

**City of Syracuse Zoning Administration**

**Application for CHANGE OF OCCUPANCY Review by the Planning Commission**

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

**For Office Use: Filing Date:**  **Case Number:**  **Z-**  **Zoning District:**

**LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:**

**TAX MAP SECTION, BLOCK, and LOT of above address.** This can be obtained from Assessment Department call 448-8280. If more than one property involved please indicate same information for all.

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

**Existing Legal Non-Conforming Use:**

**Proposed Non-Conforming Use:**

**PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:**


**OWNER INFORMATION:**

**Name(s):**

**Mailing Address:**

**Zip:**  **Daytime phone:**  **Home phone:**

**E-mail:**

**APPLICANT INFORMATION:**

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

**Name(s):**

**Mailing Address:**

**Zip:**  **Home Phone:**  **Day Phone:**

**E-mail:**

**REPRESENTATIVE INFORMATION:**

**(Only if involved in this application)**

Attorney  Architect  Contractor  Other:

Name(s):

Mailing Address:

Zip:  Telephone:  E-mail:

**DESCRIPTION OF OPERATION:**

Days of week open:

Hours of operation:

Maximum number of employees on premises at one time:

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

Other uses currently on the property: FIRST FLOOR:

SECOND FLOOR:  OTHER FLOORS:

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

**SIGNAGE INFORMATION:**

Size and location of all **existing AND proposed** signage (use additional sheet if necessary)

Size  Location  Type

Size  Location  Type

Size  Location  Type

**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 this application null and void.

\_\_\_\_\_  
**Signature of CURRENT PROPERTY OWNER**

\_\_\_\_\_  
Date

**PRINT NAME OF PROPERTY OWNER**

**\*Please note that if referrals are necessary for this application,  
additional copies of all required materials will be requested.**

**FOR STAFF USE ONLY**

\*\*\*\*\*

**REFERRAL NEEDED**

ONONDAGA COUNTY PLANNING BOARD

SYRACUSE LANDMARK PRESERVATION BOARD (This project is located within \_\_\_\_\_ Historic District; is listed individually in the National Register of Historic Places; is Eligible for inclusion in the National Register of Historic Places; or is architecturally significant).

OTHER CITY/COUNTY/STATE AGENCY OR DEPARTMENT(S) \_\_\_\_\_

-----

**Required submittals for  
a Change of Occupancy Review**

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

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

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

- APPLICATION** (completed, dated, and signed by property owner)
- JUSTIFICATION LETTER** – Reasons and proof why the proposed use of the property is no more objectionable than the existing legal non-conforming use. The letter should be based on the below portion of Part C, Section II, Article 2 of the City of Syracuse Zoning Ordinance, as amended:

Conversion to Uses Which Do Not Conform: A nonconforming use may be converted to a use which does not conform to the applicable regulations prescribed in this Ordinance, as amended, only if the City Planning Commission and Common Council find the new use to be no more objectionable than the subject nonconforming use. *The determination of whether the new use is more objectionable shall be based on comparison of each use as to its impact on surrounding properties and neighborhood character, including but not limited to factors such as pedestrian and vehicular activities, visual impact, noise levels, hours of activity, and numbers of individuals living at, frequenting or employed at the site in question.*

Discontinuances: Where a nonconforming use has been inactive for a period of two (2) years, it shall be deemed abandoned and shall not be revived nor be converted to any other use which does not conform to the regulations prescribed in this Ordinance, as amended.

- PROPERTY SURVEY**(s) of all properties involved in the project (Drawn to scale and signed by a licensed surveyor) **We can not accept a survey that has been reduced, faxed or scanned.**
- SITE PLAN** (must be drawn to scale)
  - a) Location of existing or proposed building
  - b) Location and dimensioned areas to be used for parking, including type of parking surface, curb cuts and all driveways
  - c) Location and dimensioned areas of landscaping indicating type, height, and number of plantings
  - d) Location of dumpsters and/or trash receptacles indicating type of screening to be installed
  - e) Proposed overall site screening and landscaping
  - f) Location, type, and height of fencing and vehicular and pedestrian gates
  - g) Proposed lighting location, height, and wattage of luminaries
  - h) Location of loading dock/areas
  - i) Location and dimensioned areas to be used by delivery vehicles
  - j) Location of all signage

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

**Commercial Layouts**

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

**Residential Layouts**

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

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

- EXTERIOR ELEVATIONS** -Must be drawn to scale, labeled with dimensions, and include material notes on the elevations). **Schematic, photo shop, or color renderings will NOT be accepted.**
- a) Exterior Elevations with all dimensions clearly indicated for all exterior elements
  - b) Building materials and colors. Please include **THREE** sets of color catalogue cuts or manufacturer's reference that can be photocopied (**not life size samples or real materials**). Elevation drawings must indicate materials, color, and location of each.

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

- SPECIFICATIONS** (include specs for awnings, windows, doors, etc.)

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