

City of Syracuse Zoning Administration

Application for SPECIAL PERMIT 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:** **SP-** **Zoning District:**

NEW SPECIAL PERMIT **MODIFICATION OF EXISTING SPECIAL PERMIT**

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

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

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

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This APPLICATION is for a:

- Restaurant (this also includes uses such as Bars, Taverns, Coffee Shops, Night Clubs)
- Gasoline Service Station
- Car Wash Facility
- Care Home
- Parking Lot or Parking Garage
- Transitional Parking Area
- Offices of Religious and Educational Institutions
- Bed and Breakfast
- Other Special Permit Uses (describe)

PLEASE DESCRIBE ALL ASPECTS OF YOUR PROJECT IN DETAIL:

PROPERTY 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 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)

A sign plan is required, see attachment (Wall, Ground, Projecting, Window)

Size	<input type="text"/>	Location	<input type="text"/>	Type	<input type="text"/>
Size	<input type="text"/>	Location	<input type="text"/>	Type	<input type="text"/>
Size	<input type="text"/>	Location	<input type="text"/>	Type	<input type="text"/>

SPECIAL PERMIT FUNCTIONS: (Check all that apply)

- Dining room Bar Service Drive-thru
- Entertainment Stage DJ Booth
- Light Duty auto repair Heavy Duty auto repair
- Car Wash Facility New Auto Sales Used Auto Sales

Has owner obtained or applied for a Certificate of Use: Yes No

DECLARATION:

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

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

CURRENT PROPERTY OWNER SIGNATURE

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

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 Special Permit 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(s)** of all properties involved in the project (Must be current and drawn to scale and signed by a licensed surveyor) **We cannot accept a survey that has been reduced, faxed or scanned.**
- SITE PLAN** (Does not have to be drawn by a licensed architect but needs to be labeled, dated, and scaled)
 - 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
 - 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.

- PLANS REVIEW FORM** – Must be submitted to, and signed by Department of Code Enforcement – City Hall Commons, Permit Desk, Room 101 (see attached form).
- 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 top of sign example)
 - c) Location(s) – (see attached sign plan sample)
 - 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 exterior surface materials, awnings, windows, doors, etc.)
- PHOTOGRAPHS** - (COLOR 35mm or digital) of existing structures and project site. (MUST BE LABELED WITH ADDRESS OF SUBJECT SITE.)
- JUSTIFICATION OF WAIVERS** – In a short summary, note why waivers are requested in this special permit application. For example: Additional signage (more than allowed), parking requirements (less than needed) etc.
- Please see Part C, Section IV, Articles 1 and 2 for the applicable regulations pertaining to each Special Permit use.
- Special Permit Reviews by the City Planning Commission may require additional action by the Syracuse Common Council.**

11/2017

PLANS REVIEW FORM

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

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

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

(Division of Code Enforcement Signature)

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

(applicant's signature)

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