

City of Syracuse Zoning Administration

Application for  PROJECT SITE REVIEW  SITE PLAN REVIEW-LAKEFRONT DISTRICT

City Hall Commons \* Room 101 \* 201 E. Washington Street \* Syracuse, NY 13202-1426 \* 315-448-8640

For Office Use: Filing Date:  Case Number:  Zoning District:

LIST ALL PROPERTIES INVOLVED IN YOUR PROJECT:

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

Section:  Block:  Lot:   
Section:  Block:  Lot:   
Section:  Block:  Lot:

PROJECT INFORMATION: Existing Use Proposed Use  
 New Construction \_\_\_\_\_ 31,232 SF PARKING GARAGE  
 New Addition \_\_\_\_\_  
 Exterior Alteration \_\_\_\_\_  
 Demolition 1-STORY BRICK BLDG. NEW GARAGE ON SAME SITE

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

OWNER INFORMATION:

Name(s):   
Mailing Address:   
Zip:  Daytime phone:  Home phone:   
E-mail:



**LIST OF PROPERTIES**

<b><u>Address</u></b>	<b><u>Owner</u></b>	<b><u>Tax Map No.</u></b>
410 Hickory Street	St. Joseph's Health Center Properties, Inc.	017.-16-01.1
525 E. Willow Street	St. Joseph's Health Center Properties, Inc.	017.-16-02.0
517 E. Willow Street	St. Joseph's Health Center Properties, Inc.	017.-16-03.0
501 E. Willow Street	St. Joseph's Hospital Health Center	017.-16-04.0
104-106 Prospect Ave.	St. Joseph's Health Center Properties, Inc.	017.-16-05.0

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Attorneys at law since 1896

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February 4, 2019

Ms. Heather Lamendola  
Zoning Administrator  
City of Syracuse, City Hall Commons  
Room 500  
201 E. Washington Street  
Syracuse, NY 13202

**Re: St. Joseph's Hospital – New Parking Garage Project**

Dear Heather:

We are enclosing applications and plans with respect to a proposed new 31,232 SF parking garage at the NW corner of the intersection of E. Willow and N. Townsend Streets (525 E. Willow St.). Generally, it would be located on the eastern portion of the block bounded by N. Townsend, E. Willow, Prospect Ave. and Hickory Street. The proposal results in some reduction of existing surface parking on this block as room is made for constructin of the 391 parking space garage. The garage is intended to provide employee parking. We are enclosing the following applications to the City:

1. 2019 PID Amendment;
2. Resubdivision – to combine all parcels within the above-described block;
3. Project Plan – new parking garage.

2019 PID Amendment

This item updates the St. Joseph's Hospital Health Center PID, primarily to make adjustments related to the new garage. The information block titled "changes to PID-2019" reflects the proposed amendments to the district, as follows:

- Several years ago, the Hospital addressed some drainage issues in what we call the "A-lot". Among the changes approved by the City at that time was the removal of a 100 s.f. guard shack. The PID is being updated to include this item.

- The existing “lot T” is being reduced in size to accommodate the new garage.
- Similarly, existing “Lot K” is projected for a minor adjustment to reduce the number of surface parking spaces.
- The existing grounds and maintenance building (the former Plony’s Auto Parts) is being demolished to make way for the new garage (525 E. Willow; NW corner of intersection of N. Townsend and E. Willow).
- A new parking garage (31,232 S.F.) is proposed to be constructed on the eastern portion of this block for 391 employee vehicles.

### Resubdivision

A resubdivision application is being submitted, seeking combination of all parcels in the above-described block.

### Project Plan Review

The applicant plans to demolish an existing 1-story brick building located at 525 East Willow Street (N.W. corner of E. Willow/N. Townsend intersection) to make way for a 31,232 SF, 5-story employee parking garage. The new garage is to be located on the eastern portion of the parcel created by the above-referenced re-subdivision. The balance of this block will continue to be used for surface parking, as previously approved by the City, over the years.

- Lighting. Lighting will be limited to the two access points (E. Willow Street and Hickory Street). Also, there will be internal lighting within the garage itself.
- Drainage. Please reference the Utility Plan (C-301) which contains proposed underground storage for drainage needs. The facility contains trap and cleanout features. Drainage will be captured and discharged into the City stormwater system at approved rates.
- Signage. “Employee Parking” wall signs will be located above each vehicle access point. (E. Willow/Hickory). (See north and south elevations depicting access). Two 15’ x 6’ identification wall signs are planned to be installed at the 5<sup>th</sup> floor level of the parking garage; on the south and east elevations. These signs are designed as internally illuminated painted aluminum cabinets with cut out pushed through white acrylic letters. Letters will glow white at night. Content: “St. Joseph’s Hospital Health Center” surrounding logo (see south and east elevation drawings).

The Hospital also plans to add one directional sign at the NW corner of the E. Willow St. and N. townsend St. intersection (525 E. Williwow St.). The sign will be located on Hospital property (thus, no encroachment permission should be involved). The sign measurements are 10' high by 7'11" long by 2' wide. This proposed sign is consistent with way-finding signs throughout the Hospital campus. See exterior elevations A3.02 for description and location measurements.

Long Environmental Assessment Form (FEAF)

We are also enclosing our full environmental assessment form in support this project. The scope of the FEAF covers all facets and applications related to these submissions.

Photos

In accordance with application requirements, we are submitting twelve pages of site and streetscape photos, together with a keyed site map.

Landscape Plan

We are providing multiple copies of the proposed landscaping plan (C-401) with respect to the garage project. All other portions of the block will remain unchanged.

Generally, landscaping shrubbery will be installed at the vehicle access locations. Grass will be planted and maintained surrounding the new garage on all sides.

If you would like additional copies of any plan or more information, please contact the undersigned.

Very truly yours,

COSTELLO, COONEY & FEARON, PLLC

  
Kevin M. Gilligan

KMG/bd

Enclosures

cc w/o enc:

Mr. Christian Day, SJHHC

Mr. Timothy Dunn, Hayner/Hoyt Corporation

Mr. Vincent Pietrzak, Appel Osborne

**APPLICATION FOR PROJECT SITE REVIEW**  
**ADDITIONAL SIGNAGE**

Vehicle Entrance Signs – Employee Parking – Above Garage Entrances



# Parks, Recreation, and Historic Preservation

ANDREW M. CUOMO  
Governor

ERIK KULLESEID  
Commissioner

February 11, 2019

Mr. Charles Vandrei  
Agency Historic Preservation Officer  
New York State Department of Environmental Conservation  
625 Broadway  
Albany, NY 12233

Re: DEC  
St. Josephs Hospital Health Center Main Parking Garage  
Hickory Street at Townsend Street, City of Syracuse, Onondaga County, NY  
19PR00548

Dear Mr. Vandrei:

Thank you for requesting the comments of the Division for Historic Preservation of the Office of Parks, Recreation and Historic Preservation (OPRHP). We have reviewed the submitted materials in accordance with the New York State Historic Preservation Act of 1980 (section 14.09 of the New York Parks, Recreation and Historic Preservation Law). These comments are those of the Division for Historic Preservation and relate only to Historic/Cultural resources. They do not include potential environmental impacts to New York State Parkland that may be involved in or near your project. Such impacts must be considered as part of the environmental review of the project pursuant to the State Environmental Quality Review Act (New York Environmental Conservation Law Article 8) and its implementing regulations (6NYCRR Part 617).

We note that the project site is located adjacent to the following properties which are eligible for or listed in the State and National Registers of Historic Places:

- 514 E. Willow Street, located directly across the street to the south (Eligible)
- First English Lutheran Church, located across the street to the southeast (Listed)

We have reviewed the project submission received on 1/22/2019. Based upon this review, it is the OPRHP's opinion that the project will have No Adverse Impact upon historic resources.

If there are substantive changes to the project, consultation with our office should resume. If you have any questions, I can be reached at (518) 268-2217.

Sincerely,

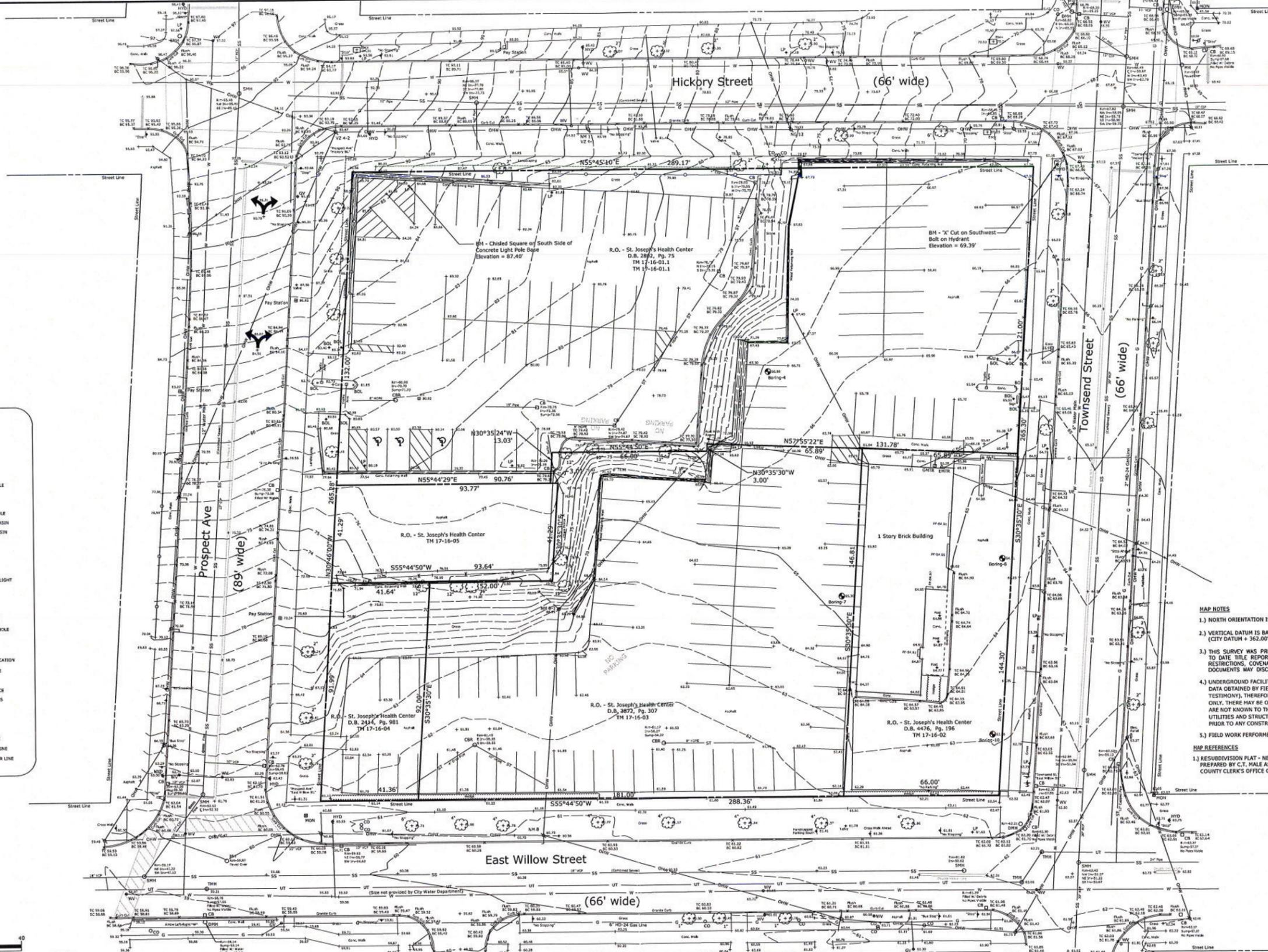
Christina Vagvolgyi  
Historic Preservation Technical Specialist  
e-mail: [christina.vagvolgyi@parks.ny.gov](mailto:christina.vagvolgyi@parks.ny.gov)

via e-mail only

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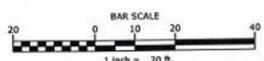
Division for Historic Preservation

P.O. Box 189, Waterford, New York 12188-0189 • (518) 237-8643 • [www.nysparks.com](http://www.nysparks.com)



**LEGEND**

- SIGN
- OP — GATE POST
- BO — BOLLARD
- GV — GAS VALVE
- SM — SANITARY MANHOLE
- SV — SEWER VENT
- CO — CLEANOUT
- DM — DRAINAGE MANHOLE
- CB — SQUARE CATCH BASIN
- CR — ROUND CATCH BASIN
- WV — WATER VALVE
- HYD — HYDRANT
- HH — HAND HOLE
- UL — UTILITY POLE
- ULP — UTILITY POLE W/ LIGHT
- GW — GUY WIRE
- LP — LIGHT POLE
- EB — ELECTRIC BOX
- EM — ELECTRIC METER
- TM — TELEPHONE MANHOLE
- GM — GAS METER
- MON — MONUMENT
- SB — SOIL BORING LOCATION
- DT — DECIDUOUS TREE
- GR — GUARD RAIL
- CLF — CHAIN LINK FENCE
- OW — OVERHEAD WIRES
- GL — GAS LINE
- WL — WATER LINE
- EL — ELECTRIC LINE
- TL — TELEPHONE LINE
- SSL — STORM SEWER LINE
- SS — SANITARY SEWER LINE



- MAP NOTES**
- 1.) NORTH ORIENTATION IS BASED ON RECORD BEARINGS FROM CITY ROW PLATS.
  - 2.) VERTICAL DATUM IS BASED ON CITY OF SYRACUSE DATUM. (CITY DATUM + 362.00' = NAVD 1929 DATUM)
  - 3.) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF AN ABSTRACT OR UP TO DATE TITLE REPORT AND IS THEREFORE SUBJECT TO ANY EASEMENTS, RESTRICTIONS, COVENANTS OR ANY STATEMENT OF FACTS THAT SUCH DOCUMENTS MAY DISCLOSE.
  - 4.) UNDERGROUND FACILITIES, STRUCTURES AND UTILITIES HAVE BEEN PLOTTED FROM DATA OBTAINED BY FIELD SURVEY, PREVIOUS MAPS AND RECORDS, (AND PAROLE TESTIMONY). THEREFORE THEIR LOCATIONS MUST BE CONSIDERED APPROXIMATE ONLY. THERE MAY BE OTHER UNDERGROUND UTILITIES, THE EXISTENCE OF WHICH ARE NOT KNOWN TO THE UNDERSIGNED. SIZE AND LOCATION OF ALL UNDERGROUND UTILITIES AND STRUCTURES MUST BE VERIFIED BY THE APPROPRIATE AUTHORITIES PRIOR TO ANY CONSTRUCTION.
  - 5.) FIELD WORK PERFORMED ON MAY 15-16, 2018.
- MAP REFERENCES**
- 1.) RESUBDIVISION PLAT - NEW LOT 18 OF THE ST. JOSEPH'S HOSPITAL HEALTH CENTER SUBDIVISION PREPARED BY C.T. MALE ASSOCIATES DATED OCTOBER 3, 2014 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE ON AS MAP 11944.

CAD DWG FILE NAME: K:\Projects\182909\Survey\02 - St. Joseph Parking.dwg

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

I CERTIFY 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. Sliski* 05/23/2018  
 DAVID M. SLISKI PLS # 50105 DATE

DAVID M. SLISKI P.L.S. NO. 50105	DATE	REVISIONS RECORD/DESCRIPTION	DRAFTER	CHECK	APPR.	UNAUTHORIZED ALTERATION OR ADDITION TO THIS DOCUMENT IS A VIOLATION OF THE NEW YORK STATE EDUCATION LAW.
						© 2018 C.T. MALE ASSOCIATES
						APPROVED: DRAFTED : JAD
						CHECKED : DMS
						PROJ. NO : 18.8269
						SCALE : 1" = 20 FT.
						DATE : MAY 23, 2018

**BOUNDARY AND TOPOGRAPHIC SURVEY MAP**  
 FOR THE LANDS NOW OR FORMERLY OF  
**ST. JOSEPH'S HEALTH CENTER**  
 410 HICKORY STREET, 501, 517 & 525 EAST WILLOW STREET AND 104-06 PROSPECT AVENUE  
 LOT 1B OF THE ST. JOSEPH'S HOSPITAL HEALTH CENTER SUBDIVISION &  
 LOTS 7-10 AND PART OF LOTS 11-13, CITY BLOCK 27  
 ONONDAGA COUNTY, NEW YORK

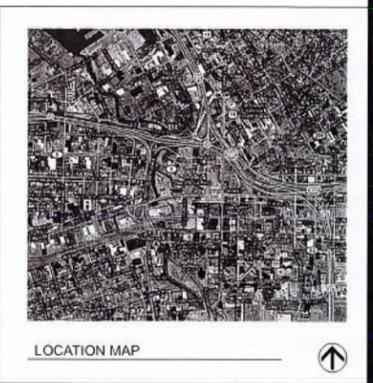
**C.T. MALE ASSOCIATES**  
 Engineering, Surveying, Architecture & Landscape Architecture, D.P.C.  
 200 GATEWAY PARK DRIVE, BLDG. C, P.O. BOX 2246  
 SYRACUSE, NY 13220-2446  
 315.458.4882 • FAX 315.458.4427

SHEET 1 OF 1  
 DWG. NO: 18-0265

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C-002	EXISTING CONDITIONS PLAN	E-102	SECOND FLOOR LIGHTING PLAN
C-003	DEMOLITION PLAN	E-103	THIRD FLOOR LIGHTING PLAN
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KING+KING PROJECT NUMBER: 19-22-6416

ST. JOSEPHS HOSPITAL HEALTH CENTER  
PCC MAIN PARKING GARAGE



LOCATION MAP

**ARCHITECT'S CERTIFICATION**  
THE ARCHITECTS CERTIFY THAT THE BASIS OF THEIR KNOWLEDGE, INFORMATION, AND BELIEF THE PLANS AND SPECIFICATIONS ARE IN ACCORDANCE WITH ALL APPLICABLE REQUIREMENTS OF THE NEW YORK STATE FIRE PREVENTION AND BUILDING CODE, THE NEW YORK STATE ENERGY CONSERVATION CONSTRUCTION CODE, AND THE CONSTRUCTION STANDARDS OF THE EDUCATION DEPARTMENT.

**king + king**  
ARCHITECTS  
 358 West Jefferson Street  
 Syracuse, NY 13202  
 p 315 | 671-2400  
 f 315 | 671-7891  
 www.kingarch.com

Rev-1: 12/05/18



50 % CD SET



11/30/2018



THE HAYNER HOYT CORPORATION

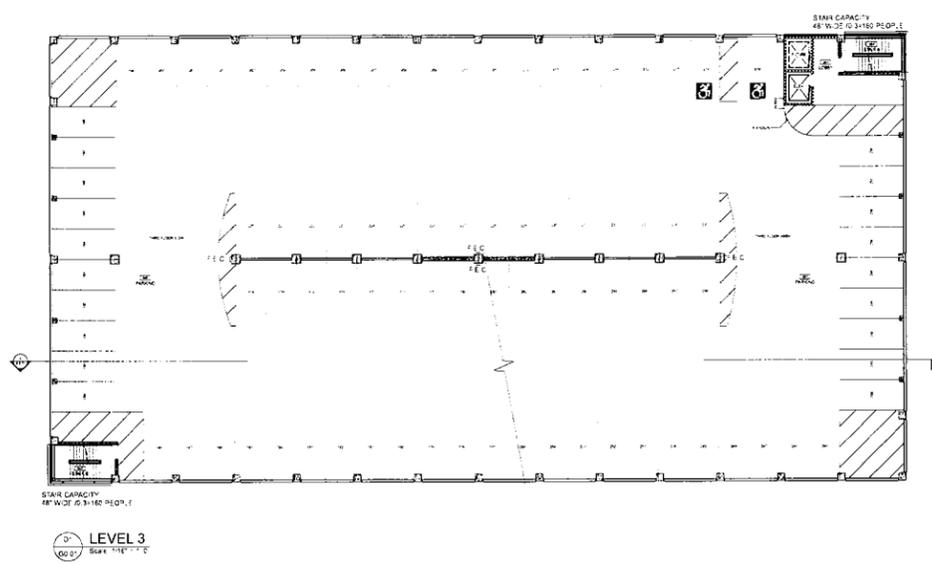
king+king ARCHITECTS

CHIA design/construction solutions

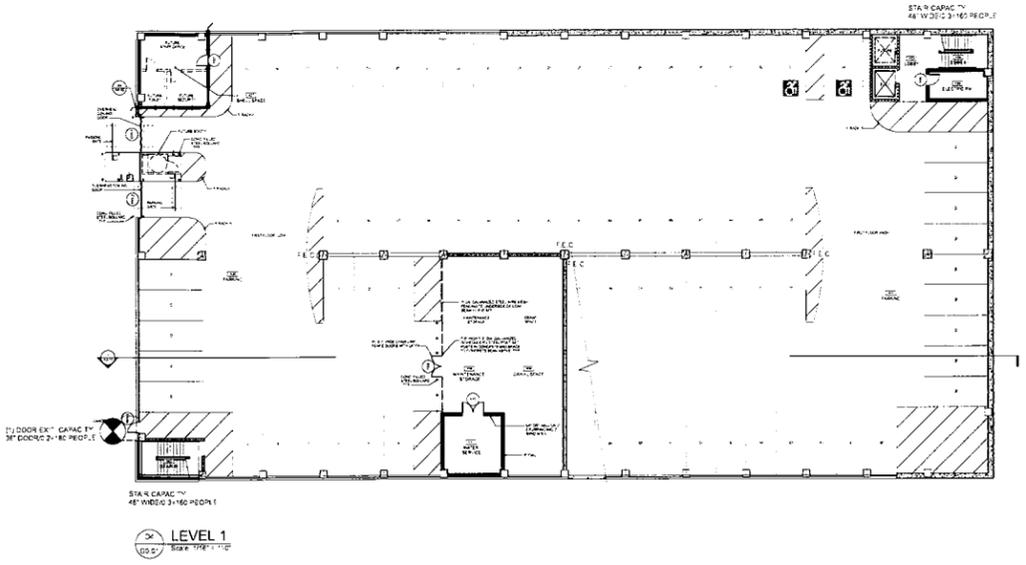


ST. JOSEPH'S HOSPITAL HEALTH CENTER  
PCC MAIN PARKING GARAGE

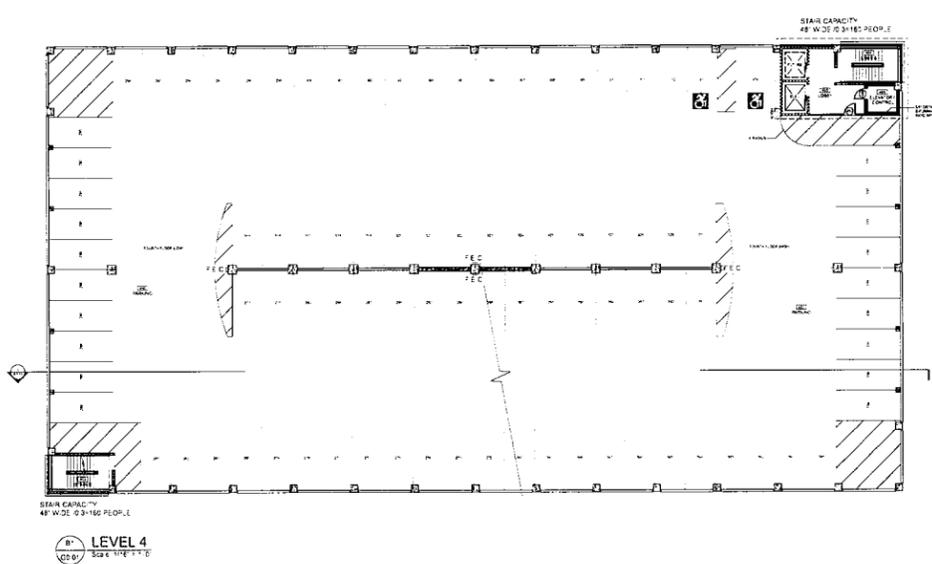
301 PROSPECT AVENUE  
SYRACUSE, NEW YORK 13203



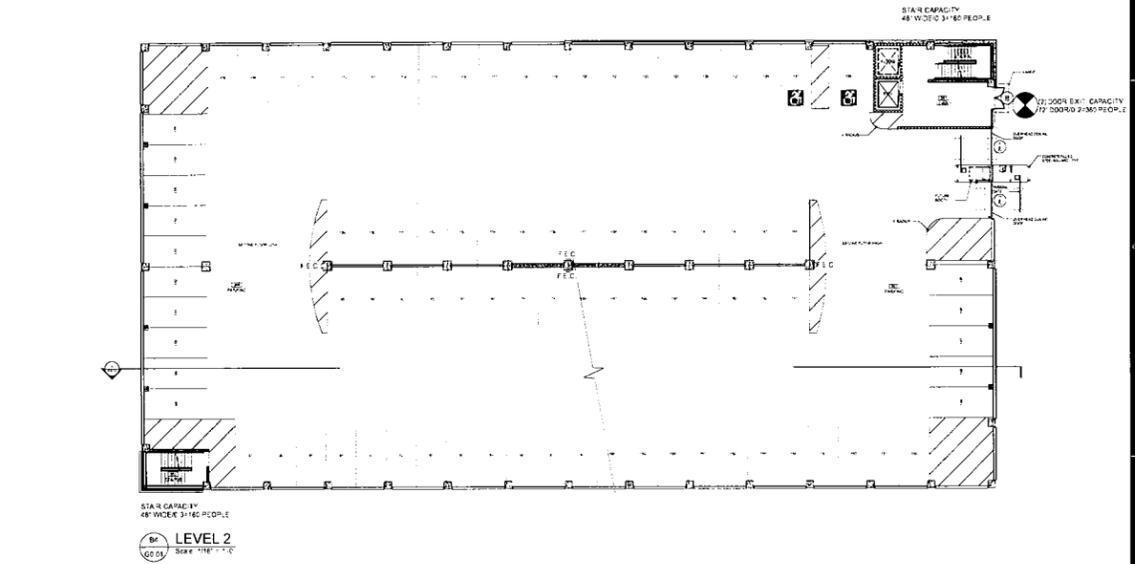
LEVEL 3  
Scale: 1/8" = 1'-0"



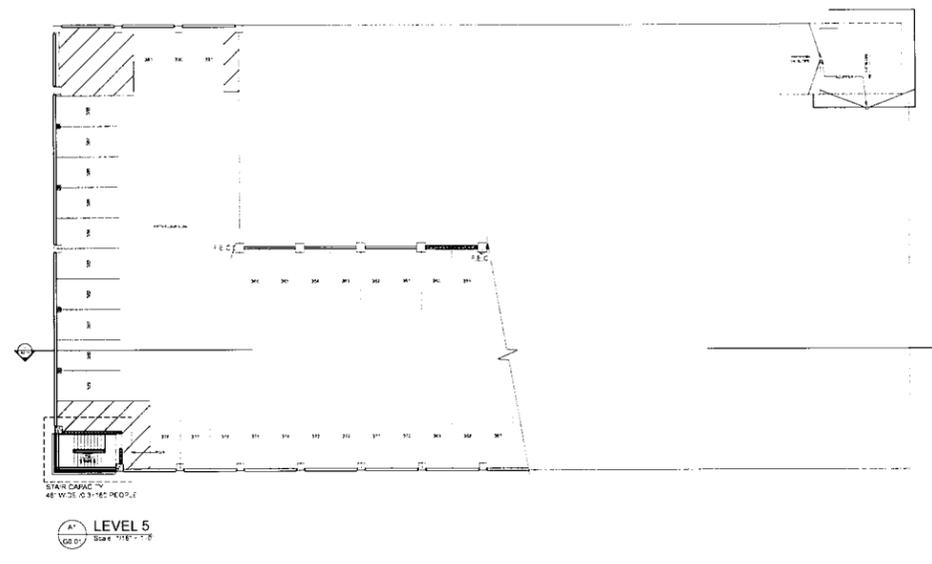
LEVEL 1  
Scale: 1/8" = 1'-0"



LEVEL 4  
Scale: 1/8" = 1'-0"



LEVEL 2  
Scale: 1/8" = 1'-0"



LEVEL 5  
Scale: 1/8" = 1'-0"

RATED PARTITION LEGEND:		DOOR LEGEND:	
	1-HR RATED PARTITION (SMOKE BARRIER)		90 MIN. SMOKE DOOR
	2-HR RATED PARTITION (SMOKE BARRIER)		45 MIN. SMOKE DOOR
	1-HR FIRE BARRIER		45 MIN. DOOR
	2-HR FIRE BARRIER		
	EXIT		
	FIRE EXTINGUISHER CABINET		

**CODE COMPLIANCE NOTES:**

**OCCUPANCY CLASSIFICATION:**  
S3 - OFF-HOURS STORAGE - PARKING GARAGE  
FLOORS 1-4 AND 5

**ALLOWABLE HEIGHT AND BUILDING AREA:**  
FOR OPEN PARKING GARAGE: CODE SECTION C.4.5.5.1  
ALLOWABLE: 10 FEET AND 50,000 S.F./FLOOR  
ACTUAL: 9 FEET AND 28,400 S.F. (LEVEL 1, 2, 3, 4, 5)

**PARKING SPACES:**  
LEVEL 1 - 77 PARKING SPACES (2 HANDICAP ACCESSIBLE PARKING SPACES)  
LEVEL 2 - 87 PARKING SPACES (2 HANDICAP ACCESSIBLE PARKING SPACES)  
LEVEL 3 - 95 PARKING SPACES (2 HANDICAP ACCESSIBLE PARKING SPACES)  
LEVEL 4 - 95 PARKING SPACES (2 HANDICAP ACCESSIBLE PARKING SPACES)  
LEVEL 5 - 23 PARKING SPACES  
TOTAL - 377 PARKING SPACES (4 HANDICAP ACCESSIBLE PARKING SPACES)

ALL DIMENSIONS SHOWN ON THESE DRAWINGS SHALL NOT BE PERMITTED TO VARY FROM THE DIMENSIONS SHOWN ON THE PERMITS OF THE ARCHITECT OR ENGINEER UNLESS UNDER THE PROVISIONS OF A CHANGED ARCHITECT'S ALTERATION AGREEMENT. ANY ALTERATION TO THESE DRAWINGS SHALL BE MADE AT THE ALTERATION AND SIGNATURE AND DATE OF THE ARCHITECT OR ENGINEER.

MARK: DATE: 05/24/2018  
ZONING SUBMISSION  
DRAWING DATE: 05/24/2018  
SCALE: DRAWING TITLE

Code Compliance Plan

G0.01

# LEGEND

PROPOSED	EXISTING
STORM SEWER	SKN
SANITARY SEWER	GP
WATER LINE	BC
GAS LINE	SHH
ELECTRIC	SV
COMMUNICATIONS	LD
TELEPHONE	DMH
OVERHEAD ELECTRIC	CB
5' OR 10' CONTOUR LINE	CBR
1' OR 2' CONTOUR LINE	WV
SPOT ELEVATION	Q
GROUND (G)	HH
PAVEMENT (P)	U
TOP OF CURB (TC)	UJ
BOTTOM OF CURB (BC)	W
TOP OF FRAME (TF)	W
BOLLARD	Light Pole
SIGNS	Electric Box
GATES	Electric Meter
ELEC/POWER MANHOLE	Manhole
YARD LIGHT	Gas Meter
UTILITY POLE (W/ GUY WIRE)	Monument
LIGHT POLE	Soil Boring Location
SIGNAL MANHOLE	Deciduous Tree
SIGNAL	Guard Rail
GUIDE RAIL	Chain Link Fence
VEGETATION LINE	Overhead Wires
DECIDUOUS TREE	Gas Line
EVERGREEN TREE	Water Line
BUILDING OUTLINE	Electric Line
FLAG POLE	Telephone Line
CATCH BASIN	Storm Sewer Line
STORM OUTLET MANHOLE	Sanitary Sewer Line
SANITARY TRAP/CLEANOUT	
TOP OF FRAME ELEVATION	
INVERT ELEVATION OF PIPE	
VALVE	
TREE/SHRUB CALL-OUT	
DETAIL CALL-OUT	

# GENERAL NOTES

1. BASE MAPPING PREPARED BY C.T. MALE ASSOCIATES D.P.C., DRAWING NO. 18-0265, DATED MAY 23, 2018.
2. UNDERGROUND UTILITIES ARE SHOWN FROM FIELD LOCATION IF POSSIBLE, OTHERS ARE SHOWN FROM RECORD DATA. THEIR EXACT LOCATION MAY DIFFER FROM THAT AS SHOWN AND OTHERS MAY EXIST.
3. THIS SURVEY MADE WITHOUT THE BENEFIT OF AN UPDATED ABSTRACT.
4. SUBJECT TO ANY RIGHTS, EASEMENTS, COVENANTS OR RESTRICTIONS OF RECORD.
5. THE PLANS SHOW KNOWN SUBSURFACE STRUCTURES, ABOVEGROUND STRUCTURES AND/OR UTILITIES BELIEVED TO EXIST IN THE WORKING AREA. CONTRACTOR IS WARNED THAT THE EXACT OR EVEN APPROXIMATE LOCATION OF SUCH MAY DIFFER FROM THAT SHOWN OR MAY NOT BE SHOWN, AND IT SHALL BE HIS RESPONSIBILITY TO PROCEED WITH GREAT CARE IN EXECUTING ANY WORK. CONTRACTOR SHALL COMPLY WITH THE STATE OF NEW YORK DEPARTMENT OF PUBLIC SERVICE, 16NYCRR PART 753, EFFECTIVE FEBRUARY 5, 1997 CALL BEFORE YOU DIG @ 1-800-952-7962.
6. THE ENGINEER SHALL BE NOTIFIED IN WRITING OF ANY CONDITIONS THAT VARY FROM THOSE SHOWN ON THE PLANS. THE CONTRACTOR'S WORK SHALL NOT VARY FROM THE PLANS WITHOUT THE EXPRESSED APPROVAL OF THE ENGINEER. ANY CHANGES WITHIN NYSDOT ROW SHALL BE COMMUNICATED BACK TO NYSDOT PERMIT ENGINEER IN WRITING WITH A 2 WEEK NOTICE PRIOR TO COMMENCING WORK.
7. THE CONTRACTOR SHALL RESTORE LAWNS, DRIVEWAYS, CURBS, SIGNS AND OTHER PUBLIC OR PRIVATE PROPERTY DAMAGED OR REMOVED TO AT LEAST AS GOOD A CONDITION AS BEFORE BEING DISTURBED AS DETERMINED BY THE ENGINEER. ANY DAMAGED TREES, SHRUBS, AND/OR HEDGES SHALL BE REPLACED AT THE CONTRACTOR'S EXPENSE.
8. THE CONTRACTOR SHALL COMPLY WITH ALL REQUIRED PERMITS.
9. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING AND INCURRING THE COST OF ALL REQUIRED PERMITS, INSPECTIONS, CERTIFICATES, ETC.
10. THE CONTRACTOR SHALL PROTECT EXISTING PROPERTY LINE MONUMENTATION. ANY MONUMENTATION DISTURBED OR DESTROYED, AS JUDGED BY THE ENGINEER OR OWNER, SHALL BE REPLACED AT THE CONTRACTOR'S EXPENSE UNDER THE SUPERVISION OF A NEW YORK STATE LICENSED LAND SURVEYOR.
11. THE CONTRACTOR SHALL BE RESPONSIBLE TO CONDUCT EXPLORATORY TEST PITS AS REQUIRED TO DETERMINE UNDERGROUND CONDITIONS. THE CONTRACTOR SHALL CONDUCT ADDITIONAL PITS AS REQUIRED FOR PERFORMANCE OF WORK AT HIS EXPENSE.
12. ALL TRENCH EXCAVATION AND ANY REQUIRED SHEETING AND SHORING SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF NEW YORK STATE CODES RULES 23 AND OTHER REGULATIONS FOR CONSTRUCTION.
13. CONTRACTOR SHALL BE RESPONSIBLE FOR DEWATERING AND THE MAINTENANCE OF SURFACE DRAINAGE DURING THE COURSE OF WORK.
14. MAINTAIN FLOW FOR ALL EXISTING UTILITIES, CULVERTS, AND DITCHES.
15. ALL MANHOLES, CASTINGS, ETC. AND VALVE BOXES WITHIN PAVED AREAS SHALL HAVE THE TOPS SET FLUSH WITH THE EXISTING PAVEMENT GRADE IN LANDSCAPED AREAS, ALL FRAMES SHALL BE 0.1' ABOVE GRADE.
16. BEFORE CONSTRUCTING LINES TO CONNECT TO EXISTING UTILITIES OR UTILITIES INSTALLED UNDER OTHER CONTRACTS, VERIFY EXISTING UTILITY INVERTS AND NOTIFY ENGINEER IF ANY VARIATION FROM THE PLANS IS REQUIRED.
17. CONTRACTOR TO GRADE ALL AREAS ON THE SITE TO PROVIDE POSITIVE DRAINAGE.
18. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROVIDING ALL FIELD LAYOUT. THE CONTRACTOR SHALL TAKE CARE TO ALL UTILITY CONNECTIONS AND PROVIDE MARKED-UP AS-BUILT PLANS FOR ALL UTILITIES SHOWING TIES TO CONNECTIONS, BENDS, VALVES, LENGTHS OF LINES AND INVERTS. AS-BUILT PLANS SHALL BE REVIEWED BY THE OWNER AND HIS REPRESENTATIVES, AND THE CONTRACTOR SHALL PROVIDE ANY CORRECTIONS OR ADMISSIONS TO THE SATISFACTION OF THE OWNER AND HIS REPRESENTATIVES BEFORE UTILITIES WILL BE ACCEPTED.
19. THE CONTRACTOR SHALL EXERCISE CAUTION WHEN OPERATING CONSTRUCTION EQUIPMENT OVER NEW UTILITY TRENCHES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR MAINTAINING A MINIMUM OF TWO FEET OR MORE, IF REQUIRED, OVER ANY UTILITY LINE SUBJECT TO CONSTRUCTION TRAFFIC.
20. CONTRACTOR SHALL BE RESPONSIBLE FOR COORDINATING ALL WORK, LANE CLOSURES AND DISRUPTIONS WITH GOVERNING AGENCIES.
21. PRIOR TO BIDDING PROJECT, THE CONTRACTOR SHALL VISIT THE SITE TO VERIFY EXISTING CONDITIONS.
22. ALL PHYSICAL FEATURES, ROW, UTILITIES, TREES, LANDSCAPING OR UTILITY LOCATIONS COULD NOT BE POSSIBLY SHOWN ON THE CONTRACT DRAWINGS. EACH BIDDER IS ENCOURAGED TO PERSONALLY INSPECT ALL AREAS OF PROPOSED WORK, IN ORDER TO ENSURE THAT HE IS FAMILIAR WITH THE PHYSICAL LAYOUT OF THE AREA AND THE REQUIREMENTS OF THE WORK.
23. ALL PROPOSED WORK MAY BE VARIED IN THE FIELD BY THE ENGINEER TO MEET EXISTING CONDITIONS.
24. UPON COMPLETION OF THE WORK, ALL DISTURBED AREAS SHALL BE RESTORED TO A CONDITION EQUAL TO OR BETTER THAN THAT WHICH EXISTED PRIOR TO CONSTRUCTION.
25. TURF ESTABLISHMENT: ALL DISTURBED FILL OR CUT AREAS SHALL BE GRADED, SEEDED, AND MULCHED, WITHIN ONE WEEK OF BACK FILLING, AND LAWN AREAS DISTURBED DURING THE COURSE OF THE WORK WILL REQUIRE TOP SOIL BEFORE SEEDING AND MULCHING. ANY AREAS THAT SETTLE OR WASH OUT SHALL BE REPAIRED.
26. WHERE PRACTICAL, ALL EROSION CONTROL MEASURES SHALL BE PLACED INTO PLACE PRIOR TO BEGINNING CONSTRUCTION.
27. TRENCHES SHALL NOT BE LEFT OPEN OVERNIGHT. TEMPORARY ROAD PLATE SHALL BE PLACED AT THE END OF EACH WORKING DAY OR AS REQUIRED BY GOVERNING AGENCIES.
28. ALL CONSTRUCTION STAKE OUT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR.
29. SIGNS AND WORKZONE TRAFFIC CONTROL SHALL ADHERE TO FEDERAL MUTCD WITH STATE SUPPLEMENT.
30. ALL MATERIALS USED WITHIN CITY RIGHT OF WAY MUST COMPLY WITH THE CURRENT CITY STANDARDS AND SPECIFICATIONS.
31. ROAD TO BE KEPT CLEAN AT ALL TIMES AND FREE OF ALL CONSTRUCTION DEBRIS.
32. ALL WORK ZONE SIGNS AND FLAGGERS SHALL BE OFF THE ROADWAY WHEN NOT IN USE.

## MAP NOTES

1. NORTH ORIENTATION IS BASED ON RECORD BEARINGS FROM CITY ROW PLATS.
2. VERTICAL DATUM IS BASED ON CITY OF SYRACUSE DATUM (CITY DATUM = 362.60' + NAOD TIEB DATUM).
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF AN ABSTRACT OF TITLE TO DATE. THIS REPORT AND IS THEREFORE SUBJECT TO ANY EASEMENTS, RESTRICTIONS, COVENANTS OR ANY STATEMENT OF FACTS THAT SUCH DOCUMENTS MAY ENCLOSURE.
4. UNDERGROUND FACILITIES, STRUCTURES AND UTILITIES HAVE BEEN PROTECTED FROM DATA OBTAINED BY FIELD SURVEY. PREVIOUS MAPS AND RECORDS, LAND PARCEL TESTIMONY, THEREFORE THESE LOCATIONS MUST BE CONSIDERED APPROXIMATE ONLY. THERE MAY BE OTHER UNDERGROUND UTILITIES, THE EXISTENCE OF WHICH ARE NOT KNOWN TO THE UNDERSIGNED. SIZE AND LOCATION OF ALL UNDERGROUND UTILITIES AND STRUCTURES MUST BE VERIFIED BY THE APPROPRIATE AUTHORITIES PRIOR TO ANY CONSTRUCTION.
5. FIELD WORK PERFORMED ON MAY 15-16, 2018.

## MAP REFERENCES

1. RESUBDIVISION PLAT - NEW LOT 18 OF THE ST. JOSEPH'S HOSPITAL HEALTH CENTER SUBDIVISION, PREPARED BY C.T. MALE ASSOCIATES DATE OCTOBER 3, 2014 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE ON AS MAP 1844.



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11/30/2018	DRAWING DATE

SCALE  
DRAWING TITLE  
GENERAL NOTES AND LEGEND

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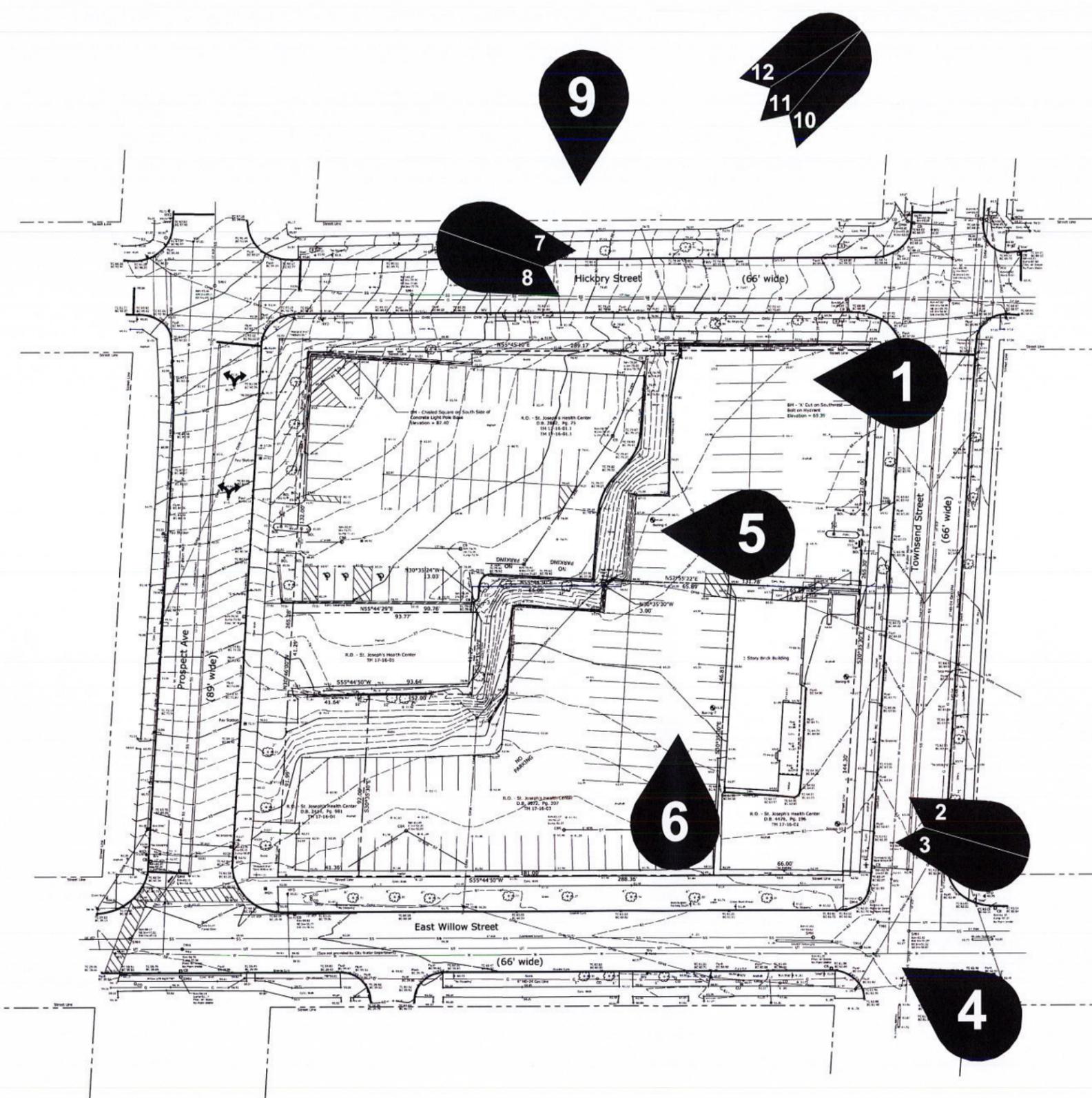
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2	11/26/2018	50% Construction Documents

SCALE: 1"=20 FEET

DRAWING TITLE: EXISTING CONDITIONS PLAN

C-002







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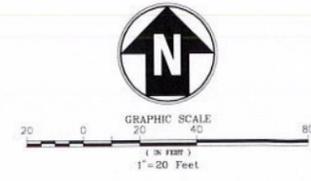
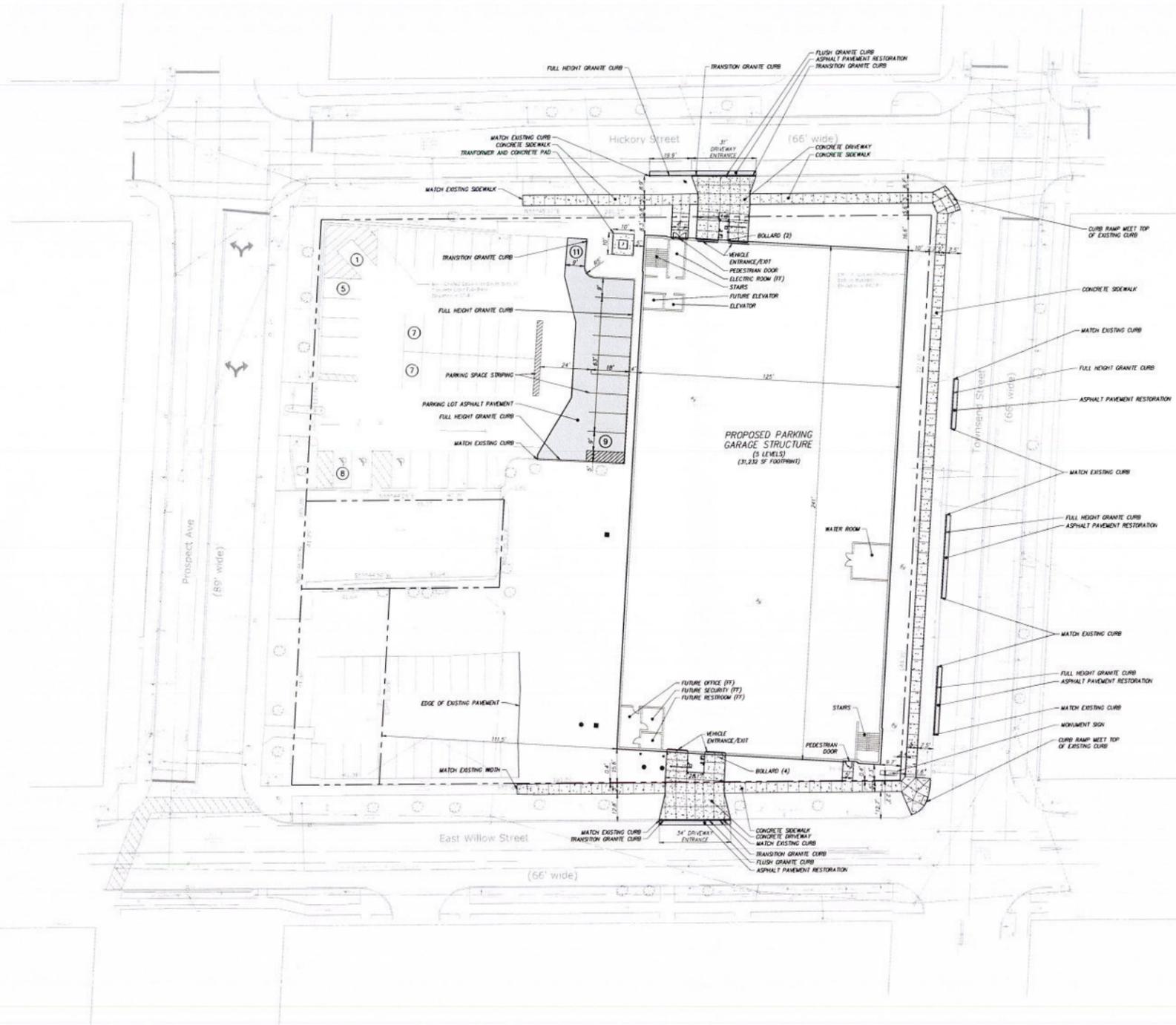
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LAYOUT PLAN



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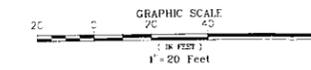
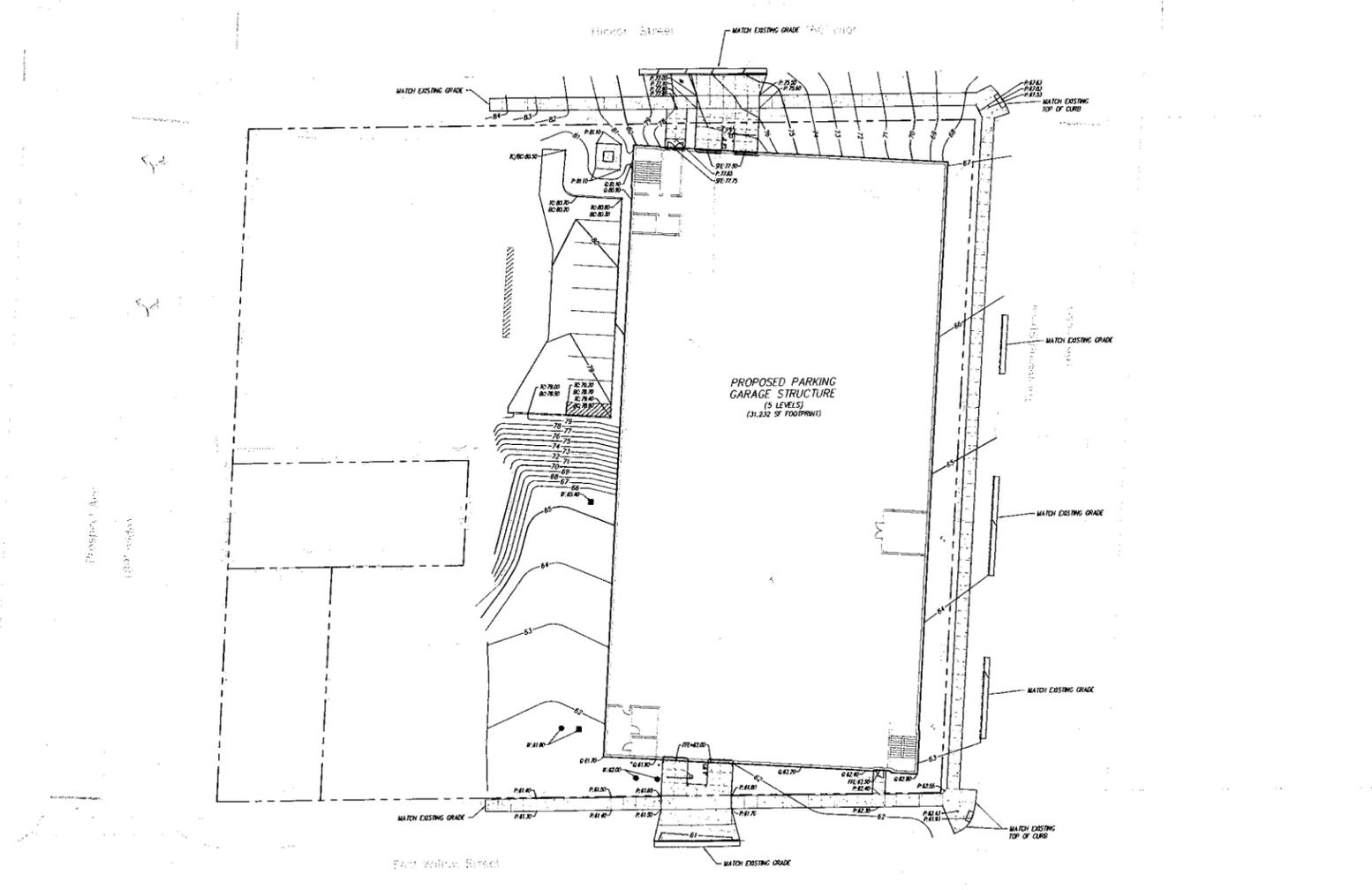
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SCALE  
DRAWING NO. 1.1  
GRADING PLAN

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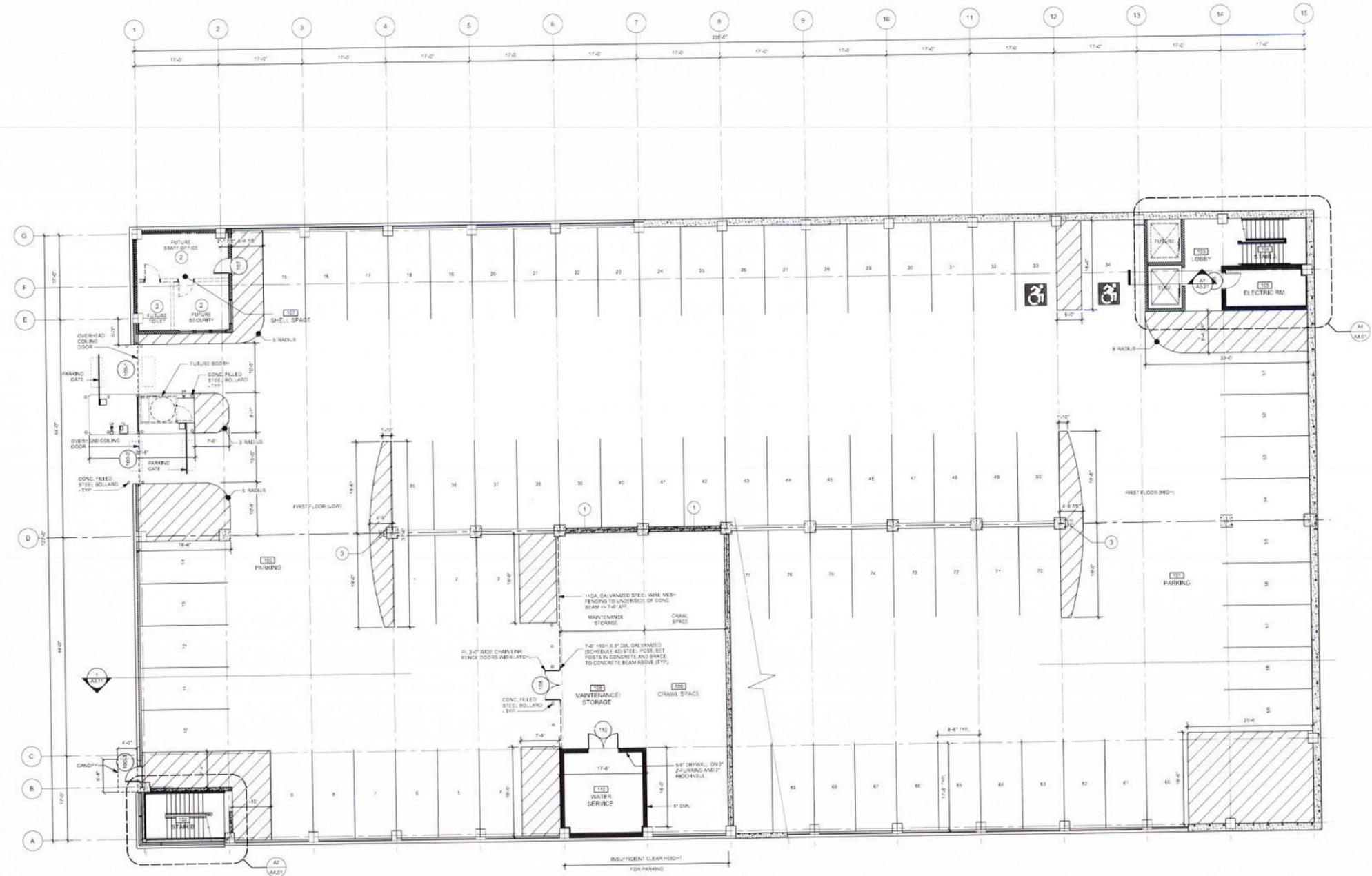
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1 FIRST FLOOR  
A1.11  
Scale: 1/8" = 1'-0"

- KEYED CONSTRUCTION NOTES:**
- 1 SHEAR WALL LOCATION. COORDINATE WITH STRUCTURAL DRAWINGS
  - 2 INDICATES AREA TO BE STRIPE PAINTED
  - 3 FUTURE CONSTRUCTION. BASIS OF DESIGN INCLUDE PERIMETER CMU WALLS AND DOOR. WINDOWS SHOWN FOR COORDINATION AND INSTALLATION OF INTELS FOR FUTURE WINDOW INSTALL. OPENINGS SHOULD BE BLOCKED IN AS A REMOVABLE SECTION.
  - 4 LOCATION OF FEC, TYPICAL AT ALL LEVELS.



19-01-04-01

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

DRAWING TITLE: FIRST FLOOR

**A1.11**



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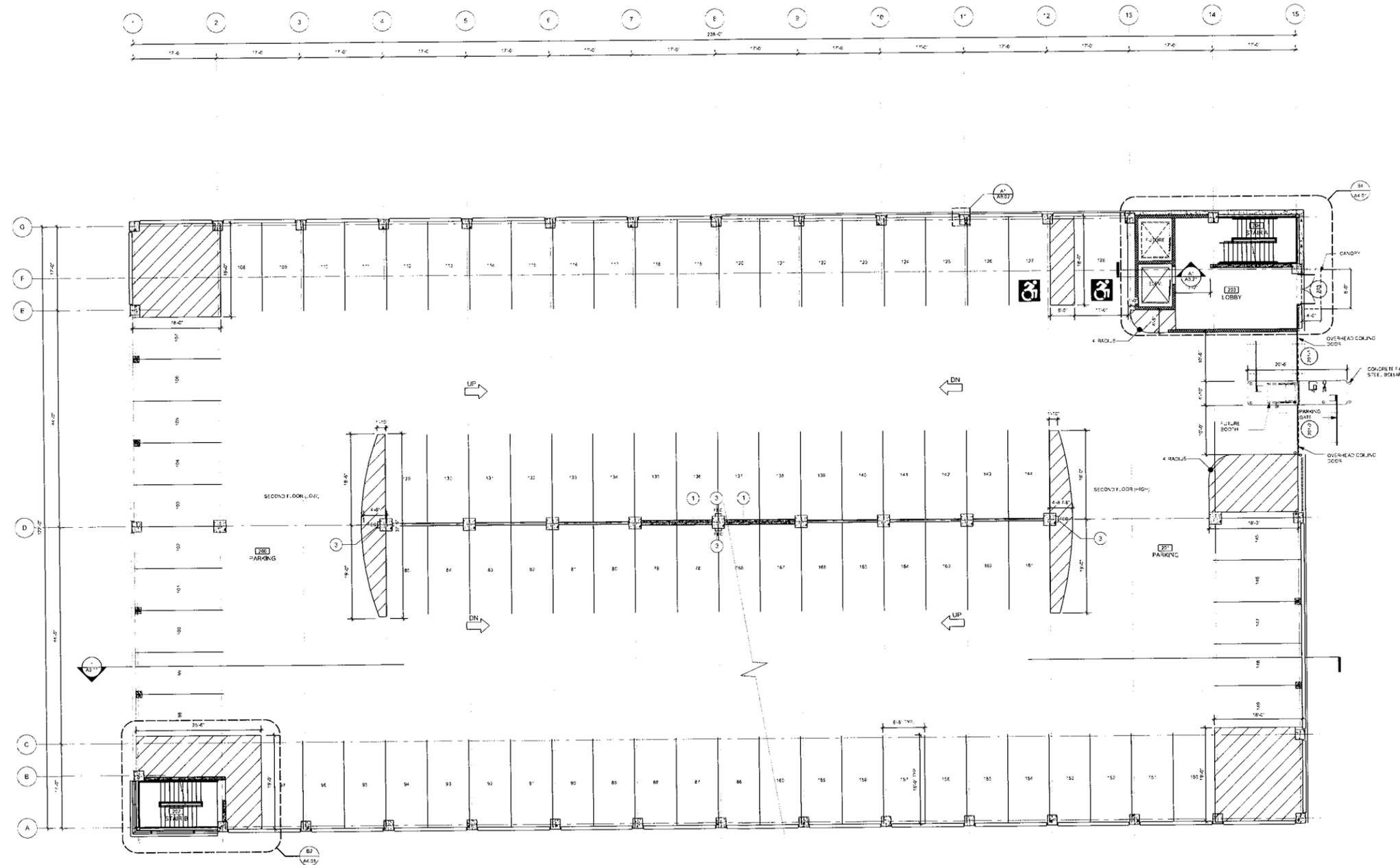
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1 SECOND FLOOR  
A1.12 Scale 1/8" = 1'-0"

- KEYED CONSTRUCTION NOTES:**
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  - 2 INDICATES AREA TO BE STRIPE PAINT'ED
  - 3 FUTURE CONSTRUCTION BASIS OF DESIGN INCLUDE PERIMETER CMU WALLS AND DOOR WINDOWS SHOWN FOR COORDINATION AND INSTALLATION OF LINTELS FOR FUTURE WINDOW INSTALL. OPENINGS SHOULD BE BLOCKED IN AS A REMOVABLE SECTION.
  - 4 LOCATION OF FEC. TYPICAL AT ALL LEVELS.



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SECOND FLOOR



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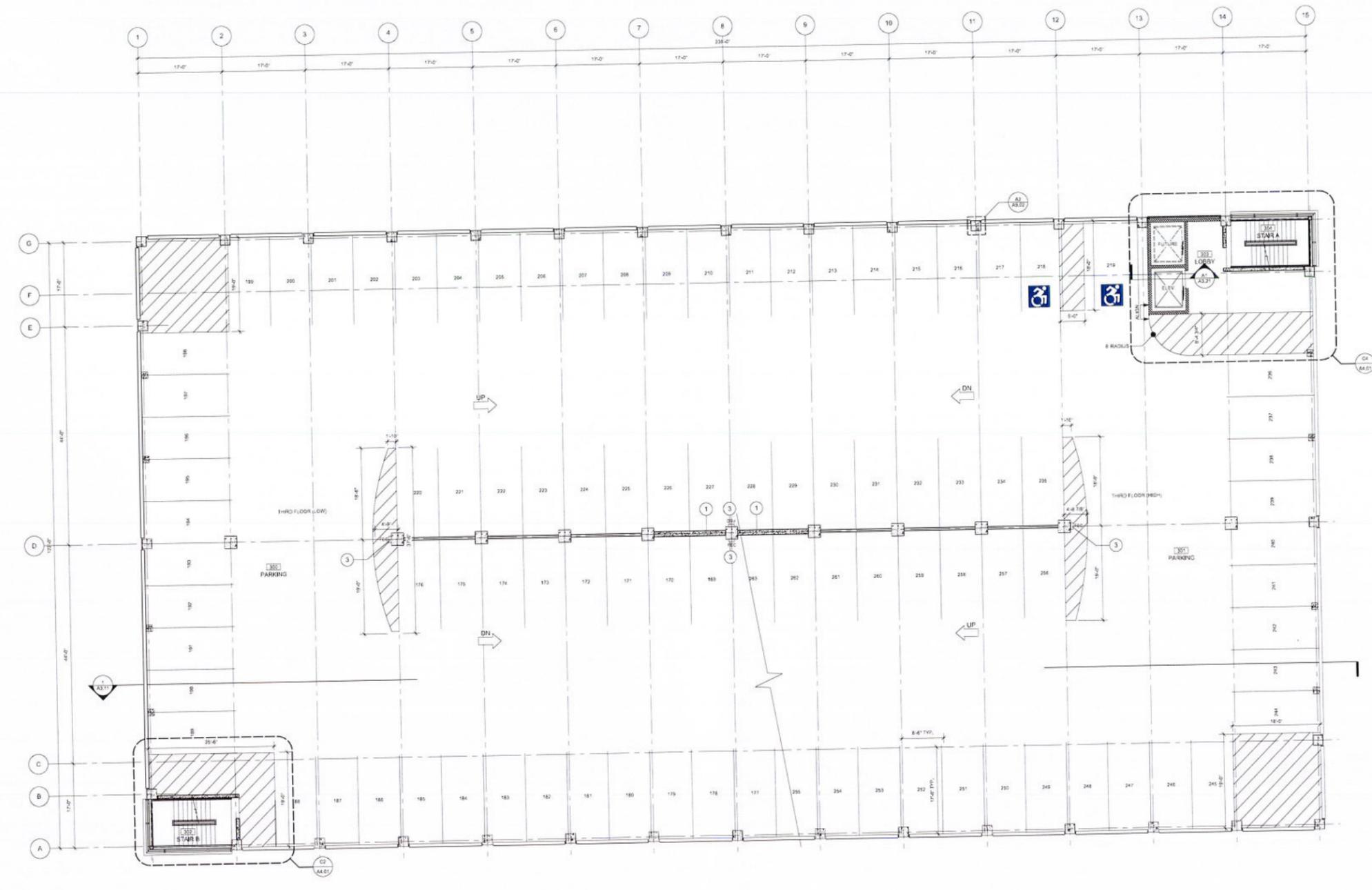
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1 THIRD FLOOR  
Scale: 1/8" = 1'-0"

- KEYED CONSTRUCTION NOTES:**
- 1 SHEAR WALL LOCATION, COORDINATE WITH STRUCTURAL DRAWINGS
  - 2 INDICATES AREA TO BE STRIPE PAINTED
  - 3 FUTURE CONSTRUCTION, BASIS OF DESIGN INCLUDE PERIMETER CMU WALLS AND DOOR. WINDOWS SHOWN FOR COORDINATION AND INSTALLATION OF LINTELS FOR FUTURE WINDOW INSTALL. OPENINGS SHOULD BE BLOCKED IN AS A REMOVABLE SECTION.
  - 4 LOCATION OF FEC, TYPICAL AT ALL LEVELS.

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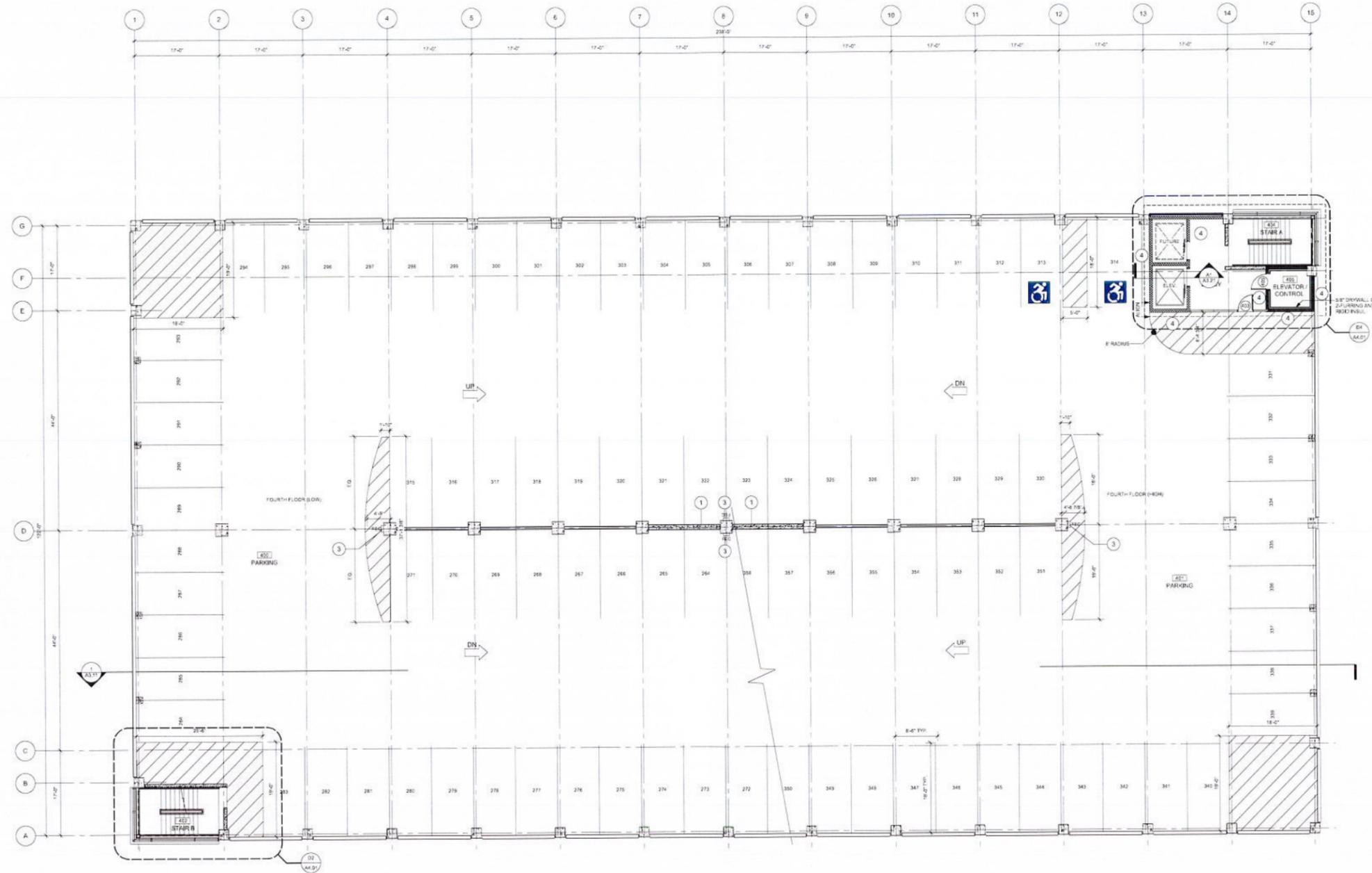
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1  
A1.14  
**FOURTH FLOOR**  
Scale: 1/8" = 1'-0"

- KEYED CONSTRUCTION NOTES:**
- 1 SHEAR WALL LOCATION. COORDINATE WITH STRUCTURAL DRAWINGS
  - 2 INDICATES AREA TO BE STRIPE PAINTED
  - 3 FUTURE CONSTRUCTION. BASIS OF DESIGN INCLUDE PERIMETER CMU WALLS AND DOOR. WINDOWS SHOWN FOR COORDINATION AND INSTALLATION OF LNTELS FOR FUTURE WINDOW INSTALL. OPENINGS SHOULD BE BLOCKED IN AS A REMOVABLE SECTION.
  - 4 LOCATION OF FEC. TYPICAL AT ALL LEVELS.
  - 5 APPLY (EFS) FINISH DIRECTLY TO FACE OF CMU WALL.



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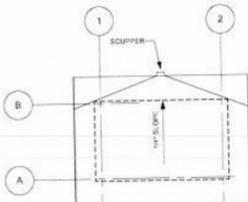
**FOURTH FLOOR**

**A1.14**



1 FIFTH FLOOR  
A1.15 Scale: 1/8" = 1'-0"

- KEYED CONSTRUCTION NOTES:**
- 1 SHEAR WALL LOCATION, COORDINATE WITH STRUCTURAL DRAWINGS
  - 2 INDICATES AREA TO BE STRIPE PAINTED
  - 3 FUTURE CONSTRUCTION, BASIS OF DESIGN INCLUDE PERIMETER CMU WALLS AND DOOR. WINDOWS SHOWN FOR COORDINATION AND INSTALLATION OF LINTELS FOR FUTURE WINDOW INSTALL. OPENINGS SHOULD BE BLOCKED IN AS A REMOVABLE SECTION.
  - 4 LOCATION OF FEC, TYPICAL AT ALL LEVELS.



2 ROOF PLAN - STAIR B  
A1.15 Scale: 1/8" = 1'-0"



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	FIFTH FLOOR
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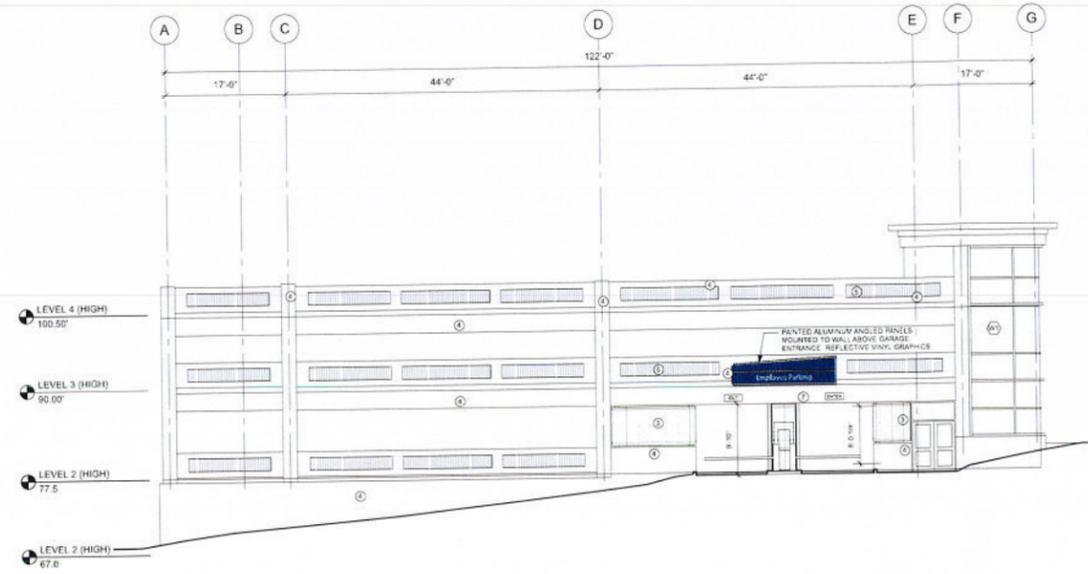
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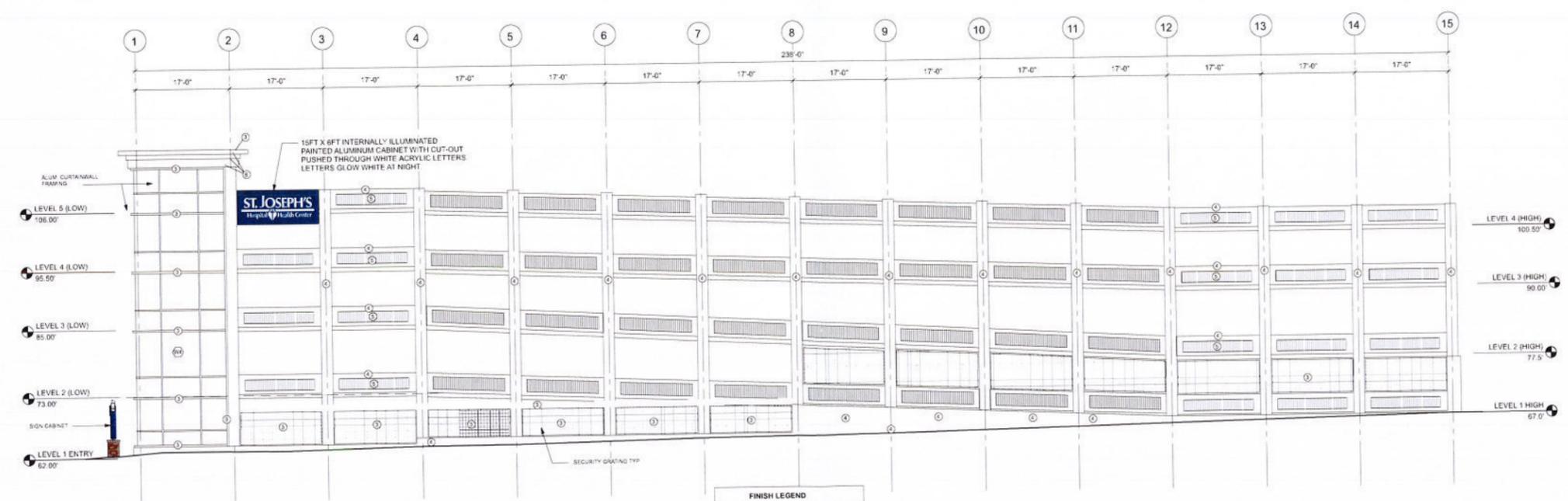


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2 NORTH ELEVATION  
Scale: 1/8" = 1'-0"



1 EAST ELEVATION  
Scale: 1/8" = 1'-0"

**FINISH LEGEND**

- 1 BRICK FIELD COLOR
- 2 BRICK ACCENT COLOR
- 3 RED ACCENT COLOR
- 4 UNFINISHED CONCRETE
- 5 PATTERNS/PAINTE CONCRETE
- 6 ALUMINUM PANEL SYSTEM
- 7 BLUE ACCENT COLOR



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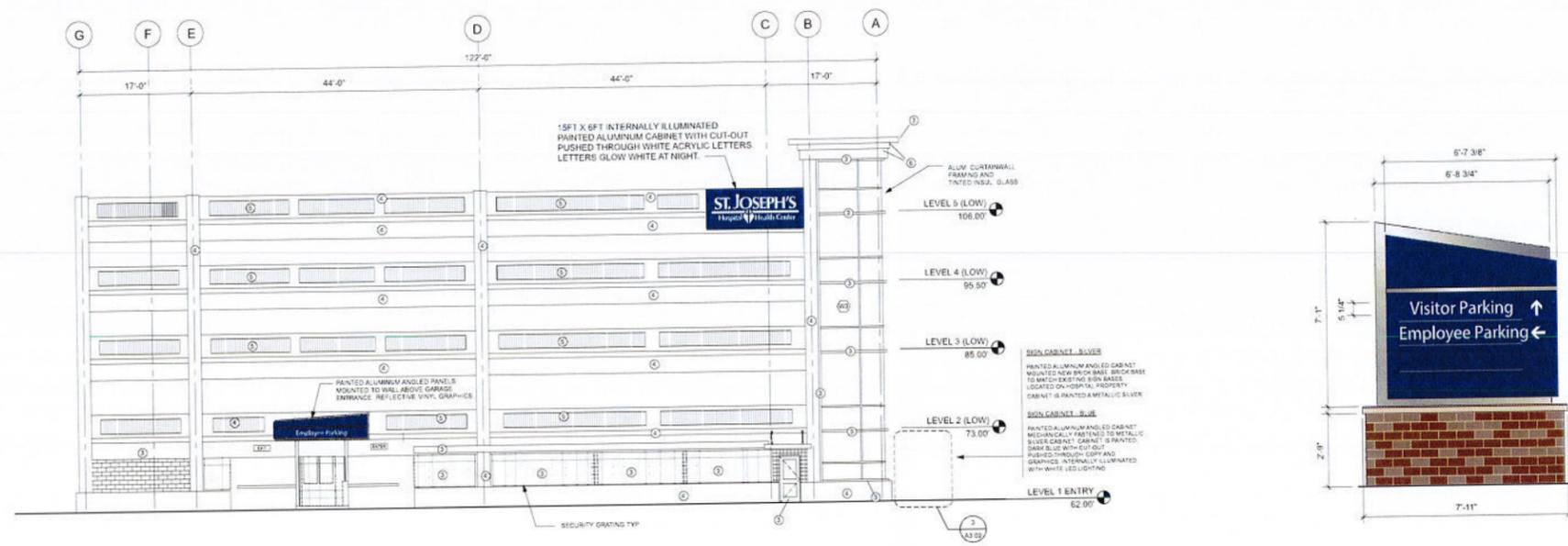
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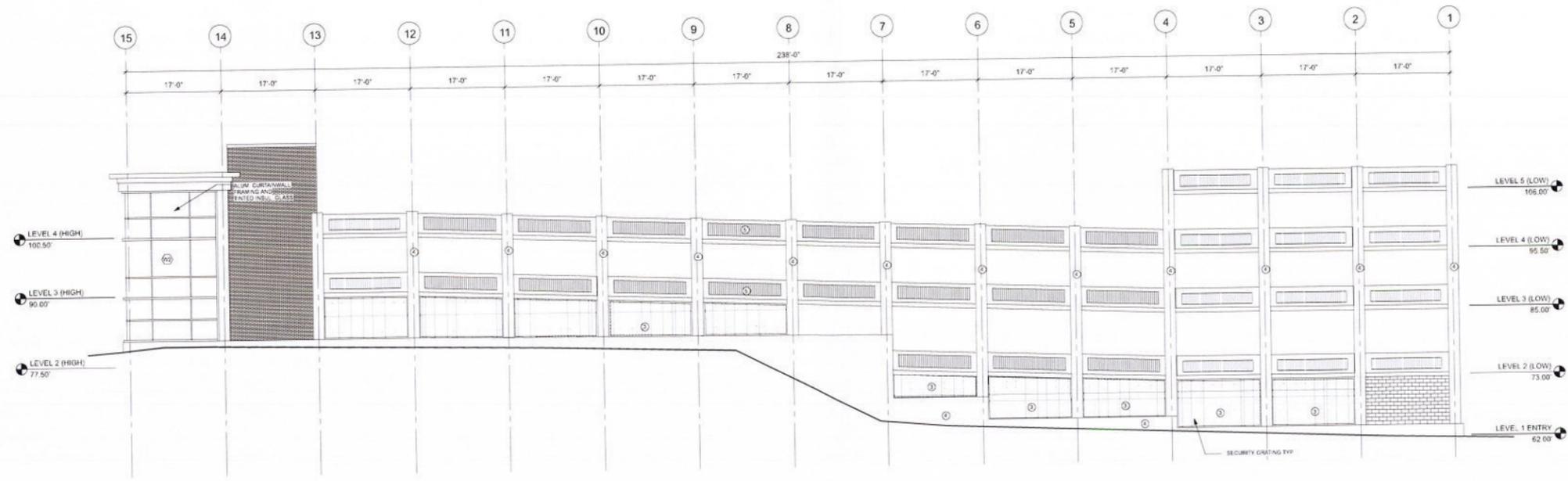
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2 SOUTH ELEVATION  
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3 MONUMENT SIGN  
Scale: 1/2" = 1'-0"



1 WEST ELEVATION  
Scale: 1/8" = 1'-0"

**FINISH LEGEND**

- 1 BRICK FIELD COLOR
- 2 BRICK ACCENT COLOR
- 3 RED ACCENT COLOR
- 4 UNFINISHED CONCRETE
- 5 PATTERNED/PATTERNED CONCRETE
- 6 ALUMINUM PANEL SYSTEM
- 7 BLUE ACCENT COLOR



**PLANTING SCHEDULE<sup>1</sup>**

SYMBOL	QTY	GENUS & SPECIES	COMMON NAME	PLANTING SIZE (AS NOTED)	ROOT	MATURE SIZE (HEIGHT x WIDTH)	NOTES
HS	18	Hemerocallis 'Stella de Oro'	Stella de Oro Daylily	1 GAL.	CONT.	2' x 2'	Perennial, bed may be supplemented with additional plants.
IV	6	Ilex verticillata 'Red Sprite' (female)-3 / Jan Dandy (male)-3	Winterberry	5 GAL.	CONT.	4' x 4'	Red Berries through Winter
PO	6	Physocarpus opulifolius*	Ninebark	5 GAL.	CONT.	6' x 6'	Shrub
PA	14	Polystichum acrostichoides*	Christmas Fern	1 GAL.	CONT.	2' x 2'	Evergreen
RF	15	Rosa 'Flower Carpet'	Scarlet Groundcover Rose	1 GAL.	CONT.	3' x 3'	Deciduous

**FOOTNOTES**  
 1. ALL PLANT SPACING IS AS SHOWN ON PLAN.  
 2. NATIVE PLANTS AS IDENTIFIED IN "NATIVE PLANTS OF THE NORTHEAST" BY DONALD J. LEOPOLD, ©2005.

**LANDSCAPE NOTES**

- THE CONTRACTOR SHALL SUPPLY PLANT MATERIALS IN QUANTITIES SUFFICIENT TO COMPLETE THE WORK SHOWN. ANY DISCREPANCIES BETWEEN QUANTITIES SHOWN ON THE PLANT SCHEDULE AND THOSE REQUIRED BY THE CONTRACT DRAWINGS SHALL NOT ENTITLE THE CONTRACTOR TO ADDITIONAL REMUNERATION.
- THE CONTRACTOR SHALL VERIFY AND VISUALLY INSPECT FINAL SELECTION OF PLANT MATERIALS WITH THE OWNER PRIOR TO INSTALLATION.
- ALL PLANTING LOCATIONS SHALL BE STAKED OUT AND APPROVED IN THE FIELD BY THE OWNER PRIOR TO INSTALLATION.
- NO PLANT MATERIAL WILL BE ACCEPTED WHICH DISPLAYS MAJOR IRREGULARITIES OR MECHANICAL DAMAGE. THE OWNER RETAINS THE RIGHT TO REJECT ANY PLANT MATERIAL DEEMED UNFIT.
- CONTRACTOR MAY SUBSTITUTE ANY OF THE PLANTINGS LISTED IN THE PLANT SCHEDULE DUE TO AVAILABILITY WITH APPROVAL BY THE OWNER PRIOR TO INSTALLATION.
- EXISTING VEGETATION SHALL REMAIN UNDISTURBED IN ALL AREAS WHICH ARE NOT PART OF THE PROPOSED PROJECT.
- GUARANTEE**  
 A. FOR A PERIOD OF TWELVE MONTHS FROM THE DATE THAT THE WORK UNDER THIS CONTRACT IS CERTIFIED AS COMPLETE, THE CONTRACTOR SHALL: 1) GUARANTEE ALL PLANTS AND SEEDING AREAS UNDER THIS CONTRACT, 2) REMOVE AND REPLACE DURING THIS GUARANTEE PERIOD PLANTS WHICH DIE OR ARE IN A BADLY IMPAIRED CONDITION, 3) REPLANT WITH STOCK OF SAME SIZE AND QUALITY AS ORIGINALLY SPECIFIED, 4) OBTAIN AND MAINTAIN AS SPECIFIED HEREIN AT NO ADDITIONAL COST TO THE OWNER.  
 B. REPLACEMENTS MADE WITHIN SIX MONTHS AFTER THE BEGINNING OF THE GUARANTEE PERIOD SHALL NOT EXTEND THE GUARANTEE PERIOD OF THESE PARTICULAR PLANTS. THOSE REPLACEMENTS MADE SIX MONTHS OR MORE AFTER THE BEGINNING OF THE GUARANTEE PERIOD SHALL BE MAINTAINED AND GUARANTEED FOR A PERIOD OF SIX MONTHS FROM THE TIME OF PLACEMENT.
- MULCH: PROVIDE MINIMUM 3" THICK LAYER OF BROWN SHREDDED BARK MULCH. MULCH SHALL BE USED ONLY AS TREE COLLARS AND IN PLANTING BEDS. REFER TO ERNST SEEDS FOR THE MULCHING OF THE BIORETENTION AREA.
- PRE-EMERGENT: 1) APPLY TO MULCH IN PLANTING AREAS TO PROHIBIT WEED GROWTH. IF WEEDS APPEAR IN TREATED AREAS DURING THE FIRST YEAR, LANDSCAPER SHALL RETURN TO REMOVE ALL WEEDS AT NO ADDITIONAL COST. 2) PROVIDE A MIXTURE WITH ACTIVE INGREDIENTS CONSISTING OF "ALACRIN LURIDOL, 4-DIMETHYL, N-DIPROPYL, P-TOLUIDINE" (1.75% OF TOTAL MIXTURE) AND INACTIVE INGREDIENTS 98.25% OF TOTAL MIXTURE. MANUFACTURER: "GREEN GOLD" BY LEBANON CHEMICAL CORP. OR EQUAL.
- WEED BARRIER FABRIC: 1) APPLY TO PLANTING BEDS BELOW MULCH. 2) PROVIDE BLACK POLYPROPYLENE SHEET 37 MILS THICK, 4 OZ./SQ. YD., GRAB TENSILE STRENGTH PER ASTM D-4332, 50LB MACHINE DIRECTION/50 LBS. (CROSS MACHINE DIRECTION), PROVIDE DOWN "WEED BARRIER" OR APPROVAL EQUAL. DO NOT INSTALL WITHIN THE BIORETENTION AREA.
- WATER ALL PLANTINGS THOROUGHLY IMMEDIATELY AFTER PLANTING AND THEN REGULARLY TO MAINTAIN PLANT HEALTH AND GROWTH.

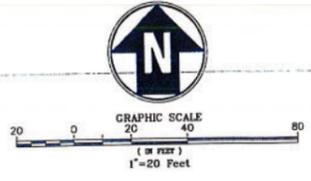
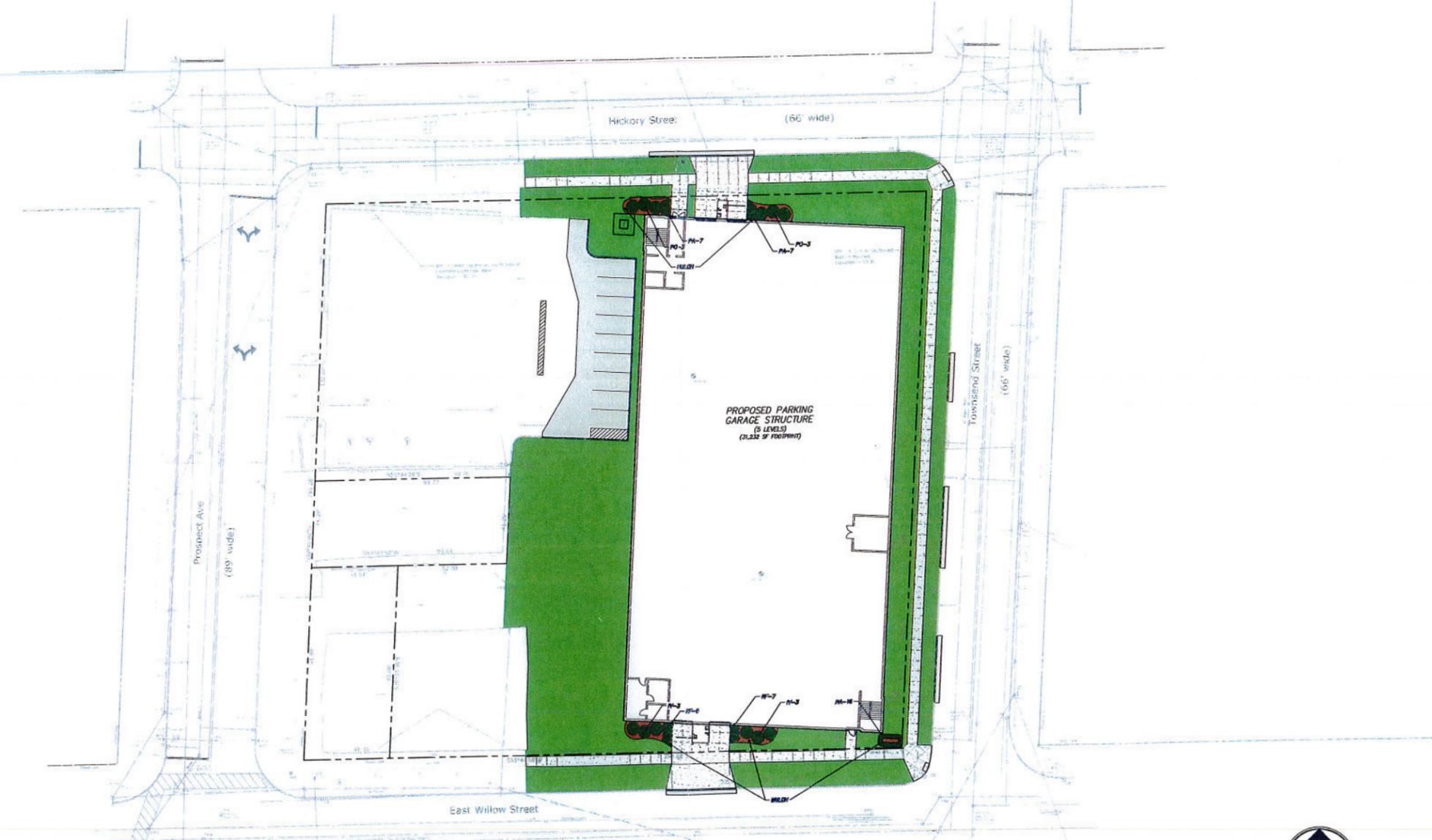
**TOPSOIL NOTES**

- ALL AREAS OF THE SITE WHICH ARE DISTURBED AND NOT PLANTED, MULCHED, PAVED, ETC. SHALL BE TOPSOILED AND SEEDED. TOPSOIL TO BE INSTALLED TO A MINIMUM 2" DEPTH IN AREAS OF SEED. SEED SHALL BE FRESH, CLEAN, NEW-CROP SEED MIXED IN WITH SPECIES AND VARIETY CONFORMING TO FEDERAL AND STATE STANDARDS.
- PROVIDE AND INSTALL A MULCH ADEQUATE TO PROTECT THE SEEDING DURING ITS GROWING PERIOD. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO DETERMINE THE APPROPRIATE MULCHING TECHNIQUES FOR THE PARTICULAR SITE CONDITIONS AND OBTAIN APPROVAL OF THE SAME FROM THE OWNER.
- TOPSOIL SHALL CONSIST OF FERTILE, FRAGILE, NATURAL LOAM FREE OF SUBSOIL, CLAY LUMPS, BRUSH, TWIGS, ENVIRONMENTAL CONTAMINANTS, STONES OR OTHER DELETERIOUS MATERIALS LARGER THAN 2" IN GREATEST DIMENSION.
- PROPOSED TOPSOIL SHALL BE TESTED BY INDEPENDENT TESTING FACILITY WITH TEST RESULTS SUBMITTED TO THE ENGINEER FOR APPROVAL. CONTRACTOR SHALL PAY FOR ALL TESTING. ACCEPTANCE OF TOPSOIL SHALL BE BASED UPON TEST RESULTS. ONE TEST SHALL BE PERFORMED PER 100 C.Y. OF TOPSOIL.

SEIVE	PERCENT PASSING
1/4"	85-100
1"	85-100
NO. 200	25-60

**SEEDING NOTES**

- ALL AREAS TO BE SEEDDED SHALL BE SOWN WITH THE FOLLOWING SEEDING MIX:  
 30% HASSAU KENTUCKY BLUEGRASS, 25% BELMONT KENTUCKY BLUEGRASS, 25% KENTUCKY BLUEGRASS, 20% FINE TEXTURE RYE
- WEED SEED CONTENT SHALL NOT EXCEED 0.25%.
- THE SEED MIXTURE SHALL BE DISTRIBUTED BY MEANS OF HYDRO-SEEDING.
- THE FERTILIZER SHALL BE 5-10-5 COMMERCIAL GRADE FERTILIZER APPLIED AT THE MANUFACTURER'S RECOMMENDED APPLICATION RATE.
- SEEDING APPLICATION RATE SHALL BE 5 LBS PER 1,000 SQ. FT.
- WATER THOROUGHLY IMMEDIATELY AFTER SEEDING AND THEN REGULARLY TO MAINTAIN PLANT HEALTH AND GROWTH.



THE  
 HAYNER  
 HOYT  
 CORPORATION

king + king  
 ARCHITECTS

CIA  
 design/construction solutions



ST. JOSEPHS HOSPITAL HEALTH CENTER  
 PCC MAIN PARKING GARAGE

301 PROSPECT AVENUE  
 SYRACUSE, NEW YORK 13203

100 - 1000 PROJ NO 10-20-2018

DATE	DESCRIPTION
10/20/18	Permit Submission
10/20/18	DRAWING DATE
10/20/18	SCALE
10/20/18	DRAWING TITLE
LANDSCAPING PLAN	

C-401

**Full Environmental Assessment Form**  
**Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Sponsor Information.**

Name of Action or Project: St. Josephs Hospital Health Center - PCC Main Parking Garage/ St. Joseph's Health Center Properties, Inc.		
Project Location (describe, and attach a general location map): Eastern Portion of Block bound by Hickory St., N. Townsend St., E. Willow St. and Prospect Ave.		
Brief Description of Proposed Action (include purpose or need): Proposed project includes demolition of an existing building on site to allow for construction of an approx. 31,232 SF (Footprint) 5 Story Parking Garage Structure at above referenced location within St. Joseph Heath's Planned Institutional District (PID).  1. Combine parcels on block bounded by N. Townsend St., Hickory St., Prospect Ave. and Willow St. 2. Amend PID to remove 1 story building at NW corner of N. Townsend & E. Willow Streets and include a new 31,232 SF parking garage. 3. Project site review to construct new 31,232 SF, 5 story parking garage on eastern portion of above-described block.		
Name of Applicant Sponsor: St. Joseph's Hospital Health Center		Telephone: (315) 448-5737 E-Mail: christian.day@sjhsyr.org
Address: 301 Prospect Ave.		
City/PO: Syracuse	State: NY	Zip Code: 13203
Project Contact (if not same as sponsor: give name and title/role): Kevin M. Gilligan, Costello Cooney & Fearon, PLLC		Telephone: (315) 422-1152 E-Mail: kmg@ccf-law.com
Address: 500 Plum Street, Suite 300		
City/PO: Syracuse	State: NY	Zip Code: 13204
Property Owner (if not same as sponsor): See attached list		Telephone: E-Mail:
Address:		
City/PO:	State:	Zip Code:

**B. Government Approvals**

<b>B. Government Approvals Funding, or Sponsorship.</b> ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)		
<b>Government Entity</b>	<b>If Yes: Identify Agency and Approval(s) Required</b>	<b>Application Date (Actual or projected)</b>
a. City Council, Town Board, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees	PID Amendment	
b. City, Town or Village Planning Board or Commission <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PID Amendment and Resubdivision Project Site Review	Jan 2019
c. City Council, Town or Village Zoning Board of Appeals <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NYSDEC SPDES (stormwater)	Feb 2019
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources. i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No iii. Is the project site within a Coastal Erosion Hazard Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**C. Planning and Zoning**

<b>C.1. Planning and zoning actions.</b>	
Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If Yes, complete sections C, F and G.</li> <li>• If No, proceed to question C.2 and complete all remaining sections and questions in Part I</li> </ul>	
<b>C.2. Adopted land use plans.</b>	
a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	
_____	
_____	
_____	
c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, identify the plan(s):	
_____	
_____	
_____	

**C.3. Zoning**

- a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance.  Yes  No  
If Yes, what is the zoning classification(s) including any applicable overlay district?  
Planned Institutional District (PID) & Office (OB)
- b. Is the use permitted or allowed by a special or conditional use permit?  Yes  No
- c. Is a zoning change requested as part of the proposed action?  Yes  No  
If Yes,  
i. What is the proposed new zoning for the site? Zone change at 525 E. Willow from OB to PID/Amend PID

**C.4. Existing community services.**

- a. In what school district is the project site located? City of Syracuse
- b. What police or other public protection forces serve the project site?  
City of Syracuse
- c. Which fire protection and emergency medical services serve the project site?  
City of Syracuse Department of Fire; Rural Metro
- d. What parks serve the project site?  
City of Syracuse Park Dept.

**D. Project Details**

**D.1. Proposed and Potential Development**

- a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? New Commercial (Parking Garage) and open parking (existing).
- b. a. Total acreage of the site of the proposed action? 1.755 acres  
b. Total acreage to be physically disturbed? 1.33 acres  
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 1.755 acres
- c. Is the proposed action an expansion of an existing project or use?  Yes  No  
i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ Units: \_\_\_\_\_
- d. Is the proposed action a subdivision, or does it include a subdivision?  Yes  No  
If Yes,  
i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)  
Lot consolidation to allow for development  
ii. Is a cluster/conservation layout proposed?  Yes  No  
iii. Number of lots proposed? 1  
iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_
- e. Will proposed action be constructed in multiple phases?  Yes  No  
i. If No, anticipated period of construction: 6 months  
ii. If Yes:  
• Total number of phases anticipated \_\_\_\_\_  
• Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year  
• Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year  
• Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_

f. Does the project include new residential uses?  Yes  No  
 If Yes, show numbers of units proposed.

	One Family	Two Family	Three Family	Multiple Family (four or more)
Initial Phase	_____	_____	_____	_____
At completion of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)?  Yes  No  
 If Yes, .

i. Total number of structures 1  
 ii. Dimensions (in feet) of largest proposed structure: 54.5' height; 125.5' width; and 241.5' length  
 iii. Approximate extent of building space to be heated or cooled: \_\_\_\_\_ 0 square feet

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage?  Yes  No  
 If Yes,

i. Purpose of the impoundment: \_\_\_\_\_  
 ii. If a water impoundment, the principal source of the water:  Ground water  Surface water streams  Other specify: \_\_\_\_\_  
 iii. If other than water, identify the type of impounded/contained liquids and their source. \_\_\_\_\_  
 iv. Approximate size of the proposed impoundment. Volume: \_\_\_\_\_ million gallons; surface area: \_\_\_\_\_ acres  
 v. Dimensions of the proposed dam or impounding structure: \_\_\_\_\_ height; \_\_\_\_\_ length  
 vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): \_\_\_\_\_

**D.2. Project Operations**

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both?  Yes  No  
 (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite)  
 If Yes:

i. What is the purpose of the excavation or dredging? Excavation for Building Foundations  
 ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site?  
 • Volume (specify tons or cubic yards): 3910 cu. yd.  
 • Over what duration of time? 2 months  
 iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them.  
Excavated Subsoil material to be removed from site and disposed of properly on a fill site.  
 iv. Will there be onsite dewatering or processing of excavated materials?  Yes  No  
 If yes, describe. \_\_\_\_\_  
 v. What is the total area to be dredged or excavated? .72 acres  
 vi. What is the maximum area to be worked at any one time? .72 acres  
 vii. What would be the maximum depth of excavation or dredging? 28 feet  
 viii. Will the excavation require blasting?  Yes  No  
 ix. Summarize site reclamation goals and plan: \_\_\_\_\_  
The building footprint will take up the entire excavated area. The remainder of the site will be restored as per the landscape plan.

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area?  Yes  No  
 If Yes:  
 i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): \_\_\_\_\_

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

iii. Will proposed action cause or result in disturbance to bottom sediments?  Yes  No

If Yes, describe: \_\_\_\_\_

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation?  Yes  No

If Yes:

- acres of aquatic vegetation proposed to be removed \_\_\_\_\_
- expected acreage of aquatic vegetation proposed to be removed \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_

• proposed method of plant removal: \_\_\_\_\_

• if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

c. Will the proposed action use, or create a new demand for water?  Yes  No

If Yes:

i. Total anticipated water usage/demand per day: \_\_\_\_\_ 200 gallons/day

ii. Will the proposed action obtain water from an existing public water supply?  Yes  No

If Yes:

- Name of district or service area: CWR 50
- Does the existing public water supply have capacity to serve the proposal?  Yes  No
- Is the project site in the existing district?  Yes  No
- Is expansion of the district needed?  Yes  No
- Do existing lines serve the project site?  Yes  No

iii. Will line extension within an existing district be necessary to supply the project?

If Yes:

• Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_

• Source(s) of supply for the district: CWR 50

iv. Is a new water supply district or service area proposed to be formed to serve the project site?  Yes  No

If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

vi. If water supply will be from wells (public or private), maximum pumping capacity: \_\_\_\_\_ gallons/minute.

d. Will the proposed action generate liquid wastes?  Yes  No

If Yes:

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ 250 gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): \_\_\_\_\_

Sanitary waste from water closets, snow melt from vehicles

iii. Will the proposed action use any existing public wastewater treatment facilities?  Yes  No

If Yes:

• Name of wastewater treatment plant to be used: Metropolitan Syracuse (Metro)

• Name of district: CSW-15

• Does the existing wastewater treatment plant have capacity to serve the project?  Yes  No

• Is the project site in the existing district?  Yes  No

• Is expansion of the district needed?  Yes  No

Yes  No  
 Yes  No

- Do existing sewer lines serve the project site?
- Will line extension within an existing district be necessary to serve the project?

If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_

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iv. Will a new wastewater (sewage) treatment district be formed to serve the project site?  Yes  No

If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- What is the receiving water for the wastewater discharge? \_\_\_\_\_

v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans):

\_\_\_\_\_

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vi. Describe any plans or designs to capture, recycle or reuse liquid waste: \_\_\_\_\_

\_\_\_\_\_

---

e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction?  Yes  No

If Yes:

i. How much impervious surface will the project create in relation to total size of project parcel?

\_\_\_\_\_ Square feet or -0.19 acres (impervious surface)

\_\_\_\_\_ Square feet or 1.75 acres (parcel size)

ii. Describe types of new point sources. Stormwater will be collected via roof leaders, garage drains and catch basins

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iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)?

Stormwater will be directed into an underground system for management and released to existing City system at approved rates.

- If to surface waters, identify receiving water bodies or wetlands: \_\_\_\_\_

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- Will stormwater runoff flow to adjacent properties?  Yes  No

iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater?  Yes  No

---

f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations?  Yes  No

If Yes, identify:

i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)

\_\_\_\_\_

ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)

\_\_\_\_\_

iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation)

\_\_\_\_\_

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g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit?  Yes  No

If Yes:

i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year)  Yes  No

ii. In addition to emissions as calculated in the application, the project will generate:

- \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)
- \_\_\_\_\_ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)
- \_\_\_\_\_ Tons/year (short tons) of Perfluorocarbons (PFCs)
- \_\_\_\_\_ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)
- \_\_\_\_\_ Tons/year (short tons) of Carbon Dioxide equivalent of Hydrofluorocarbons (HFCs)
- \_\_\_\_\_ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)

**RESET FORM**

h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)?  Yes  No

If Yes:

i. Estimate methane generation in tons/year (metric): \_\_\_\_\_

ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): \_\_\_\_\_

---

i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations?  Yes  No

If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): \_\_\_\_\_

---

j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services?  Yes  No

If Yes:

i. When is the peak traffic expected (Check all that apply):  Morning  Evening  Weekend  
 Randomly between hours of \_\_\_\_\_ to \_\_\_\_\_.

ii. For commercial activities only, projected number of semi-trailer truck trips/day: \_\_\_\_\_

iii. Parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Net increase/decrease \_\_\_\_\_

iv. Does the proposed action include any shared use parking?  Yes  No

v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: \_\_\_\_\_

---

vi. Are public private transportation service(s) or facilities available within 1/2 mile of the proposed site?  Yes  No

vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles?  Yes  No

viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes?  Yes  No

---

k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy?  Yes  No

If Yes:

i. Estimate annual electricity demand during operation of the proposed action: \_\_\_\_\_  
 Approx. 5,000 KWH

ii. Anticipated sources suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid local utility, or other):  
 National Grid

iii. Will the proposed action require a new, or an upgrade to, an existing substation?  Yes  No

---

l. Hours of operation. Answer all items which apply.

i. During Construction:

- Monday - Friday: \_\_\_\_\_ 7 AM - 7 P.M
- Saturday: \_\_\_\_\_ 7 AM - 7 PM
- Sunday: \_\_\_\_\_ 7 AM - 7 PM
- Holidays: \_\_\_\_\_ 7 AM - 7 PM

ii. During Operations:

- Monday - Friday: \_\_\_\_\_ 24 hrs
- Saturday: \_\_\_\_\_ 24 hrs
- Sunday: \_\_\_\_\_ 24hrs
- Holidays: \_\_\_\_\_ 24hrs

m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both?  Yes  No

If yes:

i. Provide details including sources, time of day and duration:  
Misc. short term construction activities will exceed existing ambient noise levels during construction

ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen?  Yes  No  
 Describe: \_\_\_\_\_

---

n.. Will the proposed action have outdoor lighting?  Yes  No

If yes:

i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:  
Lighting within the parking garage decks and at entry locations

ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen?  Yes  No  
 Describe: \_\_\_\_\_

---

o. Does the proposed action have the potential to produce odors for more than one hour per day?  Yes  No  
 If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: \_\_\_\_\_

---

p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products (185 gallons in above ground storage or an amount in underground storage)?  Yes  No

If Yes:

i. Product(s) to be stored \_\_\_\_\_

ii. Volume(s) \_\_\_\_\_ per unit time \_\_\_\_\_ (e.g., month, year)

iii. Generally describe proposed storage facilities: \_\_\_\_\_

---

q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation?  Yes  No

If Yes:

i. Describe proposed treatment(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

ii. Will the proposed action use Integrated Pest Management Practices?  Yes  No

---

r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)?  Yes  No

If Yes:

i. Describe any solid waste(s) to be generated during construction or operation of the facility:

- Construction: 500 ton asphalt, 300 conc tons per entire project (unit of time)
- Operation : none tons per none (unit of time)

ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:

- Construction: reuse existing spoils material in backfilled areas (ie gravel and/or topsoil)
- Operation: N/A

iii. Proposed disposal methods/facilities for solid waste generated on-site:

- Construction: N/A
- Operation: N/A

s. Does the proposed action include construction or modification of a solid waste management facility?  Yes  No

If Yes:

- i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_
- ii. Anticipated rate of disposal/processing:
  - \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
  - \_\_\_\_\_ Tons/hour, if combustion or thermal treatment
- iii. If landfill, anticipated site life: \_\_\_\_\_ years

t. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste?  Yes  No

If Yes:

- i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_
- ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_
- iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month
- iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_
- v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility?  Yes  No

If Yes: provide name and location of facility: \_\_\_\_\_

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: \_\_\_\_\_

**E. Site and Setting of Proposed Action**

**E.1. Land uses on and surrounding the project site**

a. Existing land uses.

- i. Check all uses that occur on, adjoining and near the project site.
  - Urban  Industrial  Commercial  Residential (suburban)  Rural (non-farm)
  - Forest  Agriculture  Aquatic  Other (specify): \_\_\_\_\_

ii. If mix of uses, generally describe: \_\_\_\_\_  
 Surface parking areas with maintenance building adjacent to existing hospital campus

b. Land uses and covertypes on the project site.

Land use or Covertype	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	1.522	1.326	-0.196
• Forested			
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)			
• Agricultural (includes active orchards, field, greenhouse etc.)			
• Surface water features (lakes, ponds, streams, rivers, etc.)			
• Wetlands (freshwater or tidal)			
• Non-vegetated (bare rock, earth or fill)			
• Other Describe: <u>Grass/Lawn Areas</u>	0.233	0.429	+0.196

c. Is the project site presently used by members of the community for public recreation?  Yes  No  
 i. If Yes: explain: \_\_\_\_\_

d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site?  Yes  No  
 If Yes,  
 i. Identify Facilities:  
 St. Joseph's Health Center  
 \_\_\_\_\_

e. Does the project site contain an existing dam?  Yes  No  
 If Yes:  
 i. Dimensions of the dam and impoundment:  
 • Dam height: \_\_\_\_\_ feet  
 • Dam length: \_\_\_\_\_ feet  
 • Surface area: \_\_\_\_\_ acres  
 • Volume impounded: \_\_\_\_\_ gallons OR acre-feet  
 ii. Dam's existing hazard classification: \_\_\_\_\_  
 iii. Provide date and summarize results of last inspection:  
 \_\_\_\_\_

f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility?  Yes  No  
 If Yes:  Yes  No  
 i. Has the facility been formally closed?  
 • If yes, cite sources/documentation: \_\_\_\_\_  
 ii. Describe the location of the project site relative to the boundaries of the solid waste management facility:  
 \_\_\_\_\_  
 iii. Describe any development constraints due to the prior solid waste activities: \_\_\_\_\_

g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste?  Yes  No  
 If Yes:  
 i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred:  
 \_\_\_\_\_

h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site?  Yes  No  
 If Yes:  Yes  No  
 i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply:  
 Yes - Spills Incidents database Provide DEC ID number(s): 9106923, 9904494, 1200188  
 Yes - Environmental Site Remediation database Provide DEC ID number(s): \_\_\_\_\_  
 Neither database  
 ii. If site has been subject of RCRA corrective activities, describe control measures:  
 \_\_\_\_\_  
 iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database?  Yes  No  
 If yes, provide DEC ID number(s): V-00588 & C-734089, E 734109, C734111, B00003  
 iv. If yes to (i), (ii) or (iii) above, describe current status of site(s):  
 V00588 transitioned to C734089 - 432 North Franklin Street (within 2000 ft.) /C734111 - 701-709 East Water Street (Within 2000 ft.)  
 E734109 - 900 North McBride Street (Within 2000 ft) No further action required. All others completed per DEC /B00003 727 East Washington Street (Within 2000 ft.)

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v. Is the project site subject to an institutional control limiting property uses?  Yes  No

- If yes, DEC site ID number: \_\_\_\_\_
- Describe the type of institutional control (e.g., deed restriction or easement): \_\_\_\_\_
- Describe any use limitations: \_\_\_\_\_
- Describe any engineering controls: \_\_\_\_\_
- Will the project affect the institutional or engineering controls in place?  Yes  No
- Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E.2. Natural Resources On or Near Project Site**

a. What is the average depth to bedrock on the project site? \_\_\_\_\_ feet

b. Are there bedrock outcroppings on the project site?  Yes  No  
 If Yes, what proportion of the site is comprised of bedrock outcroppings? \_\_\_\_\_ %

c. Predominant soil type(s) present on project site:

Ub - Urban Land	_____	90 %
PgB - myra Gravelly Loam	_____	10 %
_____	_____	%

d. What is the average depth to the water table on the project site? Average: \_\_\_\_\_ >10 feet

e. Drainage status of project site soils:

<input checked="" type="checkbox"/> Well Drained:	_____	10 % of site
<input type="checkbox"/> Moderately Well Drained:	_____	% of site
<input checked="" type="checkbox"/> Poorly Drained	_____	90 % of site

f. Approximate proportion of proposed action site with slopes:

<input checked="" type="checkbox"/> 0-10%:	_____	90 % of site
<input checked="" type="checkbox"/> 10-15%:	_____	10 % of site
<input type="checkbox"/> 15% or greater:	_____	% of site

g. Are there any unique geologic features on the project site?  Yes  No  
 If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

h. Surface water features.  Yes  No

i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)?  Yes  No

ii. Do any wetlands or other waterbodies adjoin the project site?  Yes  No

If Yes to either *i* or *ii*, continue. If No, skip to E.2.i.  
 iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency?  Yes  No

iv. For each identified regulated wetland and waterbody on the project site, provide the following information:

- Streams: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Lakes or Ponds: Name \_\_\_\_\_ Classification \_\_\_\_\_
- Wetlands: Name \_\_\_\_\_ Approximate Size \_\_\_\_\_
- Wetland No. (if regulated by DEC) \_\_\_\_\_

v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies?  Yes  No  
 If yes, name of impaired water body/bodies and basis for listing as impaired: \_\_\_\_\_  
 \_\_\_\_\_

i. Is the project site in a designated Floodway?  Yes  No

j. Is the project site in the 100 year Floodplain?  Yes  No

k. Is the project site in the 500 year Floodplain?  Yes  No

l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer?  Yes  No  
 If Yes:  
 i. Name of aquifer: \_\_\_\_\_

m. Identify the predominant wildlife species that occupy or use the project site: \_\_\_\_\_  
 \_\_\_\_\_  
 squirrels \_\_\_\_\_  
 squirrels \_\_\_\_\_  
 squirrels \_\_\_\_\_

n. Does the project site contain a designated significant natural community?  Yes  No  
 If Yes:  
 i. Describe the habitat/community (composition, function, and basis for designation): \_\_\_\_\_  
 \_\_\_\_\_  
 ii. Source(s) of description or evaluation: \_\_\_\_\_  
 iii. Extent of community/habitat:  
 • Currently: \_\_\_\_\_ acres  
 • Following completion of project as proposed: \_\_\_\_\_ acres  
 • Gain or loss (indicate + or -): \_\_\_\_\_ acres

o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species?  Yes  No  
 Peregrine Falcon has been listed as being observed in area (ie State Tower Building Nest Site) however no known habitat is available on this project site

p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern?  Yes  No

q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing?  Yes  No  
 If yes, give a brief description of how the proposed action may affect that use: \_\_\_\_\_  
 \_\_\_\_\_

**E.3. Designated Public Resources On or Near Project Site**

a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304?  Yes  No  
 If Yes, provide county plus district name/number: \_\_\_\_\_

b. Are agricultural lands consisting of highly productive soils present?  Yes  No  
 i. If Yes: acreage(s) on project site? \_\_\_\_\_  
 ii. Source(s) of soil rating(s): \_\_\_\_\_

c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark?  Yes  No  
 If Yes:  
 i. Nature of the natural landmark:  Biological Community  Geological Feature  
 ii. Provide brief description of landmark, including values behind designation and approximate size/extent: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d. Is the project site located in or does it adjoin a state listed Critical Environmental Area?  Yes  No  
 If Yes:  
 i. CEA name: \_\_\_\_\_  
 ii. Basis for designation: \_\_\_\_\_  
 iii. Designating agency and date: \_\_\_\_\_

**RESET FORM**

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places?  Yes  No

If Yes:  
 i. Nature of historic/archaeological resource:  Archaeological Site  Historic Building or District  
 ii. Name: Project site is adjacent to the eligible property: Saint John the Evangelist Rectory, First English Lutheran Church  
 iii. Brief description of attributes on which listing is based: \_\_\_\_\_

f. 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?  Yes  No

g. Have additional archaeological or historic site(s) or resources been identified on the project site?  Yes  No  
 If Yes:  
 i. Describe possible resource(s): \_\_\_\_\_  
 ii. Basis for identification: \_\_\_\_\_

h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?  Yes  No  
 If Yes:  
 i. Identify resource: Onondaga Lake  
 ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): County Park/Trail  
 iii. Distance between project and resource: \_\_\_\_\_ 2 miles.

i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?  Yes  No  
 If Yes:  
 i. Identify the name of the river and its designation: \_\_\_\_\_  
 ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?  Yes  No

**F. Additional Information**

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

**G. Verification**

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name St. Joseph's Hospital Health Center Date 1-31-19  
St. Joseph's Health Center Properties, Inc.

Signature Kevin M. Gilbig Title Counsel to Applicant