

PLEASE TYPE OR PRINT (LEGIBLY)

For Office Use Only:	Application Number: V- <u>19-14</u>
Tax map Section: <u>229</u> Block: <u>01</u> Lot: <u>30.0</u> Zoning District: <u>RA</u>	<u>2/6/19</u>

1. Address of subject property: 813 Hawley Ave

2. Year property was purchased by current owner:

3. Applicant/contact information:

a. Owner(s) (current titleholder):

Name(s): Larry Mathis

Mailing Address: 813 Hawley Ave

Zip: 13207 Daytime phone number: 3153721307 home phone number:

E-mail (alternate contact for additional information request):

b. Contract purchaser(s) , Lessee , or Co-applicant (if applicable)

*note: Copy of contract to purchase must be included with application if this contract purchaser or lessee applies.

Name(s):

Mailing Address:

Zip:

Home phone number:

Day Phone:

E-mail (alternate contact for additional information request):

c. Representative: Attorney , Architect , Contractor , Other

(Only if involved in this application)

Name(s):

Mailing Address:

Zip:

Telephone number:

4. Current use of property: (i.e., 1 family, 2 family, grocery store, etc.):

Proposed use and occupancy of property: 1 AND 2 FAMILY DWELLING

Current number of onsite (off-street) parking spaces: 2#

Proposed number of onsite (off-street) parking spaces: 2#

Days and hours of operation (for any business uses): NA

Explain in detail what (if any) new additions or construction is proposed on the site: above ground DECK

Reason for request:

The courts have distinguished between use variances (for uses which are not permitted) and area variance (for excess lot coverage, additions into required yards, etc.). Be aware that *the standards of proof for a use variance are much more demanding* than for an area variance and that *the burden is on the applicant* to provide such proof in arguing their case. (See Standard of Proof requirements on required submittal page.)

Use additional sheets of paper to present proof if necessary.

NOT APPLICABLE

The following affirmation must be signed and dated by the CURRENT PROPERTY OWNER or the owner's LEGAL representative (attorney, power of attorney, partner in the business, etc.).

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 make consideration of this application null and void**.

 2/18/19
Date

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

Larry Mathis
Printed or typed name of person whose signature is above (if legal representative, also state relationship to owner).

SYRACUSE BOARD OF ZONING APPEALS
CITY HALL COMMONS, ROOM 101
201 EAST WASHINGTON STREET
SYRACUSE, NY 13202
(315) 448-8640

Board of Zoning Appeals application Procedures

Variance applications involve public hearings with the Board of Zoning Appeals. A variance application will not be considered complete on the applicant's part until all required submittals have been received and have been through a preliminary review by Zoning Office staff (and possibly other departments), including an evaluation of the application under the New York State Environmental Quality Review Act (SEQR).

Once an application has been determined to be ready for a public hearing with the Board of Zoning Appeals, it will be scheduled for the **next available** hearing date (allowing the necessary time from for the Board's authorization, newspaper publication, mailing schedules, etc.). A "Public Notice" regarding the hearing date will then be mailed to the applicant (and representative, if any), approximately ten (10) days prior to the hearing date.

The public notice is also published in the Syracuse Post Standard newspaper ten (10) days prior to the hearing date. Public notices are also sent to property owners contiguous to any property subject to a public hearing, and to other city departments and neighborhood organizations.

The application, and its contents, will then be open for inspection at the Syracuse Office of Zoning Administration during regular office hours.

Unless otherwise notified, all meetings at which public hearings are to be held will begin at 1:00 p.m. in the Common Council Chambers on the third floor of City Hall.

The applicant or his or her representative **must attend** the public hearing to explain the case request to the Board of Zoning Appeals. (The rules of the Board of Zoning Appeals **do not permit postponements** due to the absences of applicants or their representatives.) A variance decision is not final until a written resolution is adopted by the Board of Zoning Appeals and filed with the secretary to the Board. Depending upon the situation, the resolution may possibly not be adopted until a later meeting. A copy of the resolution will be mailed to the applicant.

Depending upon the type and complexity of the application, additional necessary reviews, and the hearing schedule, the entire variance application process from the submission of the application to the release of the resolution may take approximately two months.

Please sign that you have read and understand the above information and return this page with the application.

Signed:  Date: 2/18/19
Larry Mathis

This application may be mailed or delivered in person to the Syracuse Office of Zoning Administration, located in Room 101 at City Hall Commons, 201 East Washington Street, Syracuse, NY 13202-1426. If you wish to discuss the application with a member of our staff, please call ahead for an appointment (448-8640).

NOTE: After receipt of the application, it may be necessary to require additional information from the applicant. *An application must be complete before a public hearing can be scheduled.*

Items that are submitted with the application will not be returned so it is important that the applicant must make any copies of items they need prior to submitting the application. **Copies will not be made by staff to the Board of Zoning Appeals.**

~~**APPLICANT PLEASE NOTE:** Approval of your application by the Board of Zoning Appeals does not relieve you or your agent from compliance with any other regulatory or licensing provisions additionally required by other Federal, State, County, or City authorities. You are still required to pursue and obtain permits from the Division of Code Enforcement.~~

05/2014

USE VARIANCE
REQUIRED SUBMITTAL SHEET FOR
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

DENIAL OF PERMIT from DOCE, Permit Office – Room 101. (Required even if a Notice of Violation has been issued).

SEQR (NYS ENVIRONMENTAL ASSESSMENT FORM) – Must be completely filled out (side one only) and signed.

STANDARDS OF PROOF (for a use variance) If requesting a use variance, that is, permission to establish a use of property not otherwise permitted in the zoning district, the applicant must prove “unnecessary hardship.” To prove this, State law requires the applicant to show *all* of the following:

- a. that the property is incapable of earning a reasonable return on initial investment if used for *any* of the allowed uses in the district (**actual “dollars and cents” proof must be submitted**);
- b. that the property is being affected by unique, or at least highly uncommon circumstances;
- c. that the variance, if granted will not alter the essential character of the neighborhood; and
- d. that the hardship is not self-created

DETAILED LETTER EXPLAINING the details of the proposal, for example: the hours of operation, number of employees on premise at one time, items to be sold, how many dwelling units, etc.

NOTE: If you are proposing to sell prepared food, it is important to list each item of food to be prepared and sold.

PHOTOS - Labeled photos of the subject property(ies).

FEE of \$25.00 - MADE PAYABLE BY CHECK OR MONEY ORDER ONLY, to the COMMISSIONER OF FINANCE. **THIS FEE IS NON-REFUNDABLE.**

Four (4) full sized and one (1) no larger than 11”x17” of **all** of the plans listed below:

PROPERTY SURVEY – Drawn by a licensed land surveyor.

SITE PLAN – (Must be drawn to scale and labeled with dimensions). Must show all walkways, driveways, screening devices, signage and any new construction

FLOOR PLANS (Must be drawn to scale and labeled with dimensions);

- a. **Current** floor plans for all floors showing existing arrangement, and labeled with dimensions and current uses.
- b. **Proposed** floor plans showing dimensions and proposed uses. (One copy submitted to DOCE, Room 101 at City Hall Commons) and one copy submitted with this application) If the use is a business all shelving, storage, restrooms, kitchen hardware (stoves, sinks, freezers etc.) must be shown.

ELEVATIONS for all new construction or any changes to the existing structure (Must be drawn to scale and labeled with dimensions).

AREA VARIANCE
REQUIRED SUBMITTAL SHEET FOR
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

DENIAL OF PERMIT form from DOCE, Permit Office - Room 101. (Required even if a Notice of Violation has been issued)

STANDARDS OF PROOF (for Area Variance): If requesting an area variance, that is, permission to build in an otherwise restricted portion of the property (such as in the required front, side, or rear yards, or above the required building height, or in excess of the lot coverage regulations), then State law requires the applicant to show that the benefit the applicant stands to receive from the variance will outweigh any burden to health, safety, and welfare that may be suffered by the community. State law requires the BZA to take the following factors into consideration in making its determination:

- a. whether the benefit sought by the applicant can be achieved by some method which will be feasible for the applicant to pursue but would not require a variance;
- b. whether the requested area variance is substantial;
- c. whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and
- d. whether an alleged difficulty is self-created.

DETAILED LETTER EXPLAINING the details of the proposal, for example: the hours of operation, number of employees on premise at one time, items to be sold, how many dwelling units, etc.

PHOTOS Labeled photos of property(ies).

All parts of the application form must be completed. Any blank sections will result in the application being returned and a delay in scheduling a public hearing.

FEE of \$25.00 MADE PAYABLE BY CHECK OR MONEY ORDER ONLY, to the COMMISSIONER OF FINANCE. **THIS FEE IS NON-REFUNDABLE.**

Four (4) full sized and one (1) no larger than 11"x17" of all of the plans listed below:

PROPERTY SURVEY - Drawn by a licensed land surveyor.

SITE PLAN - (Must be drawn to scale and labeled with dimensions). Must show all walkways, driveways, screening devices, signage and any new construction

FLOOR PLANS FOR AREA VARIANCE - No formal floor plans are necessary, but because the Board of Zoning Appeals looks at the property as a whole, it will be necessary to **provide a list of all rooms, by floor, in the structure.**

If the area variance is related to a new addition on the property, such as an extra room, porch, etc., **floor plans will be necessary (all rooms within the structure must be labeled with their use and dimensions).**

ELEVATIONS for all new construction or any changes to the existing structure (Must be drawn to scale and labeled with dimensions).

DENIAL OF PERMIT

REFERENCE ADDRESS 813 HAWLEY AVE

WARD NO. _____

OWNER LARRY MATHIS

OWNER'S ADDRESS 813 HAWLEY AVE
SYRACUSE, NY 13203

TELEPHONE 315-372-1303

APPLICATION FOR PERMIT TO:

erect (x) convert () maintain () operate ()

ERECT A SERIES OF TIERED DECKS EXCEED LOT COVERAGE AND NOT MAINTAINING ALL SETBACKS

DENIED UNDER ARTICLE (s) _____

_____ of the zoning ordinance for the following reasons: _____

- PLANS ATTACHED, APPROVED BY _____
ON _____
- SURVEY ATTACHED
- ZONING REVIEWED BY _____

LOCATION OF REFERENCE ADDRESS:
ASSESSOR'S ATLAS
BOOK (S) NO. _____
PLATE (S) NO. _____
PARCEL (S) NO. _____

DATE October 19, 2018 SIGNATURE 

To: Zoning Board
From: Larry Mathis
Re: Variance Application
Date: February 18TH, 2019

Since my property grade slopes toward my house, my pool had to be placed in a spot away from my house.

For safety, the deck had to be built with a couple of levels and allow for less steps to access it, also to handle the grade of my property.

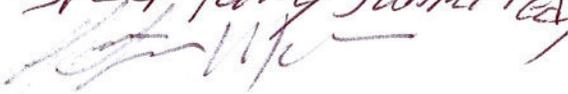
It in no way interferes with any other property, it not only raises my property value it would also help to increase the value of the properties around mine as well as the neighborhood as a whole.

After getting a permit to build a deck I was unaware of any guidelines or rules and I was not made aware of any. My only concerns were that the deck be safe, easily accessible, and fit the topography of my property.

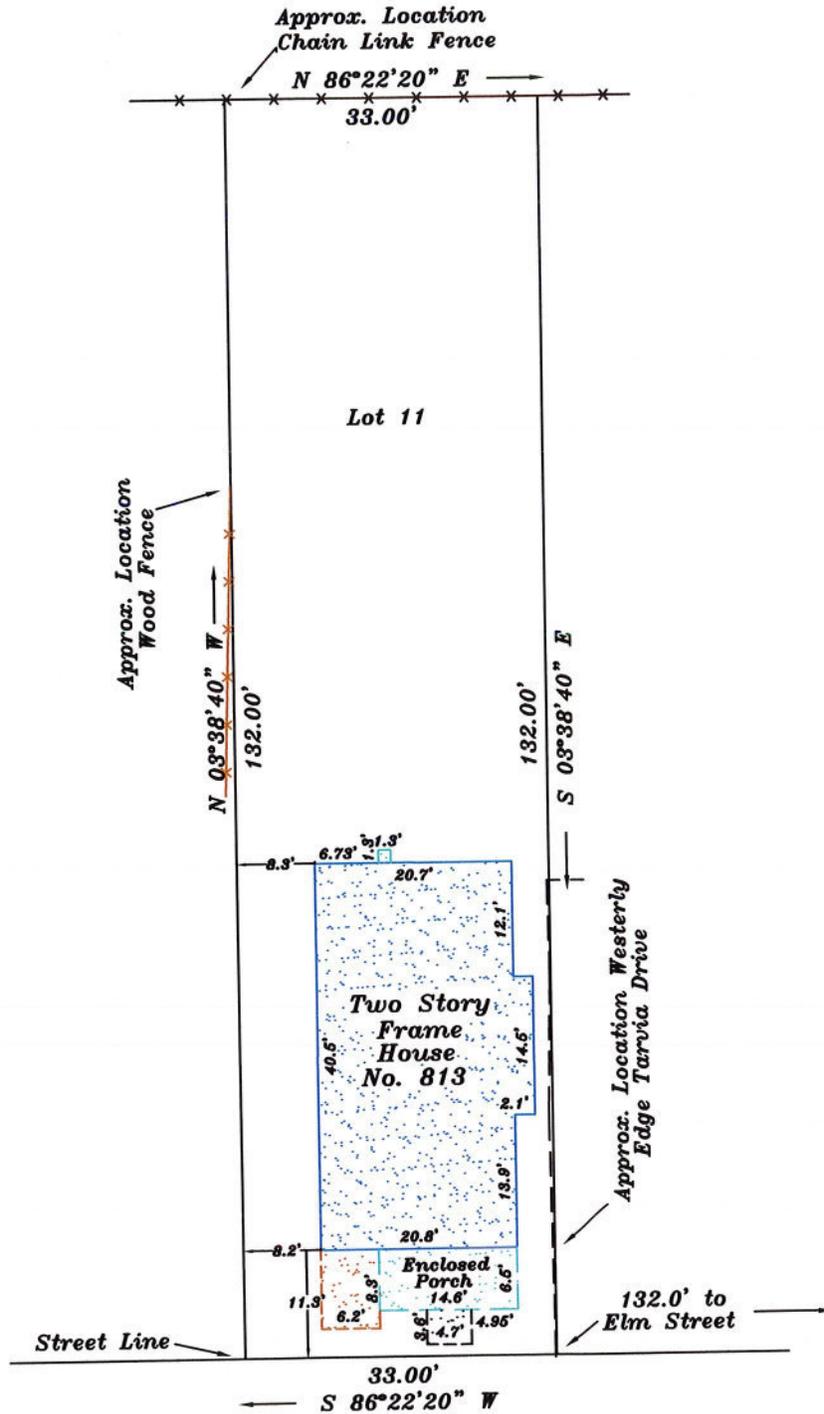
As it turns out through my ignorance I created more problems for myself.

Please grant me a variance for my deck look at the whole picture.

Thank you for your time and consideration!

Respectfully Submitted,


Larry Mathis



Hawley Avenue



I hereby certify that this map was made from an actual survey and same is correct



R.J. Leighton
 R.J. Leighton
 886 E. Brighton Ave., Syracuse N.Y. 13205

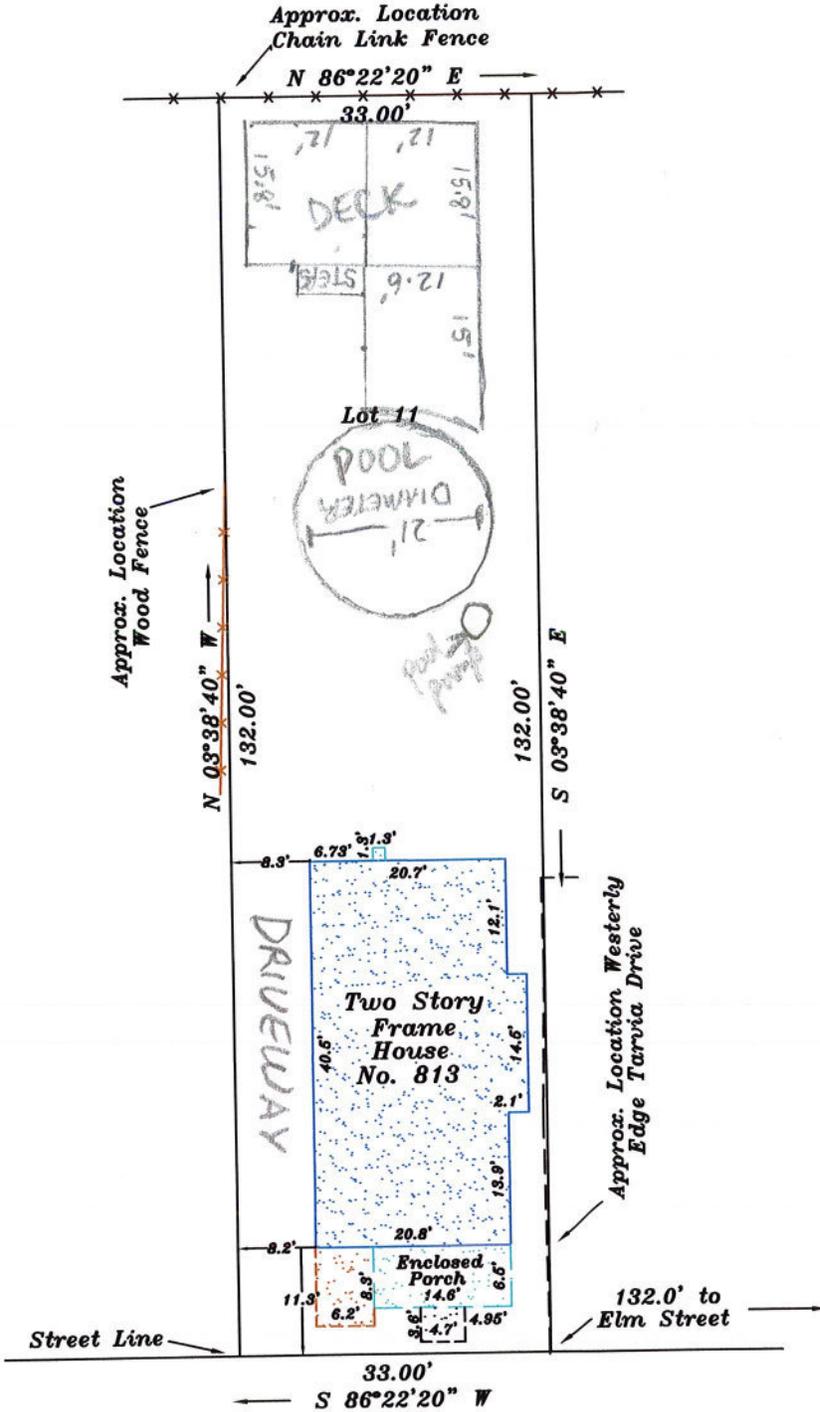
NYSLS 45373
 NYSLS 50534

Location Survey on Lot #11, Block #505 of the Robinson Tract Revised.

Known as No.813 Hawley Avenue, City of Syracuse, County of Onondaga, State of New York.

Drawn by: JrL | Scale: 1" = 20' | Date: 1/10/06

Revisions:



Hawley Avenue



I hereby certify that this map was made from an actual survey and same is correct



R.J. Lighton, Sr. NYSLS 45373
R.J. Lighton, Jr. NYSLS 50534
 886 E. Brighton Ave., Syracuse N.Y. 13205

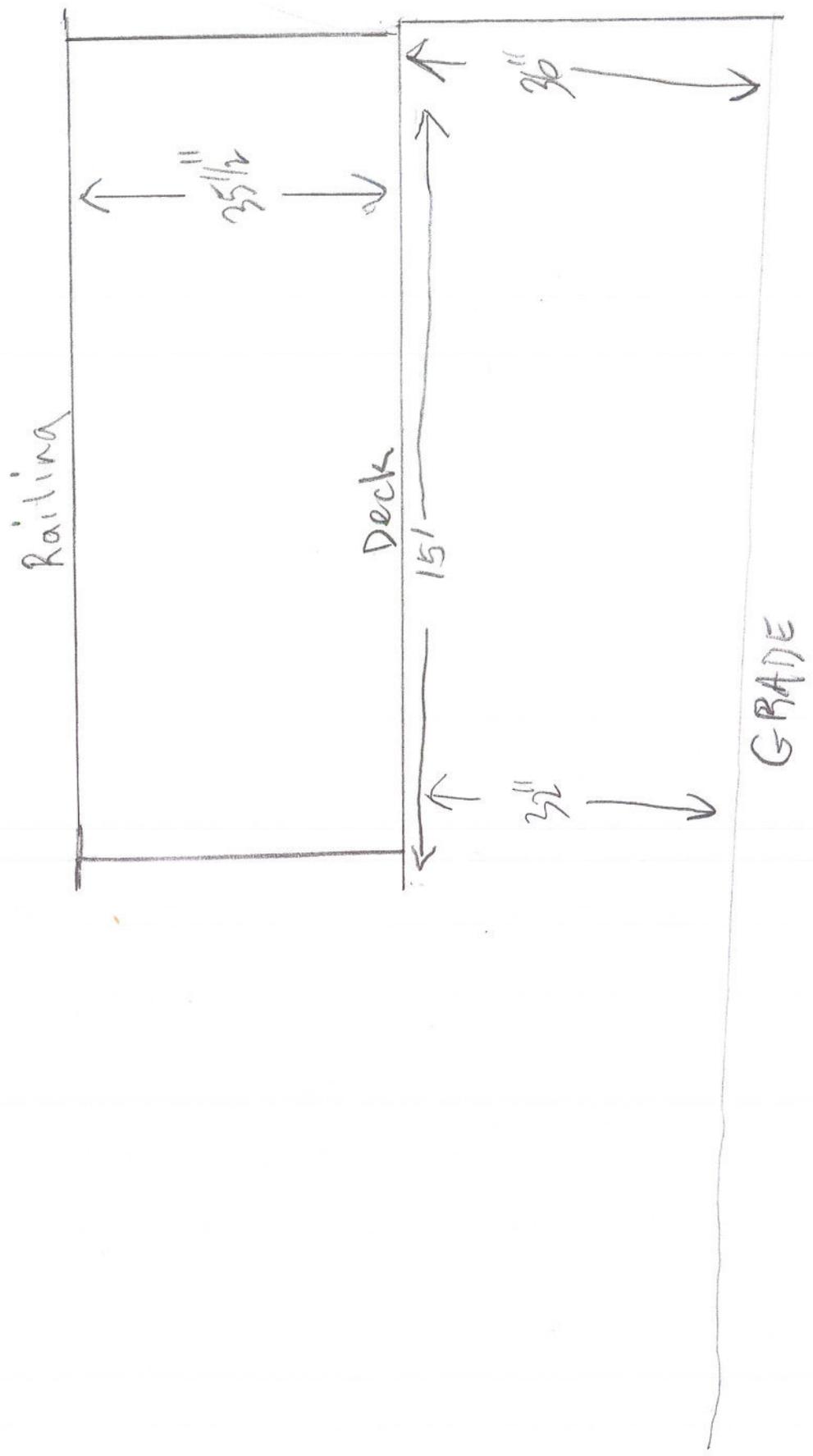
Location Survey on Lot #11, Block #505 of the Robinson Tract Revised.

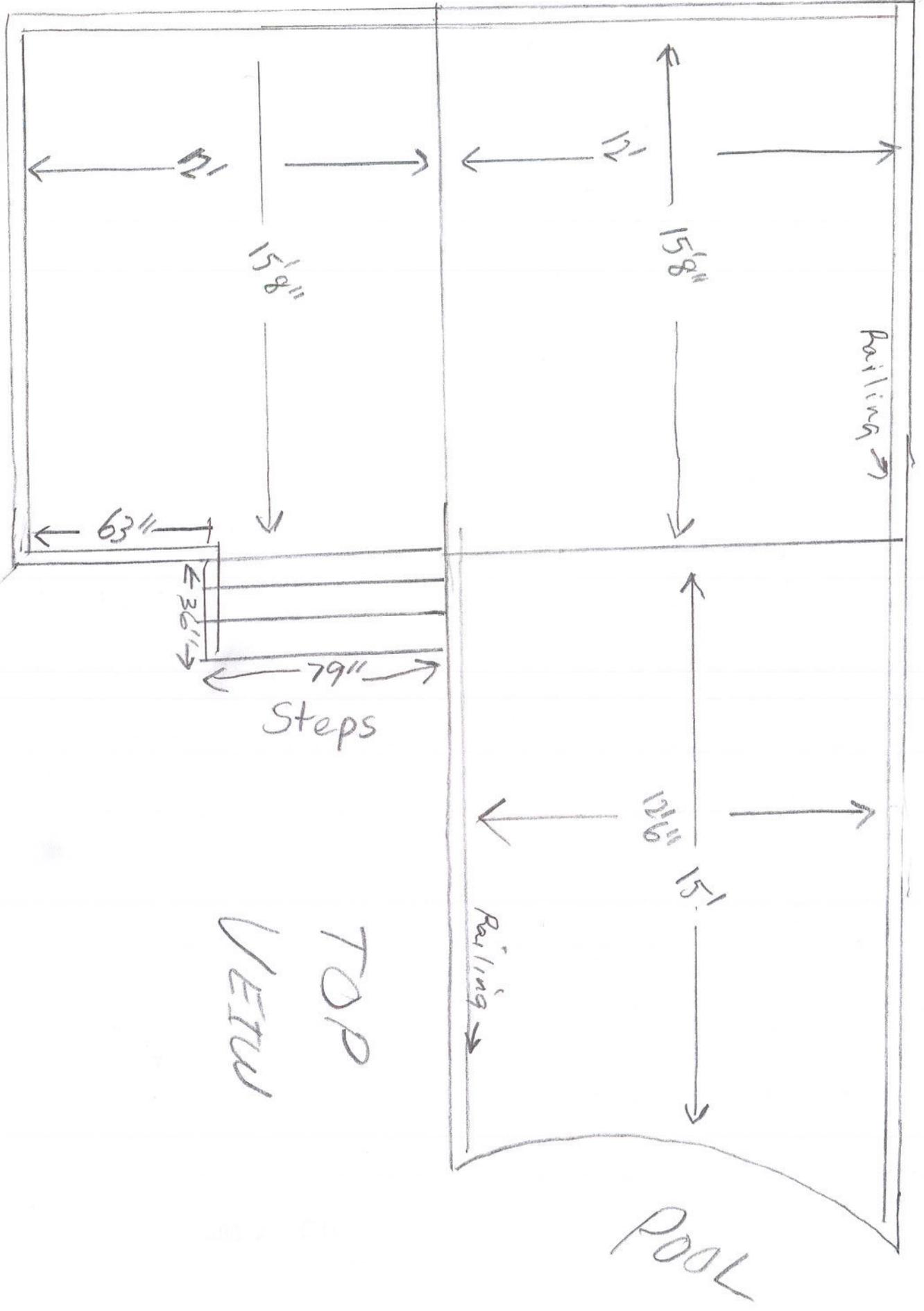
Known as No.813 Hawley Avenue, City of Syracuse, County of Onondaga, State of New York.

Drawn by: JrL Scale: 1"=20' Date: 1/10/06

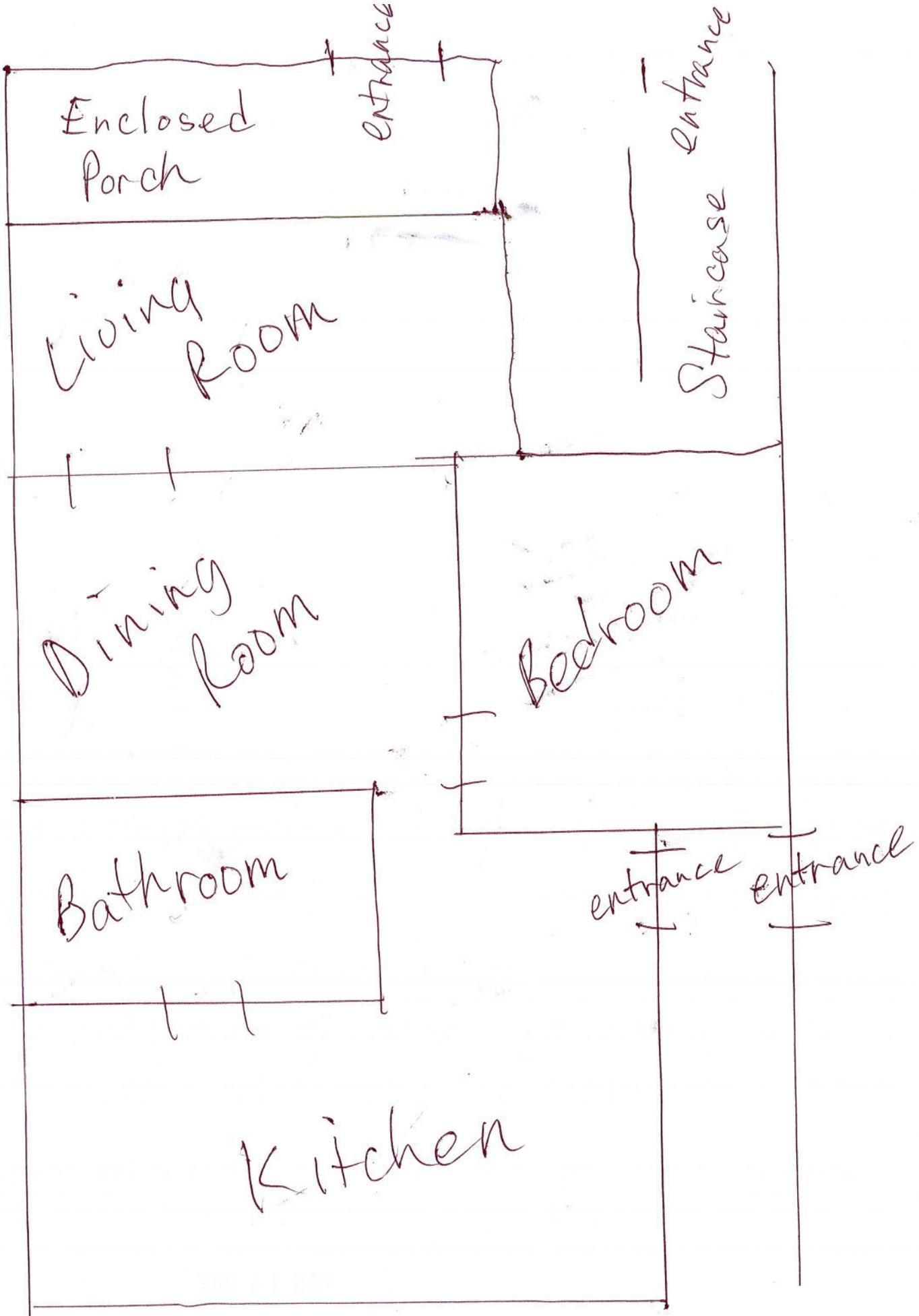
Revisions:

Side View ELEVATIONS

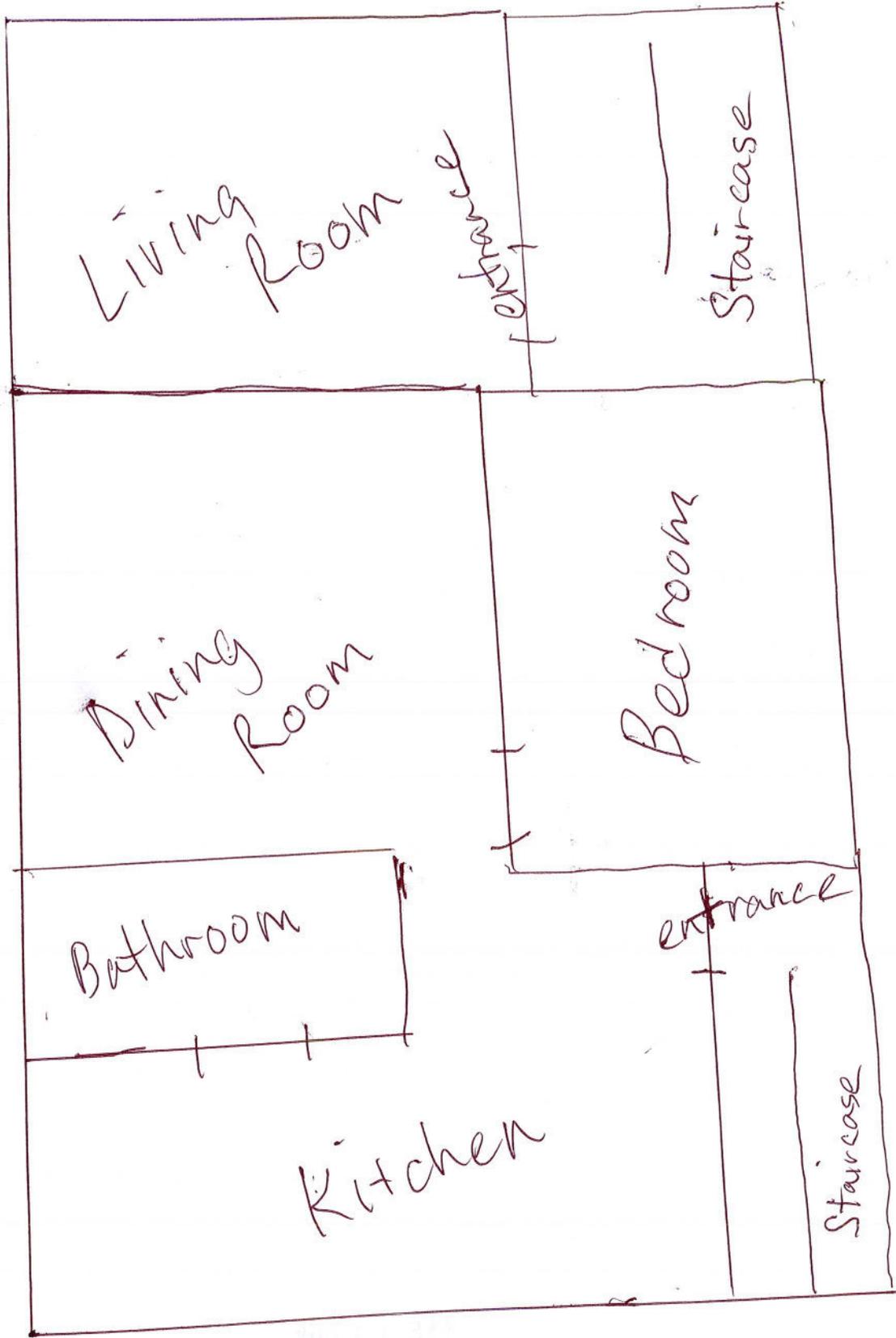




1st Floor



2ND Floor



For Inspections
Call 448-8695

125



Does this work, or any part of this project, involve any City, State or Federal approvals, funding or permits?

Is Property in the floodplain?
Yes _____ No X

City of Syracuse

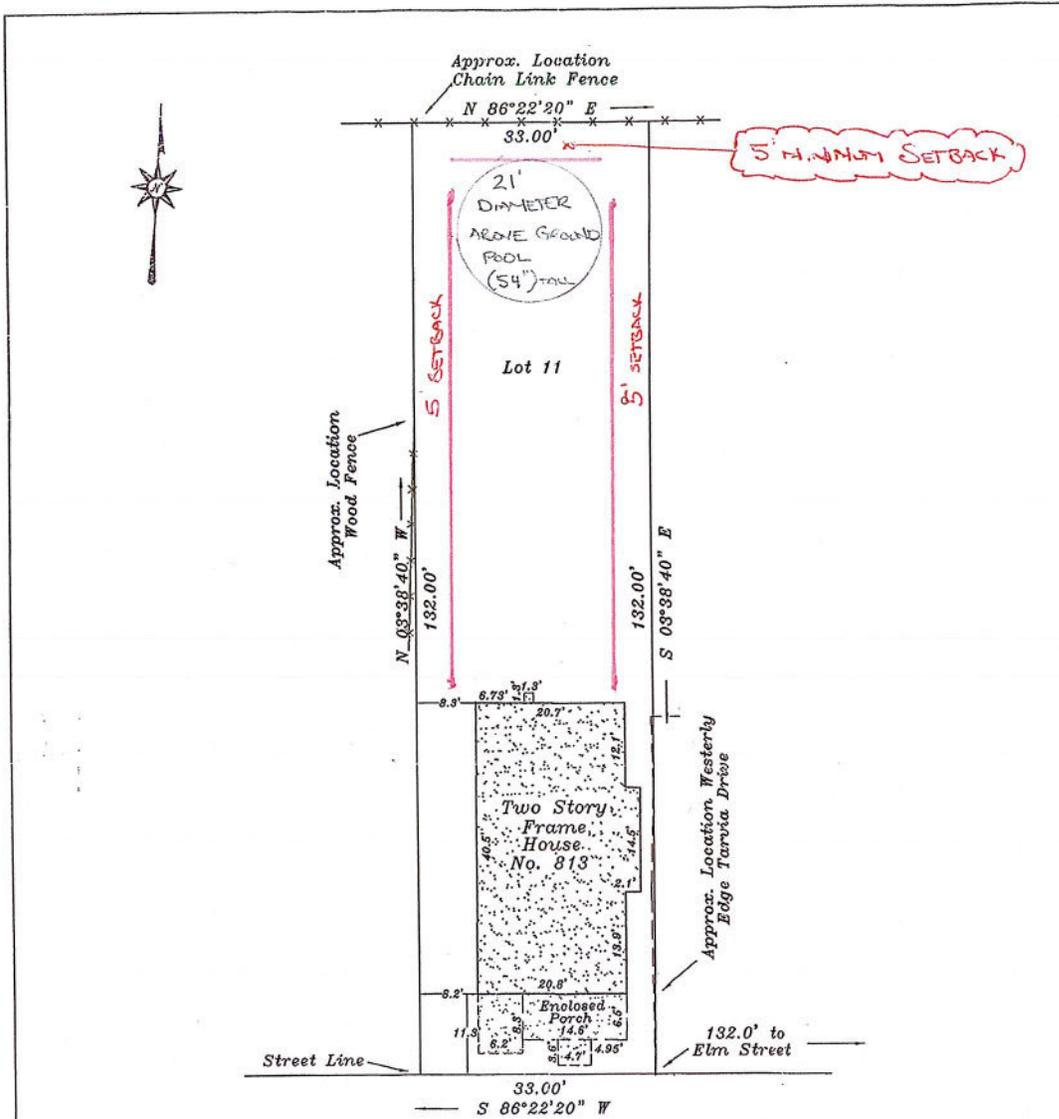
Yes _____ No CLY

PERMIT APPLICATION GENERAL CONTRACTING AND ELEVATOR WORK

Date	Year <u>2018</u>	Month <u>06</u>	Day <u>11</u>
Job Address	Number & Street <u>813 HAWLEY AVE</u>		
	Unit	Bldg.	Floor
Contractor	Name <u>LIVERPOOL POOL + SPA</u>	Phone <u>1-315-372-1303</u>	Fax #
	Contractor #/License# <u>01499 G</u>	Class	Contact Person <u>LARRY MATHS</u>
Owner	Name <u>LARRY MATHS</u>	E-mail:	
	Mailing Address		
Applicant (Own./Auth. Agent)	Name (Print) <u>Larry Maths</u>	Telephone # <u>315 372-1303</u>	Signature <u>[Signature]</u>
Work Information	Start Date <u>06-11-2018</u>	Completion Date <u>09-01-2018</u>	Cost of Construction <u>3990.00</u> Occupancy

DESCRIPTION OF WORK	FEES		
Install a <u>21'</u> diameter above ground pool <u>54</u> inches in height per attached survey. Pool shall have a lockable or removable ladder that is to be locked, removed, or secured to restrict access to pool, or a pool barrier shall be installed and maintained in accordance with the NYS 2016 UCS [326.5.3] to prevent access into pool and pool area to prevent injury from drowning or other danger. Pool and appurtenances shall be set back from property lines and structures a minimum of 5'-0". Pool alarm shall be installed in accordance with ASTM-F2208 2008. Entrapment protection shall be in accordance with the NYS 2016 UCS [R326.3.1]. Separate permits are required for any and all heating, electric, or plumbing work. Separate permits are required for any and all heating, electric, or plumbing work. Above ground pools shall be constructed in accordance with ANSI/NSPI-4. Pool shall be maintained in a clean and sanitary condition and good working order in accordance with the IPMC 2015 [303.1]. Applicant has received a copy of New York State, Department of State - "Current Requirements for Swimming Pools..." handout; Applicant's initials: <u>LM</u>	Base Filing Fee Schedule	Unit Cost	
	<input type="checkbox"/> Commercial: New Construction/Additions	\$60.00	
	<input type="checkbox"/> Commercial: Renovation/Remodeling	\$40.00	
	<input type="checkbox"/> One & Two Family Dwellings: New Construction / Additions <input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	\$30.00 per unit	
	<input type="checkbox"/> One & Two Family Dwellings: Renovations / Remodeling <input type="checkbox"/> One Unit <input type="checkbox"/> Two Units	\$25.00 per unit	
	<input type="checkbox"/> Multiple Dwelling: New Construction / Additions Number of Units _____	\$25.00 per unit	
	<input type="checkbox"/> Multiple Dwelling: Renovations / Remodeling Number of Units _____	\$25.00 per unit up to 3. \$5.00 ea. Add'l. Unit	
	<input type="checkbox"/> Elevator (1 & 2 Family Dwellings are Exempt)	\$100.00	
	ELEVATOR WORK	BASE FILING FEE FROM SCHEDULE	
	\$10.00 Per Thousand of Construction Cost	# of Dwelling Units <u>1</u> x Unit Cost <u>25-</u>	<u>25-</u>
	Commercial Unit _____ x Unit Cost _____		
	Permit Fee Cost <u>4x15</u>	<u>60-</u>	
PLAN REVIEW FEE FOR ELEVATORS	Subtotal		
Construction cost of less than \$91,000. shall be \$68.	Plan review Fee: \$25 base review fee plus .75/thousand for those projects with a construction cost greater than 33,000		
Construction cost of greater than \$91,000. shall be \$75.			
Per Thousand or Fraction Thereof.	DEPARTMENT USE ONLY Certificate Fee	\$25.00	
	<input checked="" type="checkbox"/> Completion <input type="checkbox"/> Occupancy <input type="checkbox"/> Subcontractor		
Notes:	*Note: Certificate of Completion Fee Shall be waived for General Construction / Demolition of One, Two & Three Family Structures.		
	Total Permit Fee	\$ 85-	

Dept Use Only	Permit # <u>34556</u>	Property # <u>0637012600</u>	Case# <u>6</u>	Plans Attached Y/N	Plans on file Y/N
Permit Type	Agency	Date Sent	Approved Date	Cert. of Occupancy Requ'd. Y/N date applied _____ Cost _____	
<u>A</u>	SOCPA			Cert. of Completion Requ'd. <u>Y/N</u> date applied <u>18-06-11</u> Cost <u>0-</u>	
Building Type	FIRE			Cert. of Subcontract Requ'd. Y/N date applied _____ Cost _____	
<u>200</u>	DPW			Plan Review Check / M.O. Number _____	
Date Issued	ENG			Permit Check / M.O. Number <u>R108194580989</u>	
<u>18-06-11</u>	PRES			TYPE <u>R</u> (Enter "R" or "C" and enter # of units in 1st box (Below). Enter # of residential units in 1st box and # of commercial units in 2nd box)	
Purpose Code	HEALTH			Residential or Commercial	Commercial (If Mixed Use)
<u>8</u>	DOCE			Existing Units <u>1</u>	
Status Code	WATER			Unit Change (+/-)	
<u>200</u>				Commissioner of Deeds <u>[Signature]</u>	
Additional Permits Requ'd	HVAC/R Y/N Electrical Y/N Sprinkler Y/N Water Service Y/N Elevator Y/N Plumbing Y/N				



Hawley Avenue

Certified to: Homestead Financial Services, Inc., its successors and/or assigns: Salina Abstract and Title Agency
 Location Survey on Lot #11, Block #505 of the Robinson Tract Revised.



I hereby certify that this map was made from an actual survey and same is correct
 Licensed Land Surveyor

R.J. Lighton Sr. NYSLS 45373
 R.J. Lighton Jr. NYSLS 50534
 886 E. Brighton Ave., Syracuse N.Y. 13205

Known as No. 813 Hawley Avenue, City of Syracuse, County of Onondaga, State of New York.
 Drawn by: JrL Scale: 1" = 20' Date: 1/10/06
 Revisions:



Case # _____
Permit # 34556
Construction Class _____
Property # 0637012600
Fee \$ _____
Check/M.O. # _____

CERTIFICATE APPLICATION

Property Address: 813 HAWLEY AVE
(Please include street and zip code)
Owner's Name LARRY MATHIS Telephone # 1-315-372-1303
Name of Contact Person for Inspection LARRY MATHIS Telephone # 1-315-372-1303

TYPE OF CERTIFICATE BEING APPLIED FOR (Check one box only)

SUBCONTRACTOR CERTIFICATE

CERTIFICATE OF OCCUPANCY: For the construction of new or substantially remodeled buildings or a change of occupancy.

I, _____ being duly sworn, depose and say, that I am the owner or authorized representative of the owner of this above-referenced property which is located in Syracuse, New York; that the construction or remodeling of this building is in conformance with all applicable codes, ordinances, laws, regulations, generally-accepted standards, plans, specifications and other requirements on file with this department in connection with this permitted activity and is structurally safe for occupancy.

Signature _____

CERTIFICATE OF COMPLETION: For all work not requiring a Certificate of Occupancy

I, Larry Mathis being duly sworn, depose and say, that I am the owner or authorized representative of the owner of this above-referenced property which is located in Syracuse, New York; that said construction, mechanical system, or installation shall be in conformance with all applicable codes, ordinances, laws, regulations, generally-accepted standards, plans, specifications and/or other requirements on file with this department in connection with this permitted activity.

Signature [Signature]

CERTIFICATE OF INSPECTION: For all non-permit related inspections.

I, _____ being duly sworn, depose and say, that I am the owner or authorized representative of the owner of this above-referenced property which is located in Syracuse, New York; that I hereby request that an inspection be made of _____ which is a component, of installation of the above referenced property.

Signature _____

SUBSCRIBED AND SWORN TO ME

Commissioner of Deeds [Signature] Date JUNE 11, 2018
OWNER OF AUTHORIZED REPRESENTATIVE MUST BE PRESENT AT INSPECTION.

FOR OFFICE USE ONLY

Floor	Type/ Occupancy	Use	Approved By	For				Signature
				TCO	CO	CC	CI	
B/C			PLBG. INSPR					
1			ELEC. INSPR.					
2			FIRE. PREV.					
3			ZONING					
4			BLDG. EXAMINER					
5			HVAC. INSPR					
6			ELEV. INSPR					
			FIRE SUPP. INSPR					

THE FOLLOWING MUST BE COMPLETED ON THE TCO BEFORE A CO WILL BE ISSUED

