

City of Syracuse Zoning Administration

Application for Off-Premises Advertising Sign 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:** **Zoning District:**

NOTE: The signatories of this application acknowledge that they have read the provisions of the Zoning Rules and Regulations of the City of Syracuse, as amended, (Part C, Section VI) that pertain to Off-Premises Advertising Signs and are therefore familiar with the restrictions and review process described therein. Of particular importance are Articles 6 and 7, including the provisions respecting spacing, orientation, types, heights, sizes, brightness, and duration of messages for the signs. ALL INTERNALLY ILLUMINATED OFF-PREMISES ADVERTISING SIGNS ARE REQUIRED, PURSUANT TO THE ZONING RESTRICTIONS, TO HAVE ELECTRONIC SENSORS TO CONTROL SIGN BRIGHTNESS RELATIVE TO SURROUNDING AMBIENT LIGHT. (See also the provisions in the Zoning Rules and Regulations with respect to maintaining logs of changes in brightness.)

NEW SIGNAGE **MODIFICATION OR CONTINUATION OF EXISTING SIGNAGE**

LIST THE ADDRESS FOR THE SIGNAGE:

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

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

This APPLICATION is for installation of Off-Premises Advertising Signage with the following (check the appropriate boxes):

- No internal illumination - light will reflect from the sign surface(s)
- Internal illumination – the light source will be from LED or other sources within the signage.
- Mechanical moving parts – as in Tri-Vision or similar signs
- Electronically changeable copy – messages change frequently from within the signage

Other Signs existing or to be installed on the property (describe all by types of sign, size, and position)

DETAILS OF THE OFF-PREMISES ADVERTISING SIGNAGE:

LOCATION of the base of the sign installation: (State Plane Coordinates are preferred, but GPS Coordinates may be provided in the alternative):

Central New York Zone State Plane Coordinates (to the nearest foot):

Northing (6 digits): **Easting (7digits):** ; or

GPS Coordinates to six (6) decimal points:

N, W

NUMBER, ORIENTATION, HEIGHT AND DIMENSIONS of individual sign faces (Orientation is expressed as the direction of each sign face - for example a sign face on the north side of a sign would be a north sign face. Height is measured to the top of a sign face both at the location of the sign and from the point of observation. Dimensions need to be specified in feet vertically and horizontally. Note that the amount and height of signage at a given location are limited by the restrictions of the Zoning Rules and Regulations):

	Orientation	Ht. above grade	Ht. at observation	Vertical Dimension	Width
Face 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Face 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Face 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Face 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OWNER INFORMATION:

Name(s):

Mailing Address:

Zip: Daytime phone: Home phone:

E-mail:

APPLICANT INFORMATION:

(Copy of contract to purchase must be included with application)

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

Name(s):

Mailing Address:

Zip: Home phone: Day Phone:

E-mail:

REPRESENTATIVE INFORMATION:

(Only if involved in this application)

Attorney Architect Contractor Other

Name(s):

Mailing Address:

Zip: Telephone: E-mail:

DESCRIPTION OF EXISING AND PROPOSED USES OF THE PROPERTY IN ADDITION TO OFF-PREMISES ADVERTISING:

DECLARATION:

I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

I also understand that any false statements and/or attachments presented knowingly in connection with this application will be considered null and void.

CURRENT PROPERTY OWNER SIGNATURE

As listed on the City of Syracuse Tax Assessment Roll. If not listed as the owner on the current rolls, please include a proof of ownership, for example, a copy of the deed. Attorney’s signing on behalf of the owner must include a one page letter describing the legal representative arrangement. Architects, engineers, contractors, tenants, etc. cannot sign on behalf of the property owner. If property owner is a Corporation or an Organization, then the person signing must provide verification they are a member of such, and can sign on the owners’ behalf.

CURRENT PROPERTY OWNER SIGNATURE

DATE

Please legibly PRINT SIGNATURE NAME and TITLE

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

FOR STAFF USE ONLY

REFERRAL NEEDED

- ONONDAGA COUNTY PLANNING BOARD
- SYRACUSE LANDMARK PRESERVATION BOARD (This project is located within _____ Historic District; is listed individually in the National Register of Historic Places; is Eligible for inclusion in the National Register of Historic Places; or is architecturally significant).
- OTHER CITY/COUNTY/STATE AGENCY OR DEPARTMENT(S) _____

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**Required Submittals for
a Off-Premises Advertising Sign 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. THREE 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)
- PROPERTY SURVEY** of the property involved in the project (Drawn to scale and signed by a licensed surveyor) **We cannot accept a survey that has been reduced, faxed or scanned.**
- SITE PLAN – 3 full size copies**
 - a) Location of existing or proposed buildings
 - b) Location and dimensioned areas to be used for parking, including type of parking surface, curb cuts and all driveways
 - c) Proposed landscaping, if intended
 - d) Location of all signage

SIGN PLANS (drawn to scale and labeled with dimensions.)

SITE PHOTOGRAPHS

Every Off-Premise Advertising Sign application shall be required to have photographs showing the current view of the proposed site with a representation of the Off-Premise Advertising Signs superimposed on the photography.

For Off-Premise Advertising Signs with light emitting faces photography taken under the clear weather, overcast, and nighttime conditions shall be required. Representations of the proposed signs approximating their respective brightness under those conditions shall be superimposed on the basic photography.

- STATE ENVIRONMENTAL QUALITY REVIEW ACT ASSESSMENT FORM** –Part one filled out completely and signed by Applicant or Owner.
- PLANS REVIEW FORM** – Must be submitted to, and signed by Department of Code Enforcement – City Hall Commons, Permit Desk, Room 101 (see attached form.)
- FILING FEE** – Check or Money Order for fifty (\$50) dollars made out to the Commissioner of Finance.

PLANS REVIEW FORM

This form is to be signed by the person who reviews the submitted plans at the Division of Code Enforcement, 201 E. Washington Street. Room 101. This signed form must accompany any applications for variances, special permits, site plan reviews, or other similar zoning reviews that are to be filed by the applicant with the Syracuse Zoning Office, City Hall Commons, Room 211, 201 East Washington Street., Syracuse, NY 13202.

We, the Division of Code Enforcement, have received two sets of plans from _____ on _____:
(applicant) (date)

one set which we have reviewed, and one set for transmittal to the Fire Prevention Bureau for its review.

(Division of Code Enforcement Signature)

I, the applicant, certify that the plans submitted to the Division of Code Enforcement are the same as the set being filed with my application.

(applicant's signature)

APPLICANT PLEASE NOTE: Approval of your application by the City Planning Commission does not relieve you or your agents from compliance with any other regulatory or licensing provisions applicable thereto by the properly constituted federal, state, county, or city authorities, including the issuance of permits by the Division of Code Enforcement.

11/2017