing cabinet with Gerber Collision and Glass linear logo, 24" H x 192" W. Move sign to front (south) elevation.
C	Reface existing cabinet with Gerber Collision and Glass Stacked logo, 4' H x 8' W
D	Leave existing awning as is.
E	Remove existing vinyl; clean window of any residue; Install new Door Vinyl Pref. Layout 2'-7 5/16" H x 2'-0 1/2" W w/ hours
F	Install a new Interior Single Face Wall Sign Brushed Aluminum Laminate (Chem Metal) 2'-1" H x 5'-6" W 12 SQ FT
G	Remove existing vinyl; clean panel surface of any residue; install new vinyl 18" H x 14" W, copy to read: "After Hours Key Drop Off"

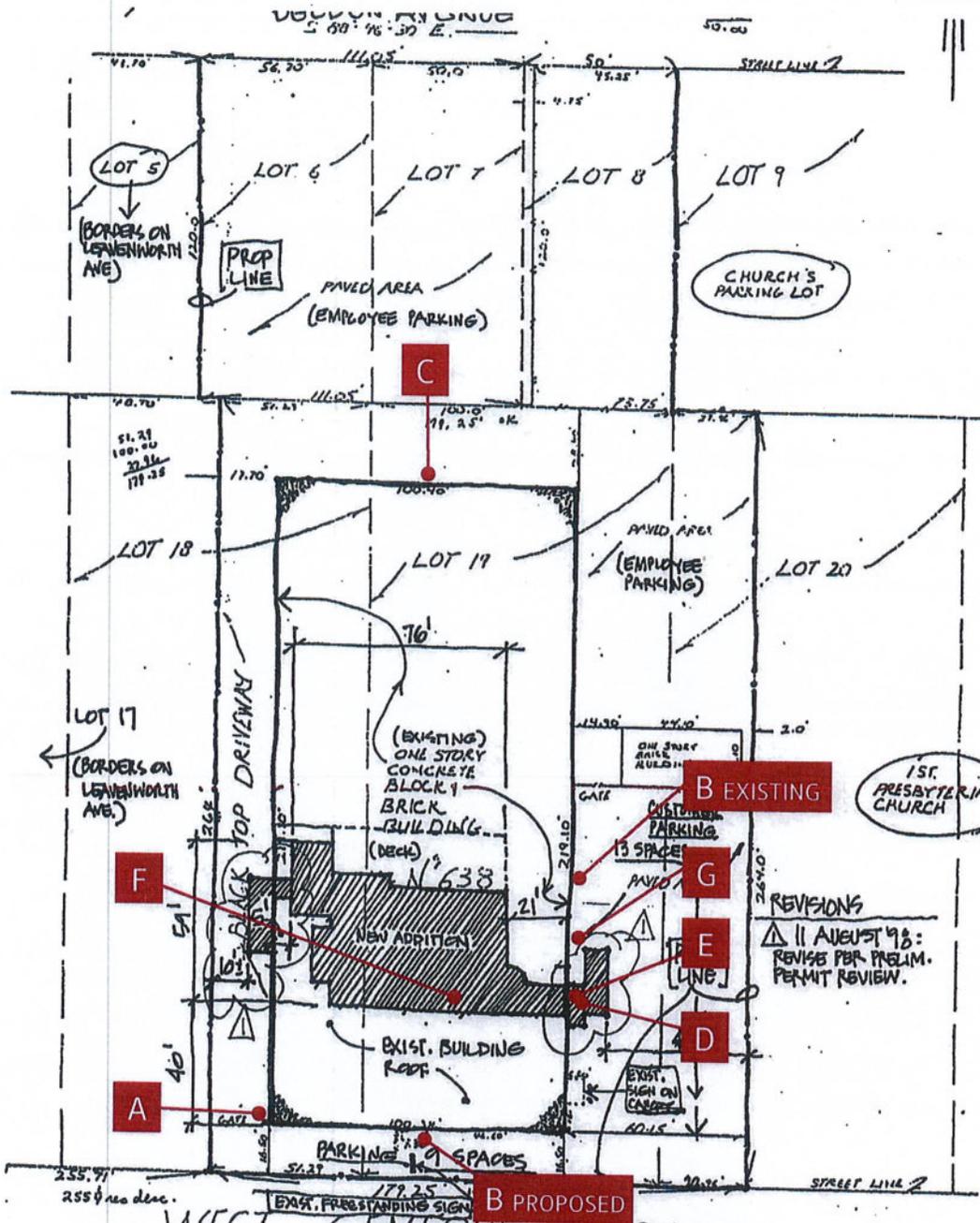
Project Title: Gerber Auto Collision

SITE: Genesee



2655 International Parkway
P.O. Box 9175
Virginia Beach, VA 23450
(727) 427-1900





WEST GENESSEE STREET
 (TO LEAVENWORTH AVENUE) S. 88° 48' 30" E.

OFFICE ADDITION TO
 ORG. BODY SHOP & REPAIR SERVICE
 638 W. GENESSEE
 SYRACUSE NY

ROBERT D. GRANT ARCHITECT
 223 E. GENESSEE (P.O. BOX 424)
 SYRACUSE, NY 13066-0424
 (315) 637-9848 VOICE (315) 637-9849 FAX

8/12/98

To: Key Bank
 Monroe Abstract & Title Corporation
 ALL INFORMATION CONTAINED HEREIN WAS MADE FROM AN ACTUAL SURVEY AND IS CORRECT
 R. J. L. G.P.M. STATE OF NEW YORK
 11/25/98 4:33 PM

Location Survey on Lots 6, 7, 19 and Part of Lots 8, 18, 20 Block 64 Syracuse

Known as No. 638 W. Genessee Street City of Syracuse, County of Onondaga State of New York

DRAWN BY J.R.L. SCALE 1"=40' DATE 7-27-89



2655 International Parkway
 P.O. Box 9175
 Virginia Beach, VA 23450
 (727) 427-1900



A

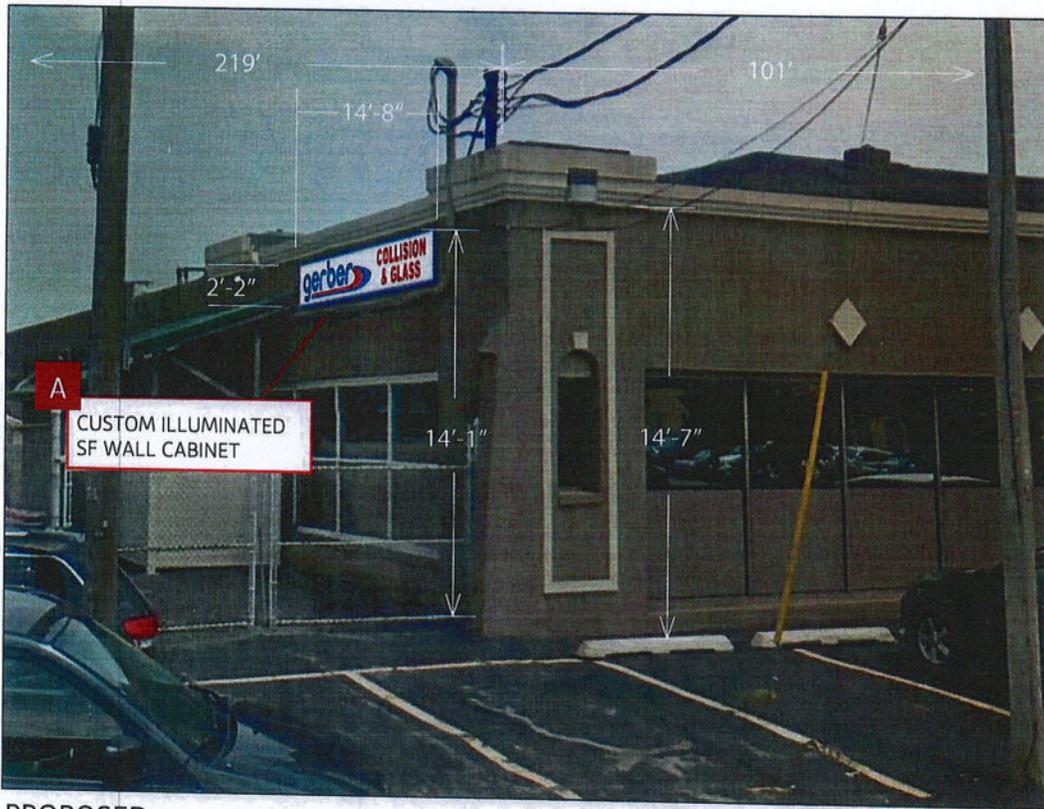


EXISTING



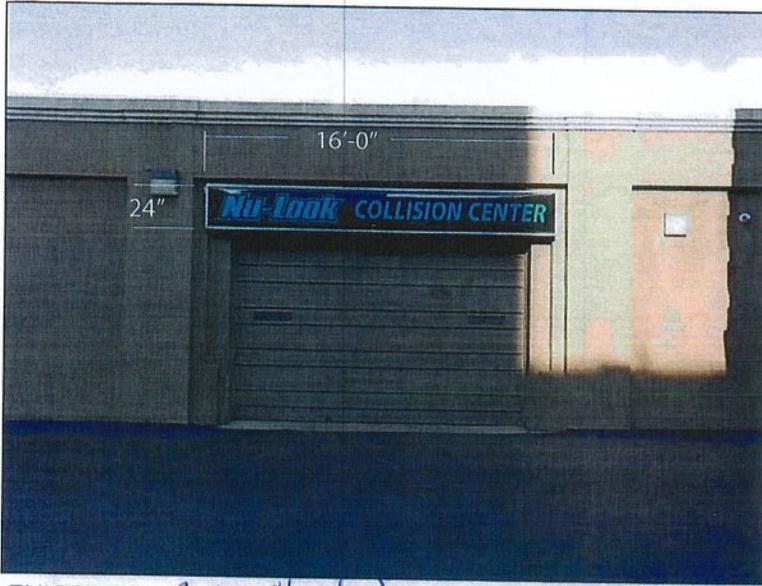
GCG-W-SF-CUSTOM
 ILLUMINATED SINGLE-FACED WALL MOUNT CABINET
 31.8 SqFt

west elevation

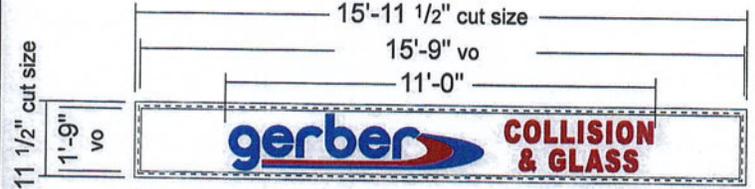


PROPOSED

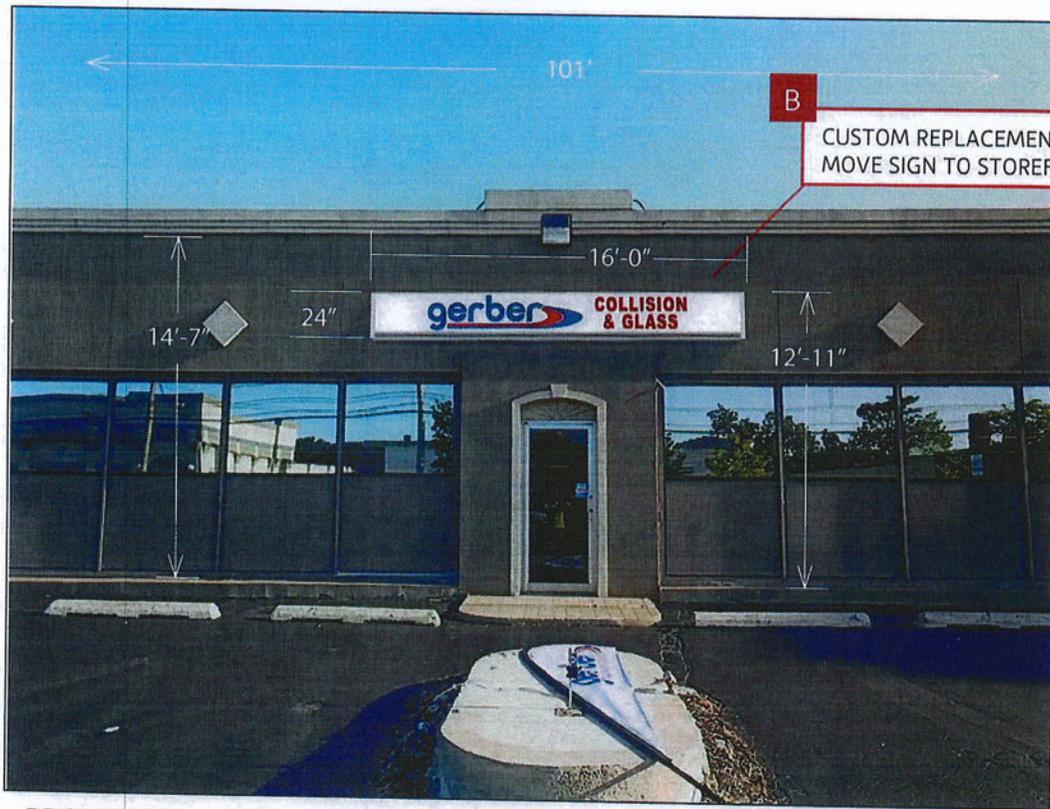
B



EXISTING - EAST Elevation



CUSTOM PAN-FORMED REPLACEMENT FACE
MOVE SIGN TO STOREFRONT (SOUTH ELEVATION)



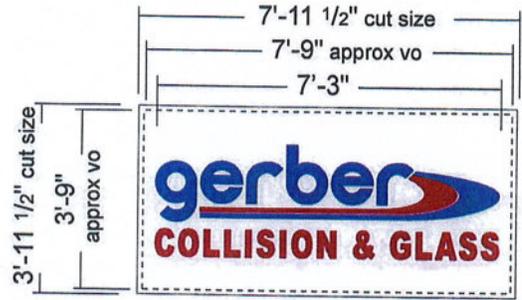
PROPOSED

move to:
South
Elevation

C



EXISTING



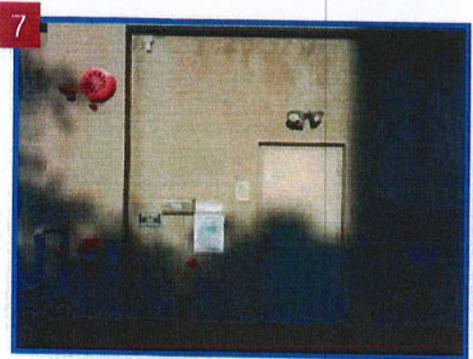
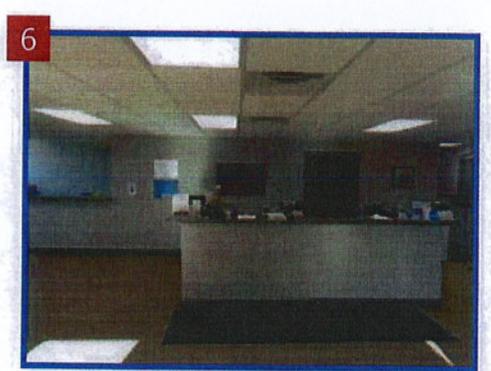
CUSTOM FLAT REPLACEMENT FACE

North Elevation.



PROPOSED

PHOTOS



Project Title: Gerber Auto Collision

SITE: Genesee

gerber
COLLISION & GLASS

2655 International Parkway
P.O. Box 9175
Virginia Beach, VA 23450
(727) 427-1900



COMPARATIVE ANALYSIS PHOTOS



Project Title: Gerber Auto Collision

SITE: Genesee

gerber
COLLISION & GLASS

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P.O. Box 9175
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