

Syracuse Planning Commission MULTI-BUILDING OR PLANNED DEVELOPMENT REVIEW
City Hall Commons – Room 101 – 201 East Washington St – Syracuse, NY 13202-1426 – 315-448-8640

For Office Use
Filing Date Case # Zoning District

Please PRINT or TYPE Information

Subject Property Address:

Applicant Information:

Property Owner:

Name: **Phone:**
Address:

Representative:

Attorney, Architect, Contractor, Other:
Name: **Phone:**
Address:

Others involved (if applicable):

Lessee, Contract Purchaser, Other:
Name: **Phone:**
Address:

Proposal:

Please provide a detailed summary of the work scope outlining major elements of the project (use separate sheet of paper if necessary)

Will the proposed project include any of the following: (Please Check all that apply)

- Demolition of any existing structures on property
- New Construction (including any structural additions)
- Exterior renovations

Explain:

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

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

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

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 (Drawn to scale and signed by a licensed surveyor) **We can not accept a survey that has been reduced, faxed or scanned. If original surveys are larger than 11x17 then a reduced copy must also be submitted with application.**

- SITE PLAN** (3 full size copies)
 - 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**If original plans are larger than 11x17 then a reduced copy must also be submitted with application.**

- FLOOR PLANS** **Three sets of floor plans drawn to scale illustrating:** 2 copies must be brought to DOCE – Room 101 with the enclosed plans review form.
(Plans do not have to be drawn by an architect but need to be drawn to scale and labeled with dimensions.) Any floor plans not drawn to scale and/or do not include the following 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) Coolers/freezers
- i) Vending machines/amusement games, etc.

Residential Layouts

- a) Bedrooms
- b) Common areas (living room – kitchen – dining rooms)
- c) Bathrooms
- d) Hallways and closets

If original plans are larger than 11x17 then a reduced copy must also be submitted with application.

- STATE ENVIRONMENTAL QUALITY REVIEW ACT ASSESSMENT FORM** –Part one (1) filled out completely and signed by Applicant.
- PLANS REVIEW FORM** – Must be signed by DOCE – Permit Desk, Room 101 (See attached form.)
- EXTERIOR ELEVATIONS** – **(one full size copy and one 11”x17” if full size is larger)**
Must be drawn to scale by a licensed professional, labeled with dimensions, and include material notes
 - a) For all new construction
 - b) For any exterior additions or alterations
 - c) Catalogue cuts or Manufacturers Reference of proposed exterior materials. Materials must keyed to elevations
- 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
 - a. Exact placement must be included for ground signs – measurements from structure to sign location and distance from sign to property line. (not sidewalk)
 - b. 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
- 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.

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 then 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 13202-1426.

We, the Division of Code Enforcement, have received two sets of plans from _____ on _____: one set which we have
(applicant) (date)
reviewed and one set for transmittal to the Fire Prevention Bureau for its review.

(Division of Code Enforcement)

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.