

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: 7-12-2018 Case Number: SP-18-18 Zoning District: CBD-GSA

[X] NEW SPECIAL PERMIT [] MODIFICATION OF EXISTING SPECIAL PERMIT

LIST ALL ADDRESSES INVOLVED IN YOUR PROJECT:

400 CLINTON STREET SOUTH, SYRACUSE, NY

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

Section: 101 Block: 14 Lot: 02.0
Section: Block: Lot:
Section: Block: Lot:

This APPLICATION is for a:

- [X] 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:

REPAIRS / REPLACEMENT OF EXISTING FINISHES AND SYSTEMS DAMAGED / REMOVED DURING REPLACEMENT OF EXTERIOR WEST WALL DUE TO ADJACENT NEW CONSTRUCTION ON PROPERTY OWNED BY OTHERS.
REMOVALS WERE REQUIRED FOR SHORING OF STRUCTURE AND REPLACEMENT OF FOUNDATION AND WALL.

PROPERTY OWNER INFORMATION:

Name(s): 400 S. CLINTON LLC
Mailing Address: MARY SUE HANUS, 989 JAMES ST, SYRACUSE, NY
Zip: 13203 Daytime phone: 315.472.1165 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): **400 S. CLINTON LLC**

Mailing Address: **MARY SUE HANUS, 989 JAMES ST, SYRACUSE, NY**

Zip: **13203** Home phone: _____ Day Phone: **315.472.1165**

E-mail: _____

REPRESENTATIVE INFORMATION:

(Only if involved in this application)

Attorney Architect Contractor Other _____

Name(s): **TIME CAP DEVELOPMENT CORP. (TIM RAITE)**

Mailing Address: **4030 NEW COURT AVE, SYRACUSE**

Zip: **13206** Telephone: **315.463.0640** E-mail: **jraite@timecapco.com**

315.436.8131-cell

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): **NONE**

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.):
NONE

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 **7 1/2" x 6'-4"** Location **NORTH FACADE** Type **AWNING - EXISTING**

Size **4" x 2'-2"** Location **NORTH FACADE** Type **AWNING - EXISTING**

Size **4" x 2'-2"** Location **NORTH FACADE** Type **AWNING - EXISTING**

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.

Mary Sue Hanus

7/10/18

CURRENT PROPERTY OWNER SIGNATURE

DATE

MARY SUE HANUS

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) _____

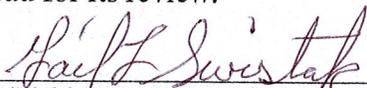
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PLANS REVIEW FORM

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.

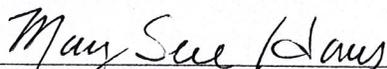
We, the Division of Code Enforcement, have received two sets of plans from 405 S. Clinton St LLC on 7/09/18 :
(applicant) (date)

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.

5/2013

Short Environmental Assessment Form

Part 1 - Project Information

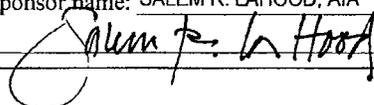
Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. 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.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: NICK'S TOMATO PIE - EXISTING BUILDING			
Project Location (describe, and attach a location map): 400 CLINTON STREET SOUTH, SYRACUSE NY 13202			
Brief Description of Proposed Action: REPAIRS/REPLACEMENT OF EXISTING FINISHES AND BUILDING SYSTEMS DUE TO STRUCTURAL REPLACEMENT OF WEST WALL DAMAGED BY NEW CONSTRUCTION ON ADJACENT PARCEL			
Name of Applicant or Sponsor: 400 S. CLINTON, LLC		Telephone: 315-472-1165	
		E-Mail:	
Address: C/O MARY SUE HANUS, 989 JAMES STREET			
City/PO: SYRACUSE		State: NY	Zip Code: 13203
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: CITY OF SYRACUSE BUILDING PERMIT		NO	YES
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		0.16 acres	
b. Total acreage to be physically disturbed?		0.019 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0.16 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: STOREFRONT REPLACEMENT	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered? Peregrine Falcon	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES			
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: SALEM R. LAHOOD, AIA		Date: 07/02/2018
Signature: 		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

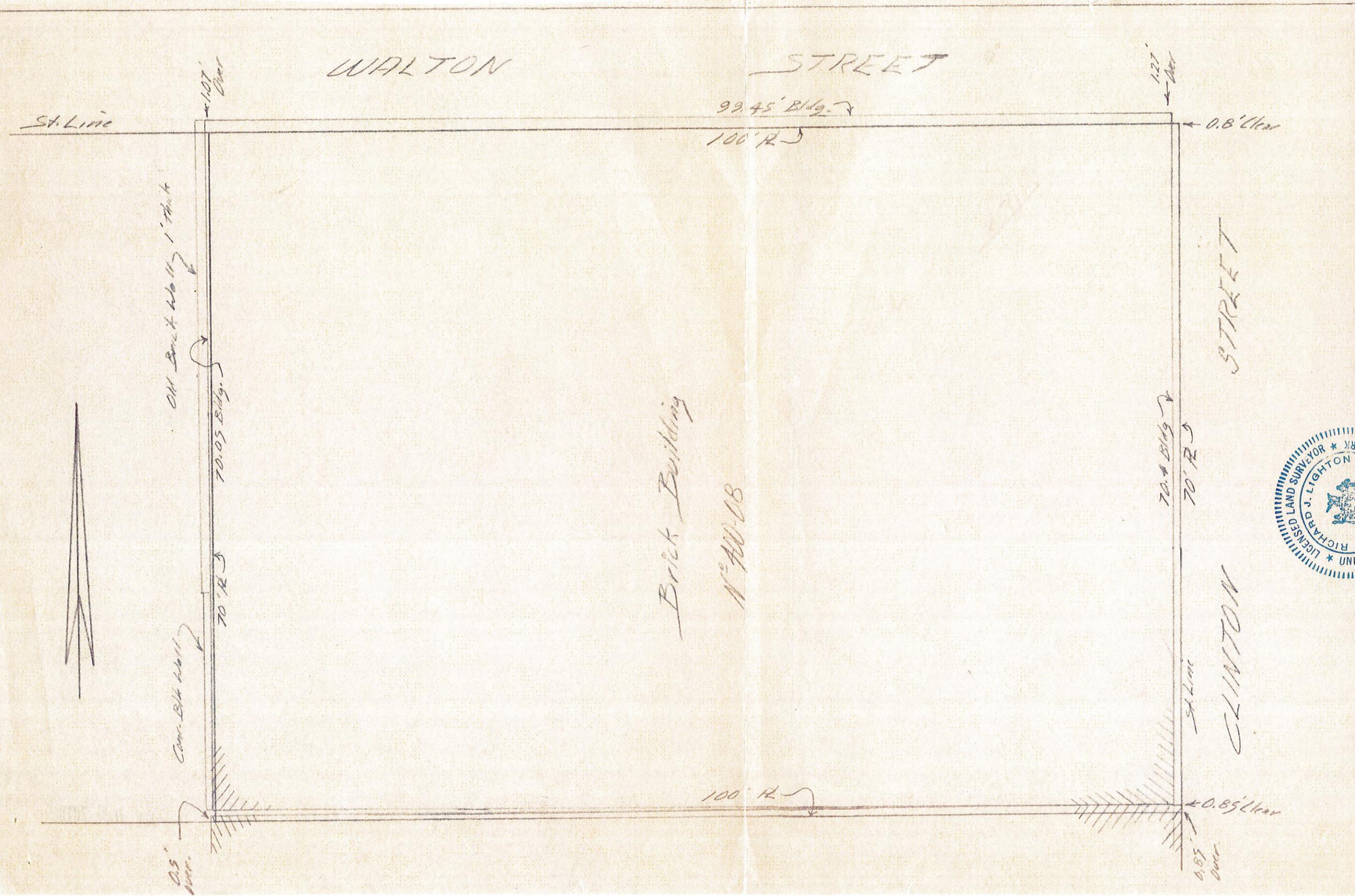
	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT



I HEREBY CERTIFY THAT THIS MAP WAS MADE FROM AN ACTUAL SURVEY AND SAME IS ACCURATE.

Richard J. Lighton

LICENSED LAND SURVEYOR

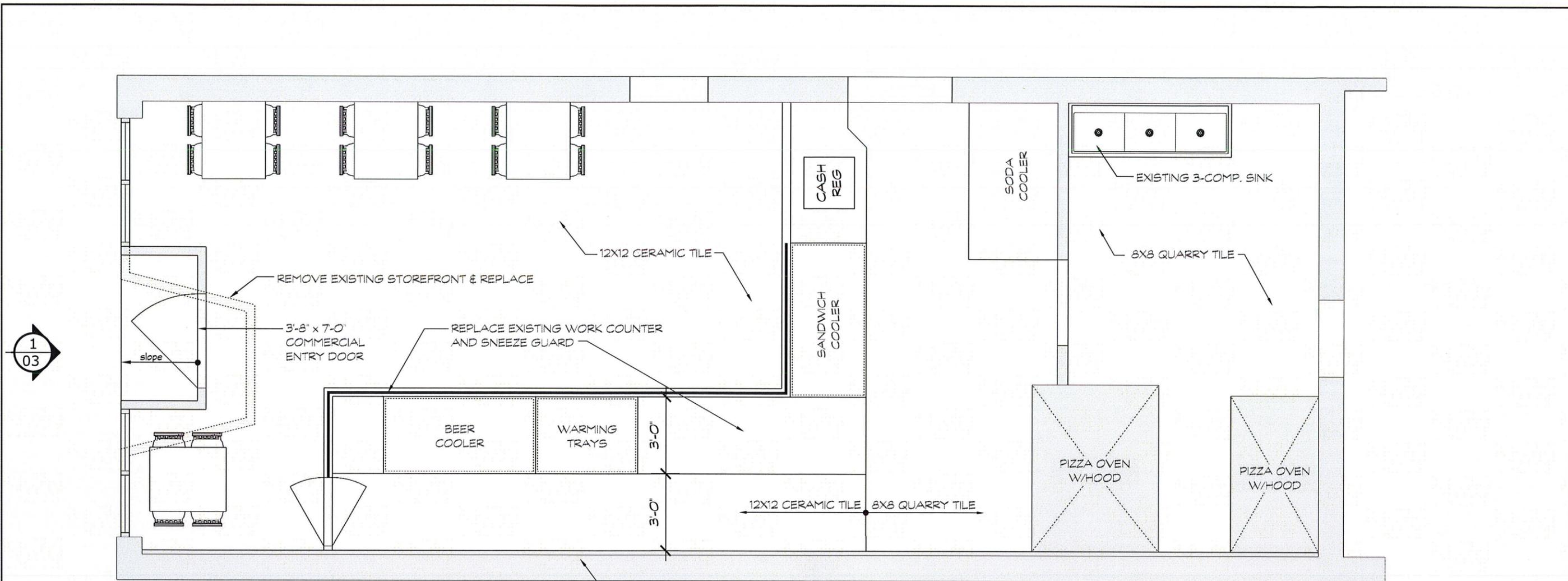
R. J. LIGHTON
SYRACUSE, N.Y.

SYRACUSE, N.Y. 45373

Specification survey on part of Lot 60
Plat. 1205-A - Hill Pond Tract,
Town of No. 400-05 Town of Clinton Street
City of Syracuse, County of Onondaga, N.Y.

DRAWN BY: SCALE: DATE:
REVISIONS:

1" = 10'



1
03

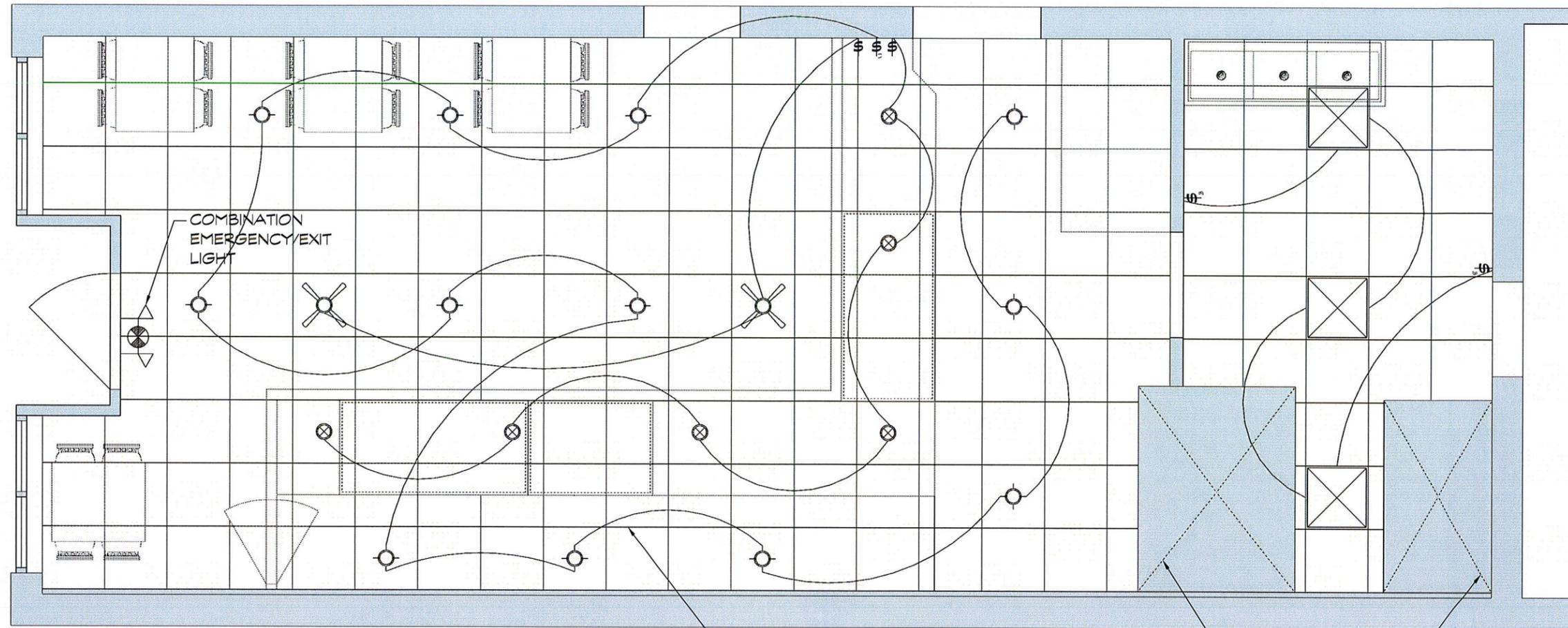
1 FLOOR PLAN
01 1/4" = 1'-0"

RECONSTRUCTED MASONRY WALL W/ 1/2" FURRING AND FRP WALL FINISH



LOCATION PLAN (N.T.S.)

	<p>SALEM RICHARD LAHOOD AIA 9 MEADOW DRIVE FAYETTEVILLE NY 13066 315.559.4349 SALEMLAHOOD@MSN.COM</p>	<p>PROJECT NICK'S TOMATO PIE RECONSTRUCTION DUE TO STRUCTURAL DAMAGE FROM ADJOINING BUILDING PROJECT 109 WALTON STREET SYRACUSE NY 13202</p>	<p>OWNER 400 SOUTH CLINTON LLC MARY SUE HANUS 989 JAMES STREET SYRACUSE NY 13203</p>	<p>SHEET TITLE FLOOR PLAN copyright © 2017 salem richard lahood architect - all rights reserved</p>	<p>PRINTED 07.02.2018 SCALE : 1/4" = 1'-0"</p>	<p>01</p>
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1 REFLECTED CEILING PLAN
 02 1/4" = 1'-0"

-  6" RECESSED LED DOWNLIGHT (CENTERED IN CLG TILE TYP.)
-  PENDENT LIGHT FIXTURE
-  FAN/LIGHT COMBINATION
-  24X24 LED
-  DIMMER SWITCH
-  3-WAY SWITCH

24X24 SUSPENDED CEILING TILE SYSTEM

OVEN HOODS



SALEM RICHARD LAHOOD | AIA
 9 MEADOW DRIVE | FAYETTEVILLE NY | 13066
 315.559.4349
 SALEM.LAHOOD@MSN.COM

PROJECT
 NICK'S TOMATO PIE
 RECONSTRUCTION DUE TO STRUCTURAL
 DAMAGE FROM ADJOINING BUILDING
 PROJECT
 109 WALTON STREET
 SYRACUSE NY 13202

OWNER
 400 SOUTH CLINTON LLC
 MARY SUE HANUS
 989 JAMES STREET
 SYRACUSE NY 13203

SHEET TITLE

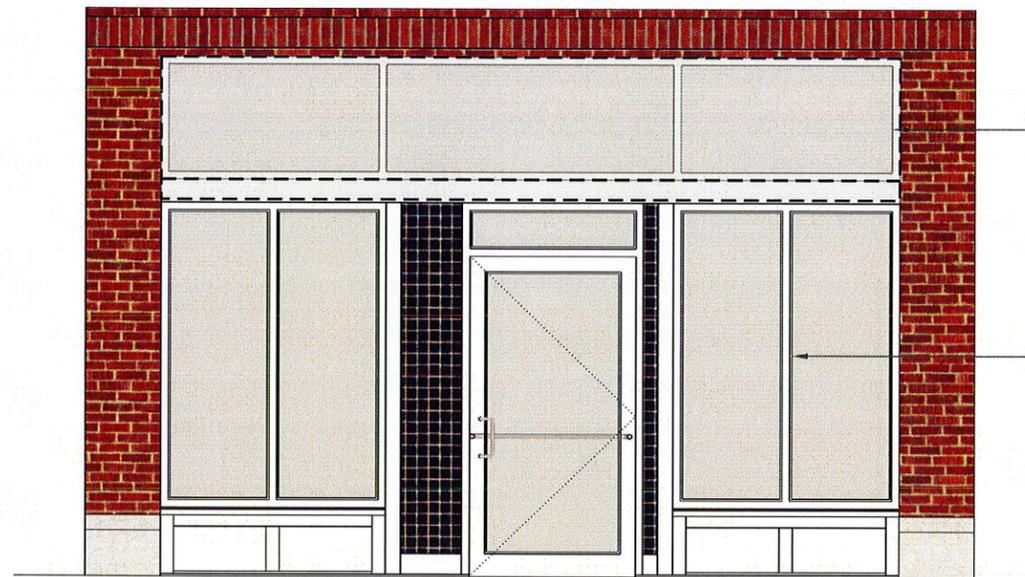
REFLECTED CEILING PLAN

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PRINTED
 07.02.2018

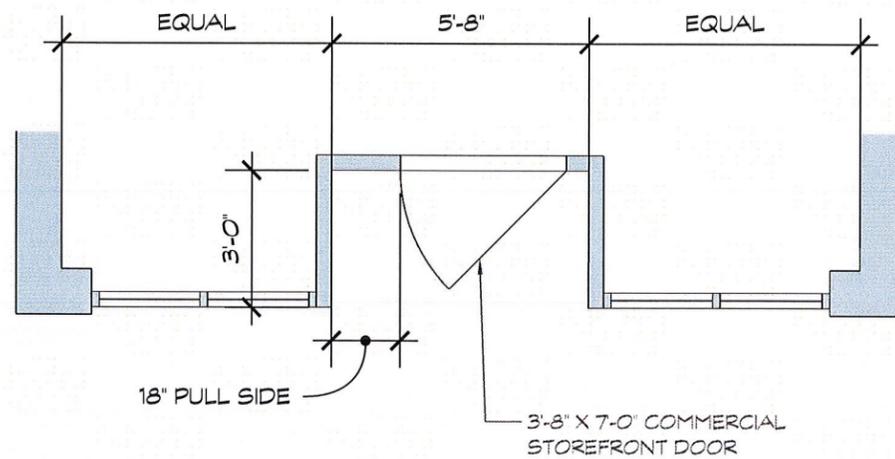
SCALE : 1/4" = 1'-0"

02

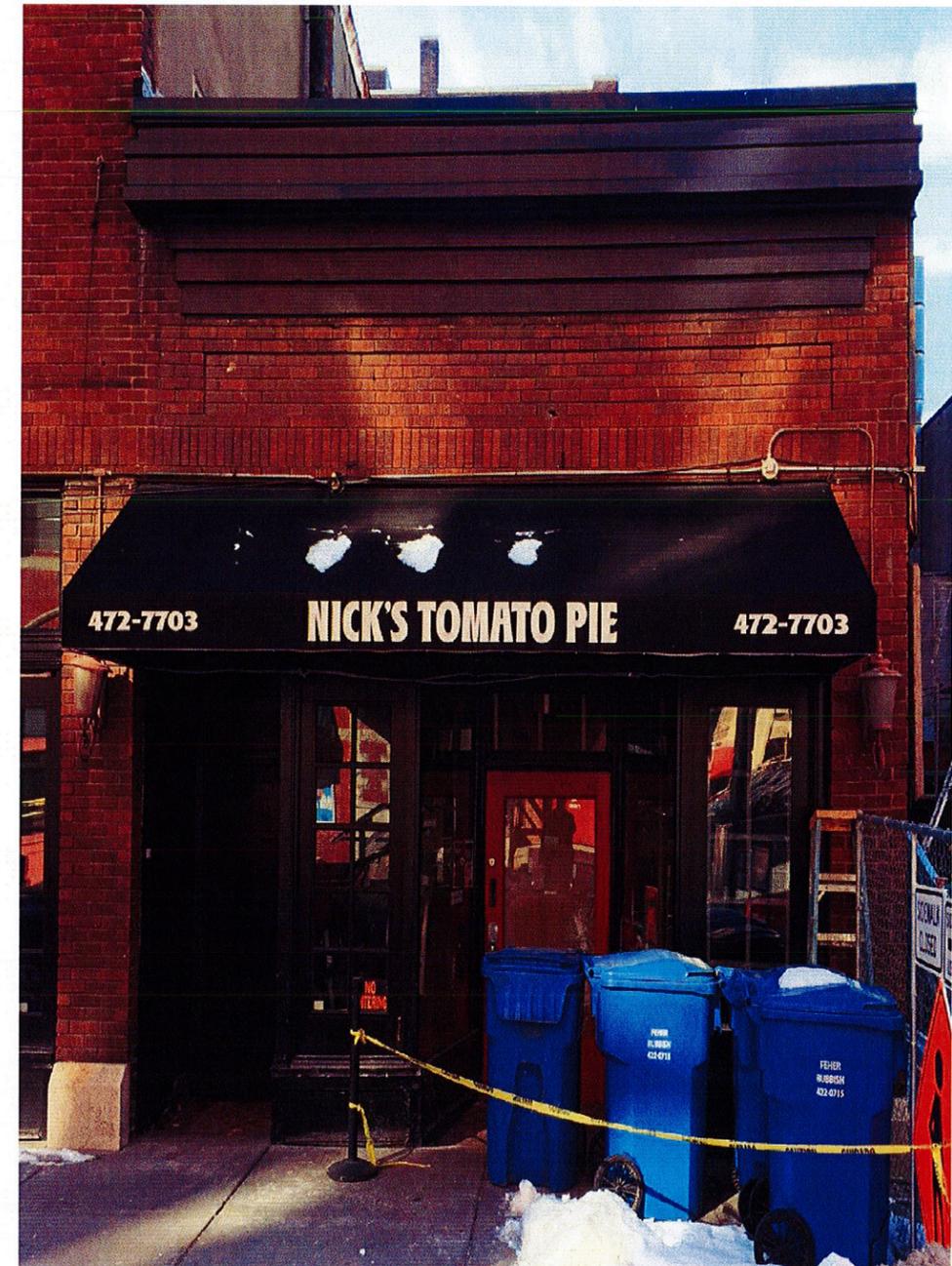


EXISTING AWNING TO BE REINSTALLED AFTER STOREFRONT WORK

TUBELITE E1400 SERIES STOREFRONT SYSTEM W/INSULATING GLASS



1 STOREFRONT DETAILS
 03 1/4" = 1'-0"



EXISTING STOREFRONT



SALEM RICHARD LAHOOD | AIA
 9 MEADOW DRIVE | FAYETTEVILLE NY | 13066
 315.559.4349
 SALEMLAHOOD@MSN.COM

PROJECT
 NICK'S TOMATO PIE
 RECONSTRUCTION DUE TO STRUCTURAL
 DAMAGE FROM ADJOINING BUILDING
 PROJECT
 109 WALTON STREET
 SYRACUSE NY 13202

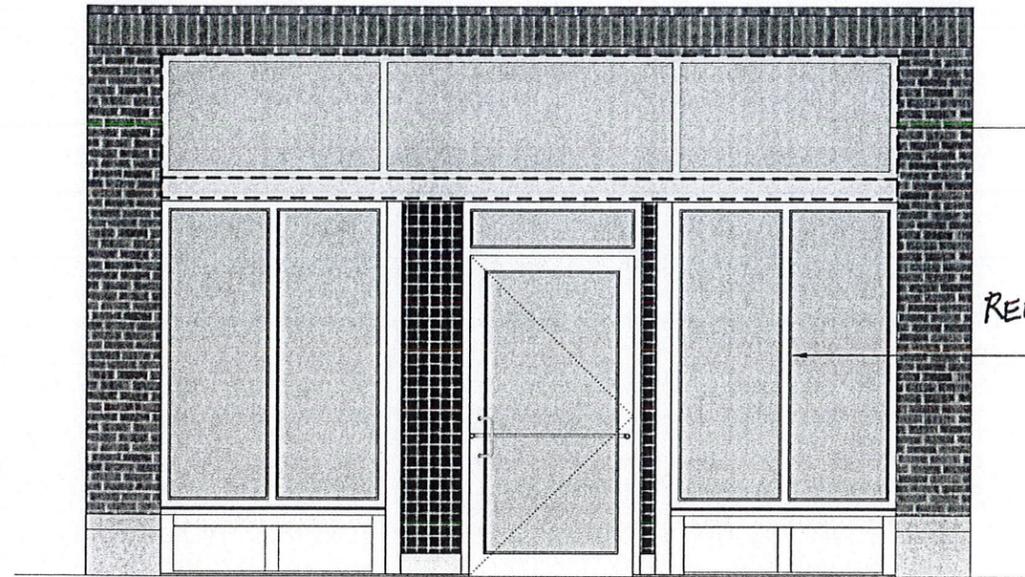
OWNER
 400 SOUTH CLINTON LLC
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 989 JAMES STREET
 SYRACUSE NY 13203

SHEET TITLE
 STOREFRONT DETAILS

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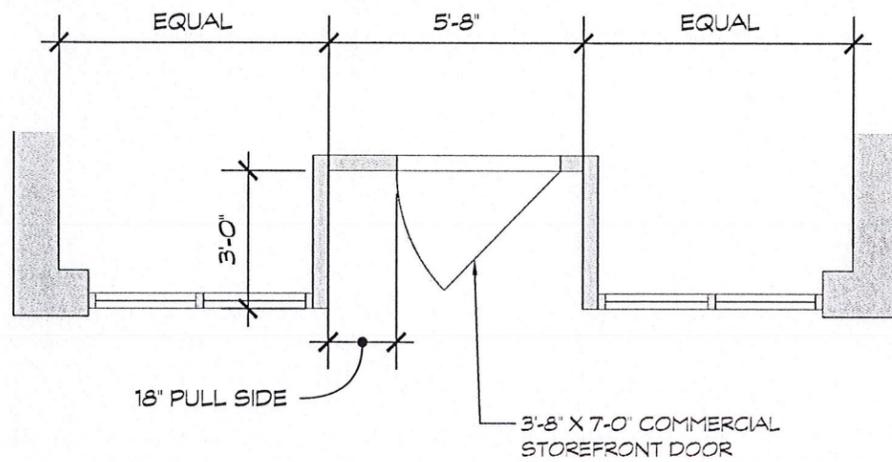
03



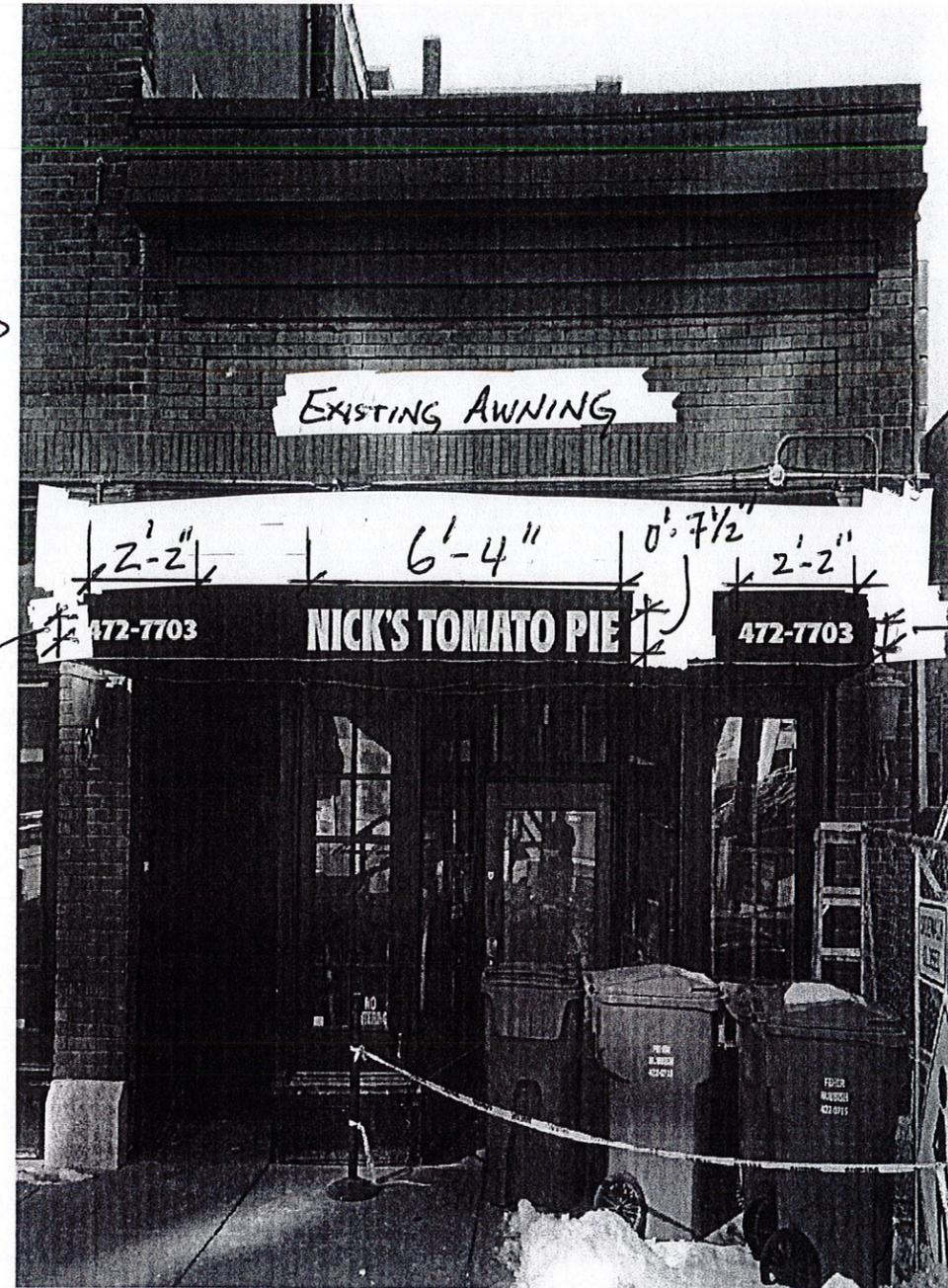
EXISTING AWNING TO BE REINSTALLED AFTER STOREFRONT WORK

REPLACE EXISTING DAMAGED

TUBELITE E1400 SERIES STOREFRONT SYSTEM W/INSULATING GLASS



1 STOREFRONT DETAILS
 03 1/4" = 1'-0"



EXISTING STOREFRONT



NICK'S TOMATO PIE
 RECONSTRUCTION DUE TO STRUCTURAL DAMAGE
 FROM ADJOINING BUILDING PROJECT

109 WALTON STREET
 SYRACUSE NY 13202

TIME CAP DEVELOPMENT CORPORATION

4030 NEW COURT AVENUE
 SYRACUSE NY 13206

SHEET TITLE

STOREFRONT

PRINTED
 06.19.2018

03

STOREFRONT & ENTRANCES



JUL 06 2018

MATERIALS

TUBELITE[®]
DEPENDABLE

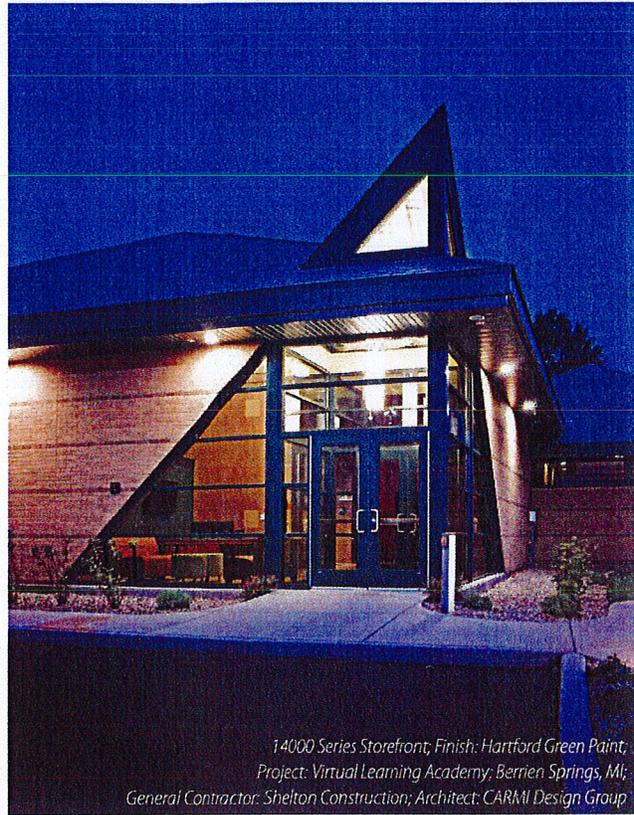
LEADERS IN ECO-EFFICIENT STOREFRONT,
CURTAINWALL AND ENTRANCE SYSTEMS

14000 Series

For optimal strength and thermal performance, use Tubelite's 14000 Series Storefront Framing, a flush-glazed system for use on storefront and low-rise applications. Framing is available in standard non-thermal and thermal members with 2" x 4-1/2" profiles and a 1/2" bite for use with glass or panels up to 1-1/8" thick. Extra-heavy intermediate verticals are available for high performance against strong windloads.

Reduce project labor costs with the flexibility of inside or outside glazing. Members can be assembled using screw spline or clip joinery, and framing is compatible with Tubelite Narrow, Medium and Wide Stile Doors.

Our 14000 Series Storefront products are subjected to thorough testing by an independent laboratory, ensuring that you get the highest quality storefront framing products that the industry has to offer.

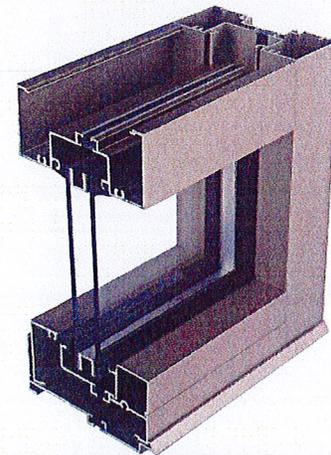


14000 Series Storefront; Finish: Hartford Green Paint; Project: Virtual Learning Academy; Berrien Springs, MI; General Contractor: Shelton Construction; Architect: CARMI Design Group

THE SOLUTION

Our goal is simple — to be the most dependable supplier in the architectural aluminum industry. This means quality products; fast, reliable delivery; and ease of fabrication and installation. Tubelite has built its business around this goal.

14000 Series Storefront; Finish: Dark Bronze Anodized; Project: Wendy's; Cemetery Road, Hilliard, OH; Architect: In-House



14000 Series Product Specifications

See Tubelite's Test Reports for mock up sizes and test conditions.

Application: Low-rise commercial buildings: retail, office, healthcare, schools, etc.

Description: 2" x 4-1/2" center set, outside or inside flush glazed storefront

Face Width:	System Depth:	Glass:	Air Infiltration:	Water Infiltration:	Structural:	CRF:	U-Value:	Acoustic:
2"	4-1/2"	1" std (1/8" – 11/8")	0.06 CFM/Ft.2 @ 6.24 PSF	10 PSF – Static 10 PSF – Dynamic	30 PSF – Design 45 PSF – Overload	T (Thermal) 62; 68 _g	E (Non-thermal) 0.47 T (Thermal) 0.33	STC 32 OITC 26

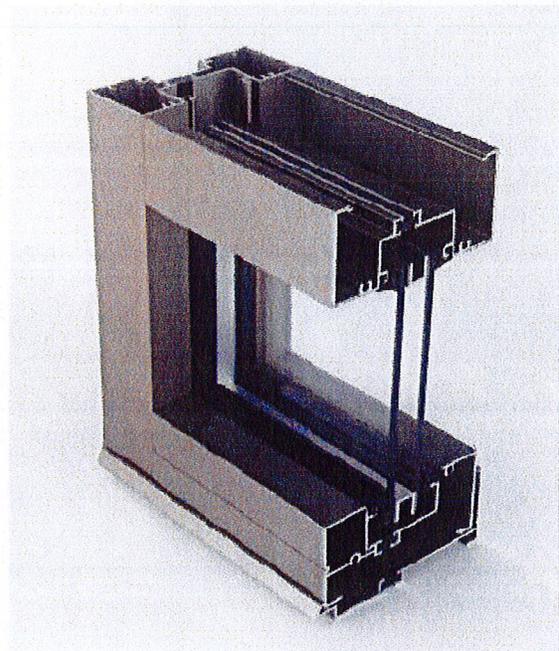
14.01 14000 Series Flush Glaze Description



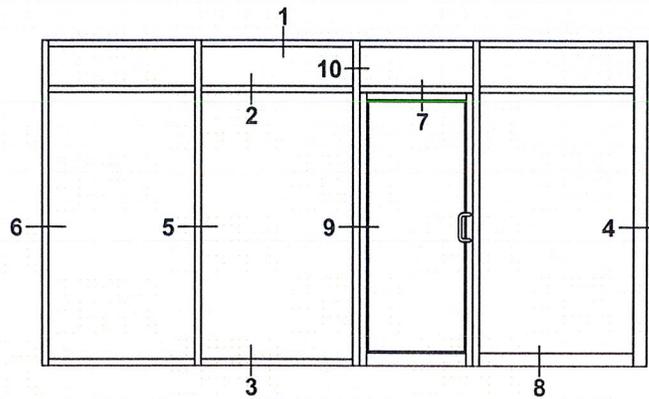
Description

Tubelite T14000 Series Framing is a 2" x 4 1/2" deep flush glazed storefront system for use on first floor applications. This dry glazed internally drained framing can be glazed with 1" insulated glass or panels positioned in the center of the frame. Glass pocket reducers can be used to glaze infill thicknesses of 1/4" to 1/2"

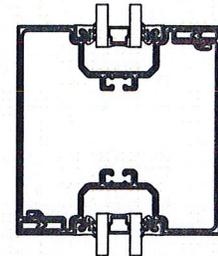
A poured and de-bridged thermal break provides industry standard Condensation Resistance and limits thermal conduction. The thermal pocket also employs the Azon Lance for prevention of dry shrink of the polyurethane barrier.



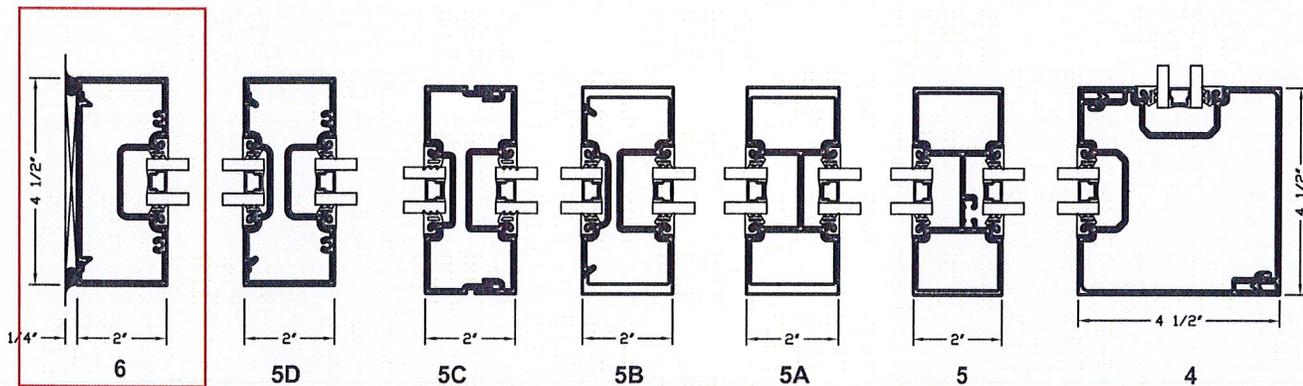
E14000 Series Flush Glaze
Elevation & 1/4 Size Details



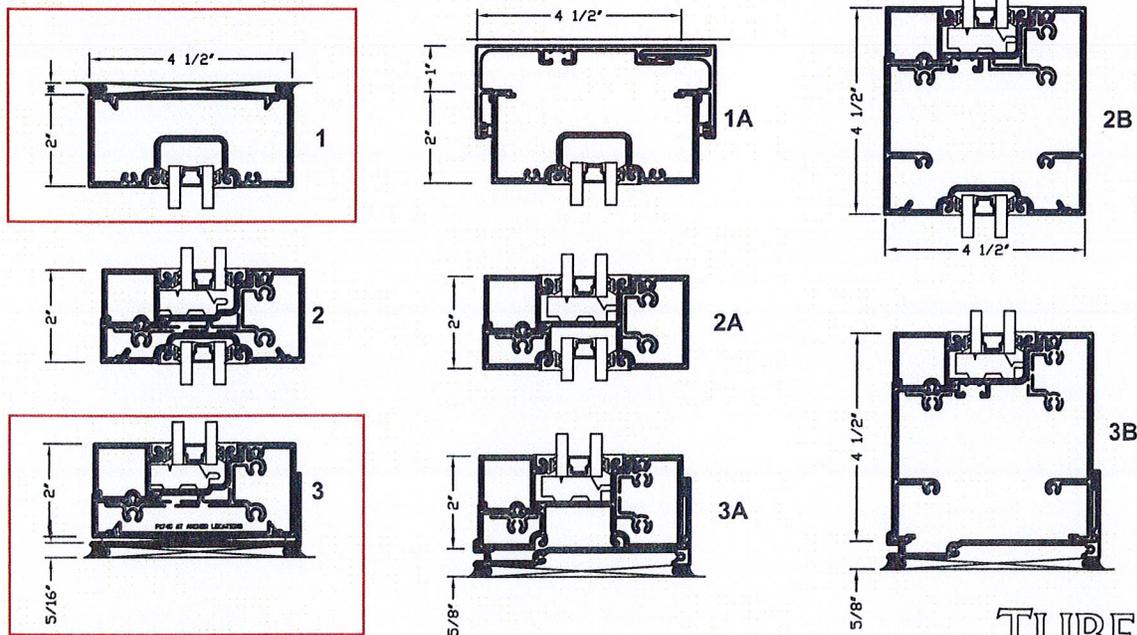
CAD DETAIL FILE NO.
190ELEV



DARK BRONZE STOREFRONT

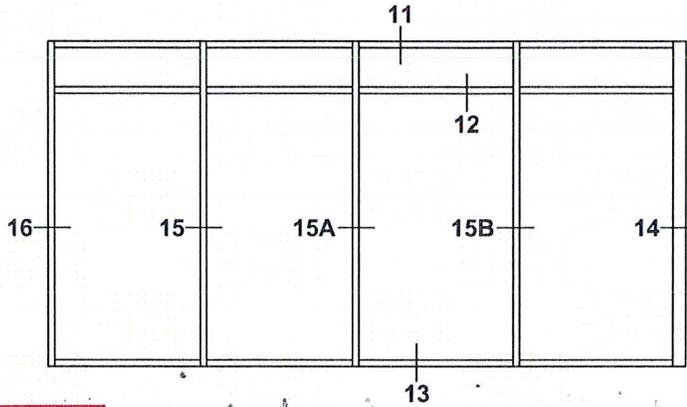


Non Thermal storefront

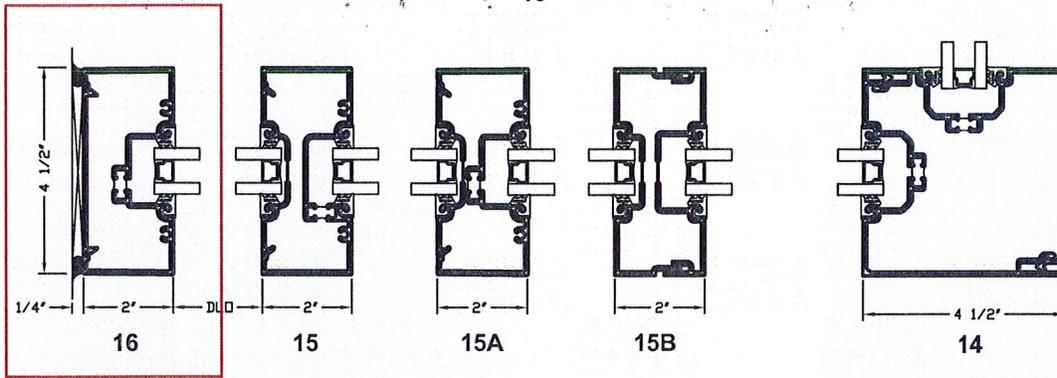


*SEALANT, ROD, & ANCHORS NOT BY TUBELITE

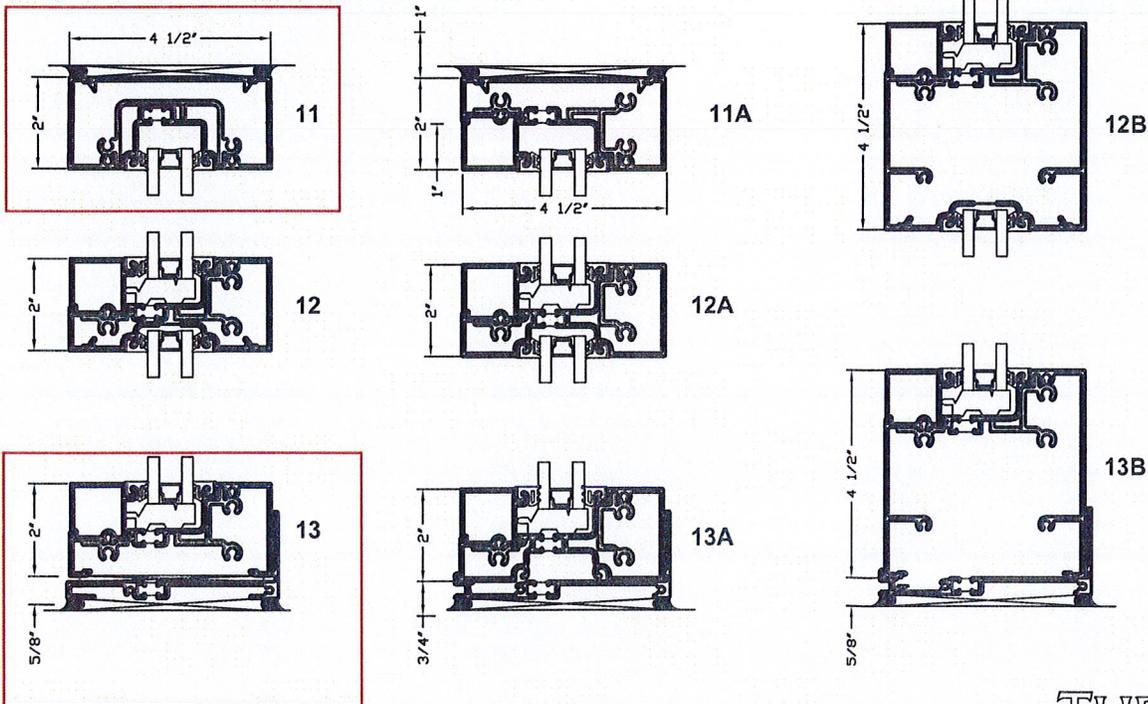
14.05 T14000 Series Flush Glaze Elevation & 1/4 Size Details



CAD DETAIL FILE NO.
180ELEV B

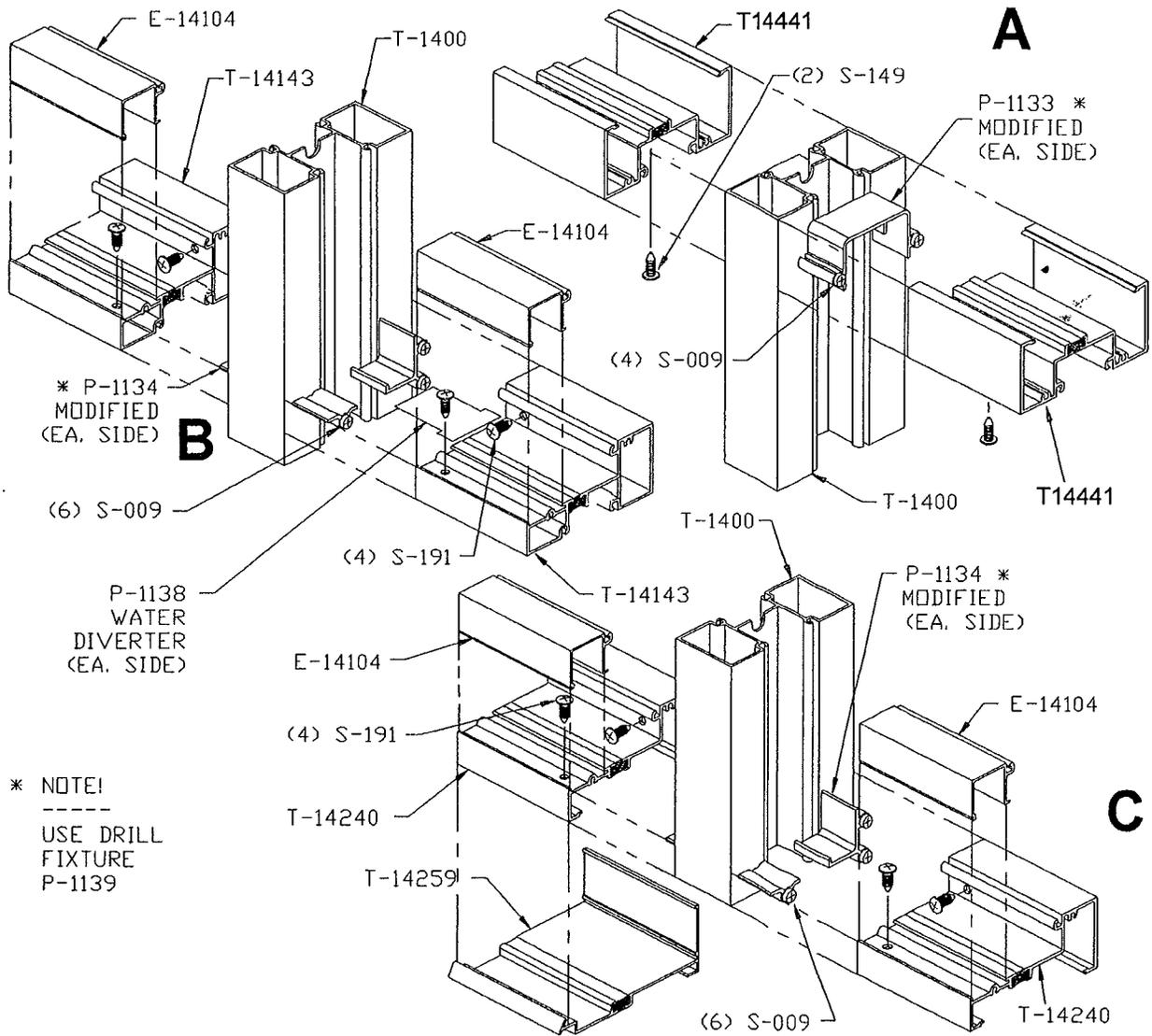
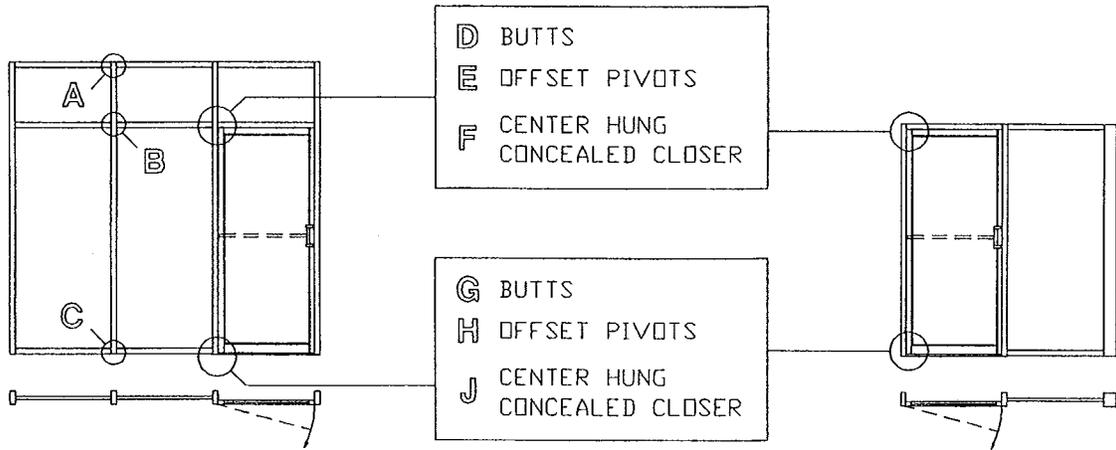


Thermal Storefront



*SEALANT, ROD, & ANCHORS NOT BY TUBELITE

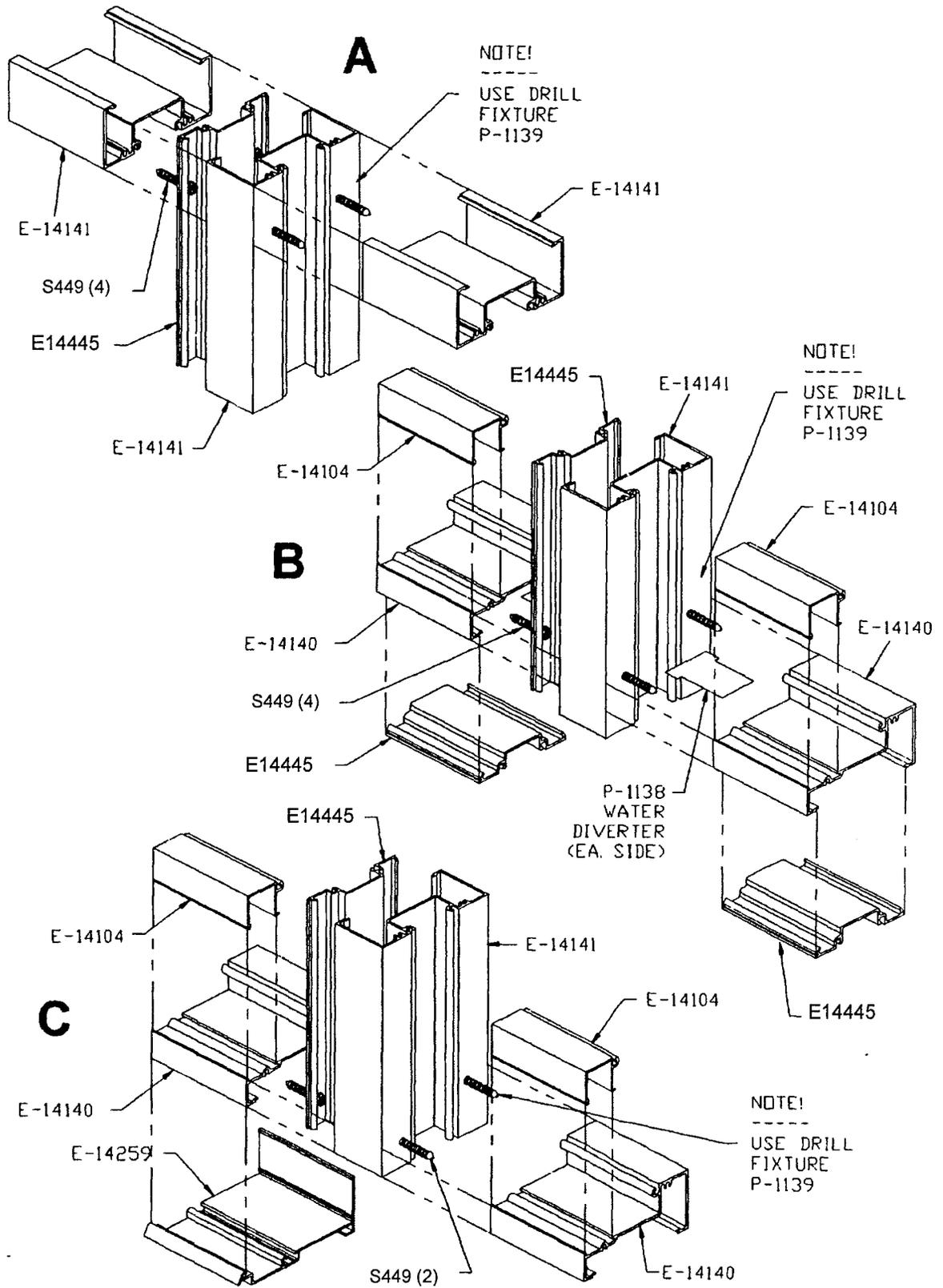
14.06 14000 Series Flush Glaze Isometric Assembly Details



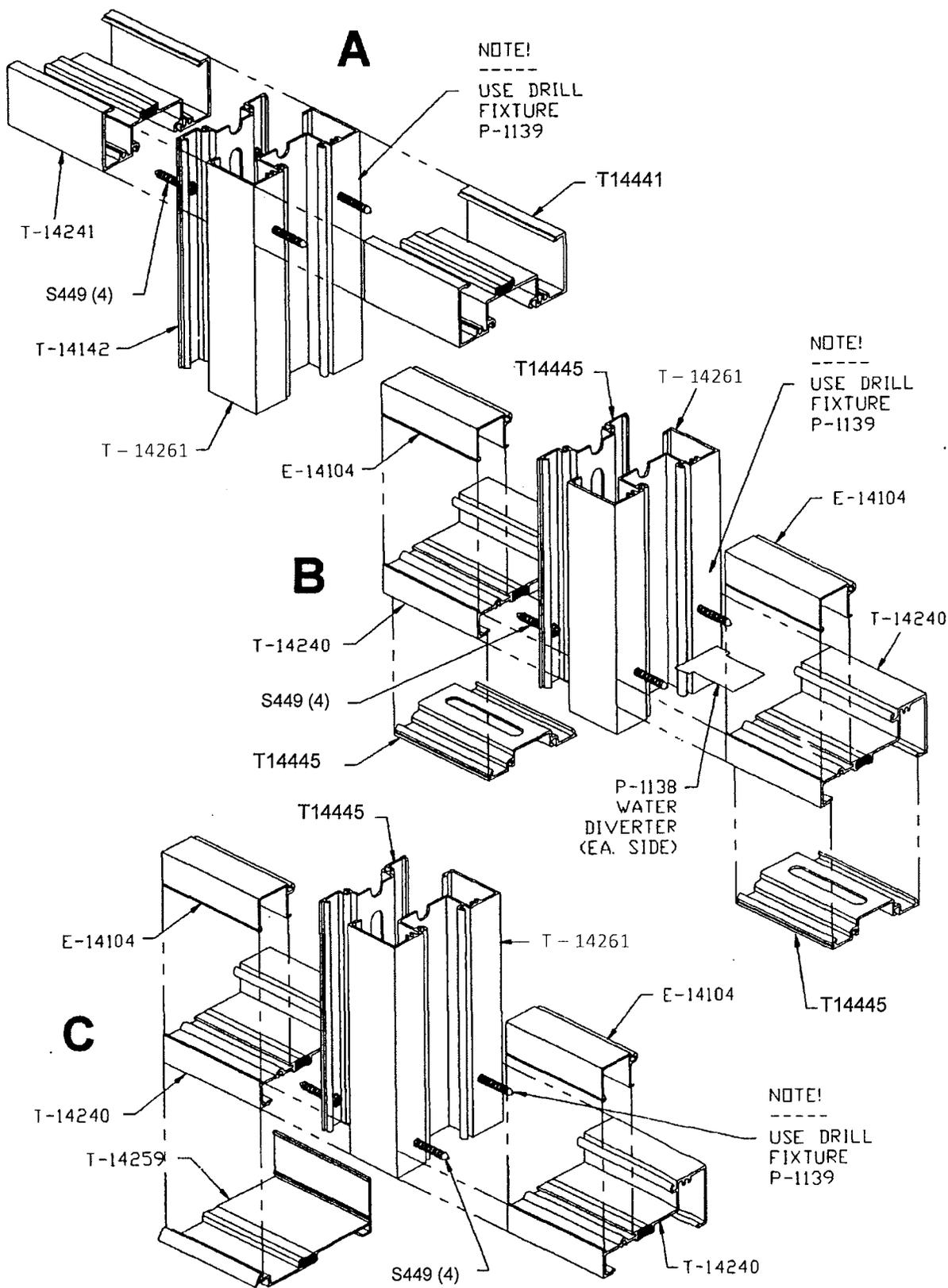
* NOTE!

USE DRILL
FIXTURE
P-1139

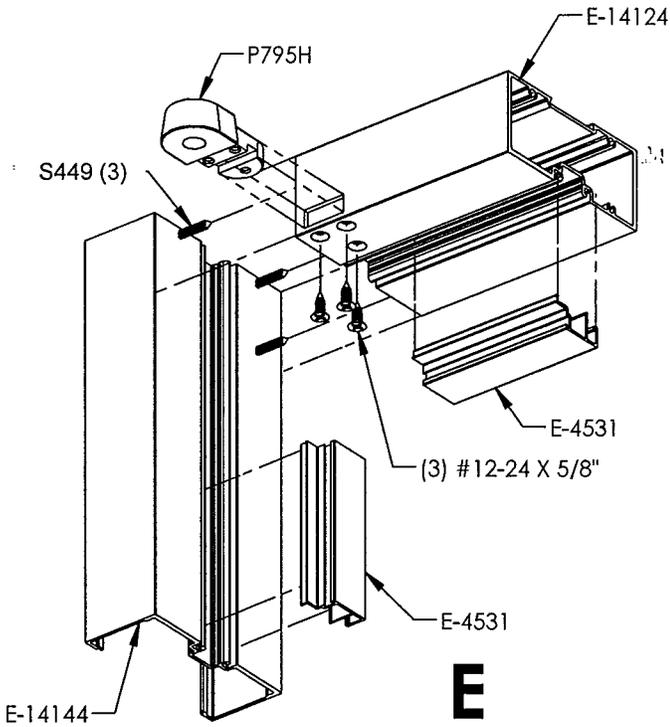
14.07 14000 Series Flush Glaze Isometric Assembly Details



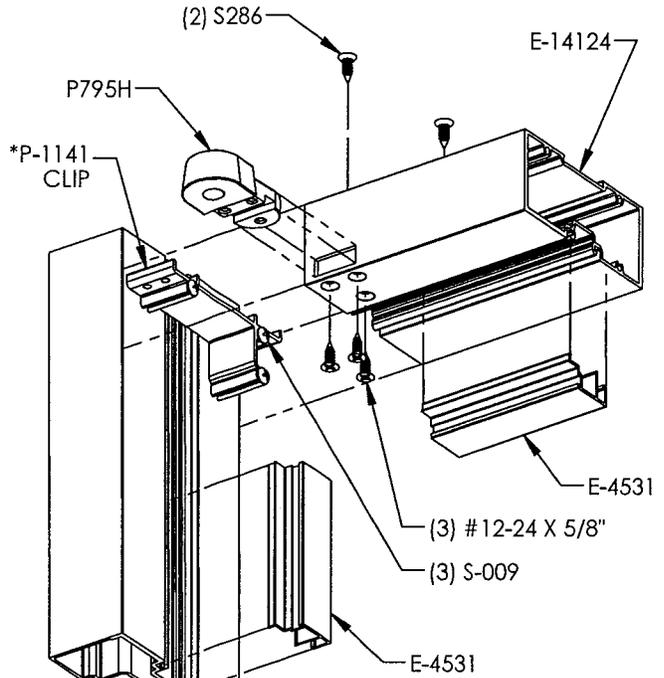
14.08 14000 Series Flush Glaze Isometric Assembly Details



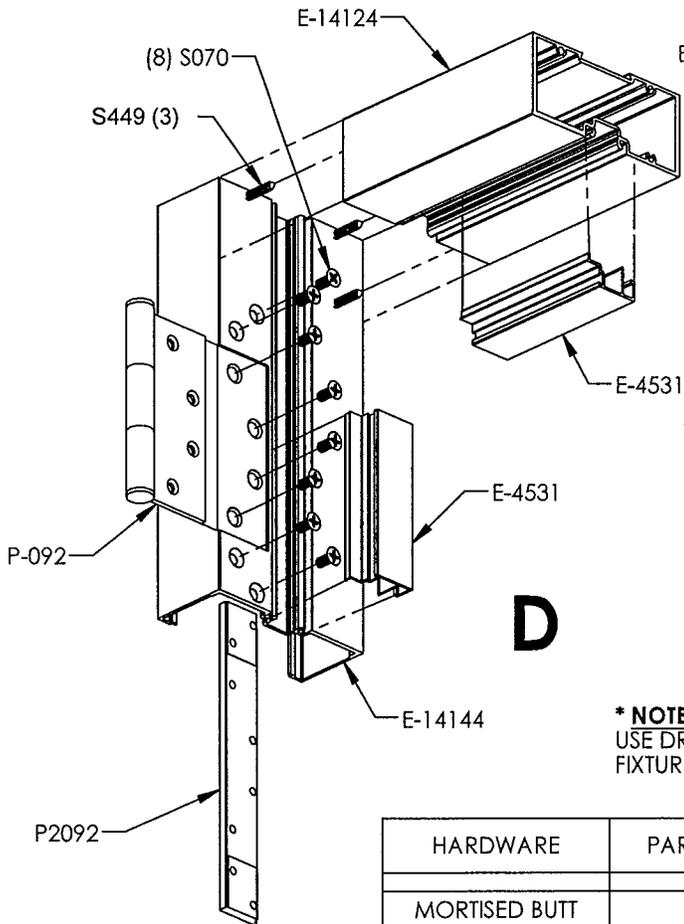
14000 Series Flush Glaze
Isometric Assembly Details



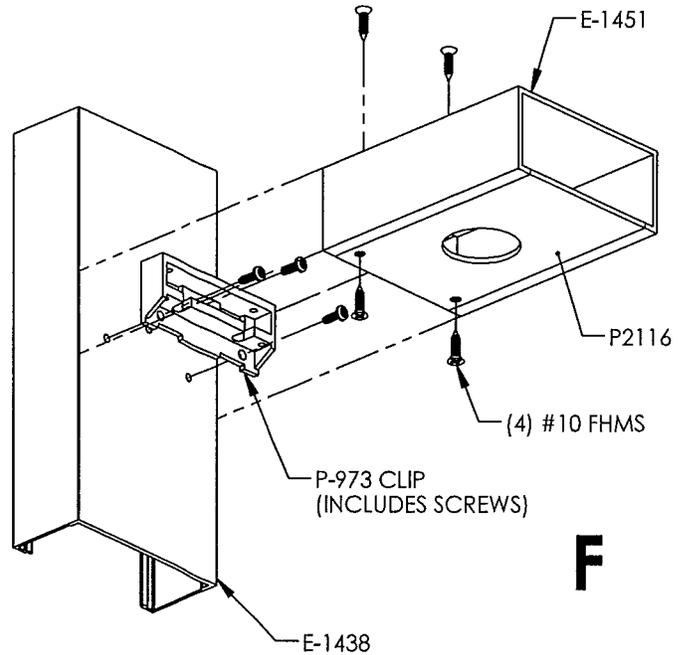
E



E



D



F

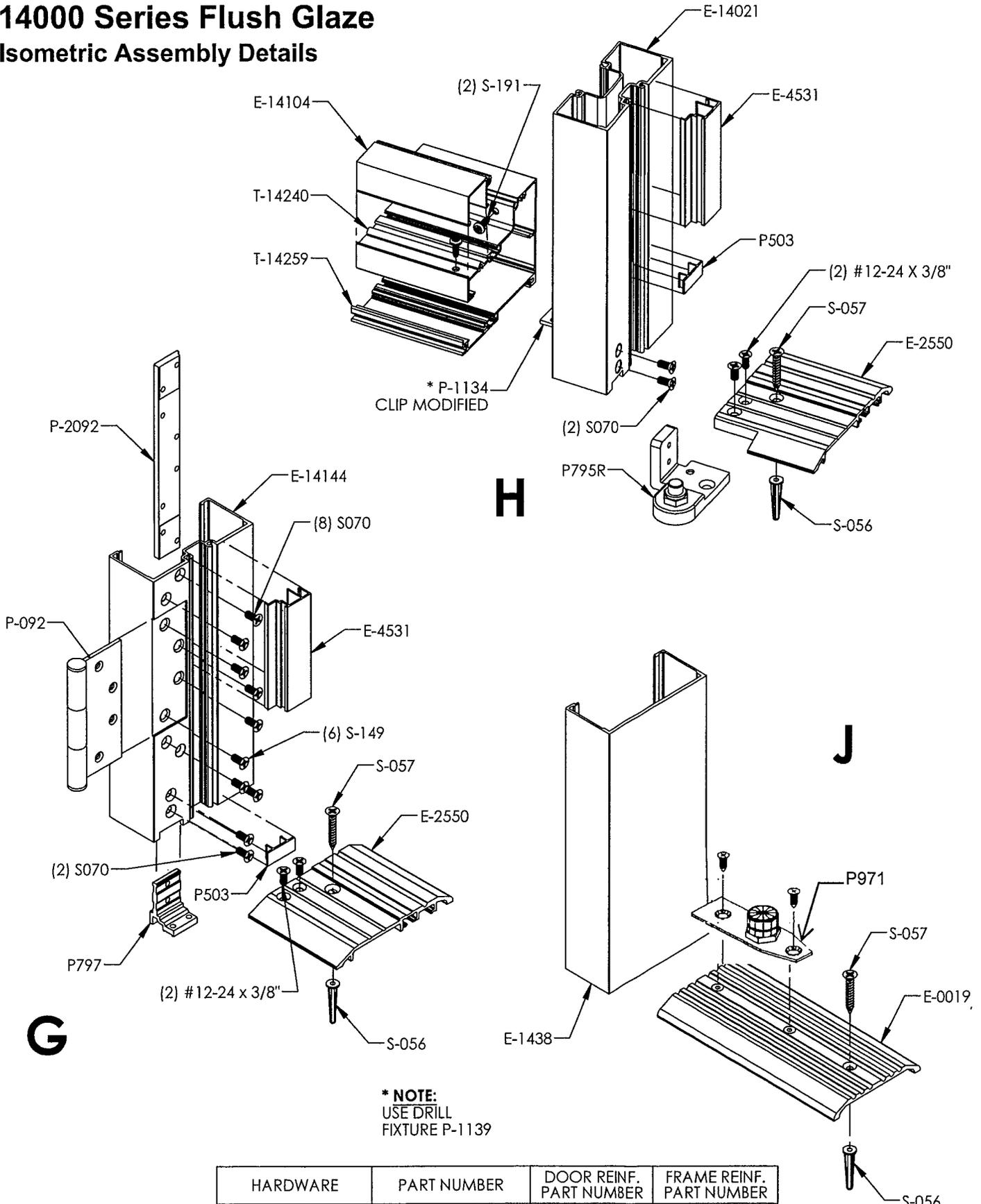
*** NOTE:**
USE DRILL
FIXTURE P-1139

HARDWARE	PART NUMBER	DOOR REINF. PART NUMBER	FRAME REINF. PART NUMBER
MORTISED BUTT	P-092	P2092	P2092
INTERMEDIATE OFFSET PIVOT	P795IL / P795IR	P-360	P-360

14.10

14000 Series Flush Glaze

Isometric Assembly Details



*** NOTE:**
USE DRILL
FIXTURE P-1139

HARDWARE	PART NUMBER	DOOR REINF. PART NUMBER	FRAME REINF. PART NUMBER
MORTISED BUTT	P-092	P2092	P2092
INTERMEDIATE OFFSET PIVOT	P795IL / P795IR	P-360	P-360



EXISTING ENTRY



A

EXISTING

ADJACENT



CITROVELLE - ADJACENT

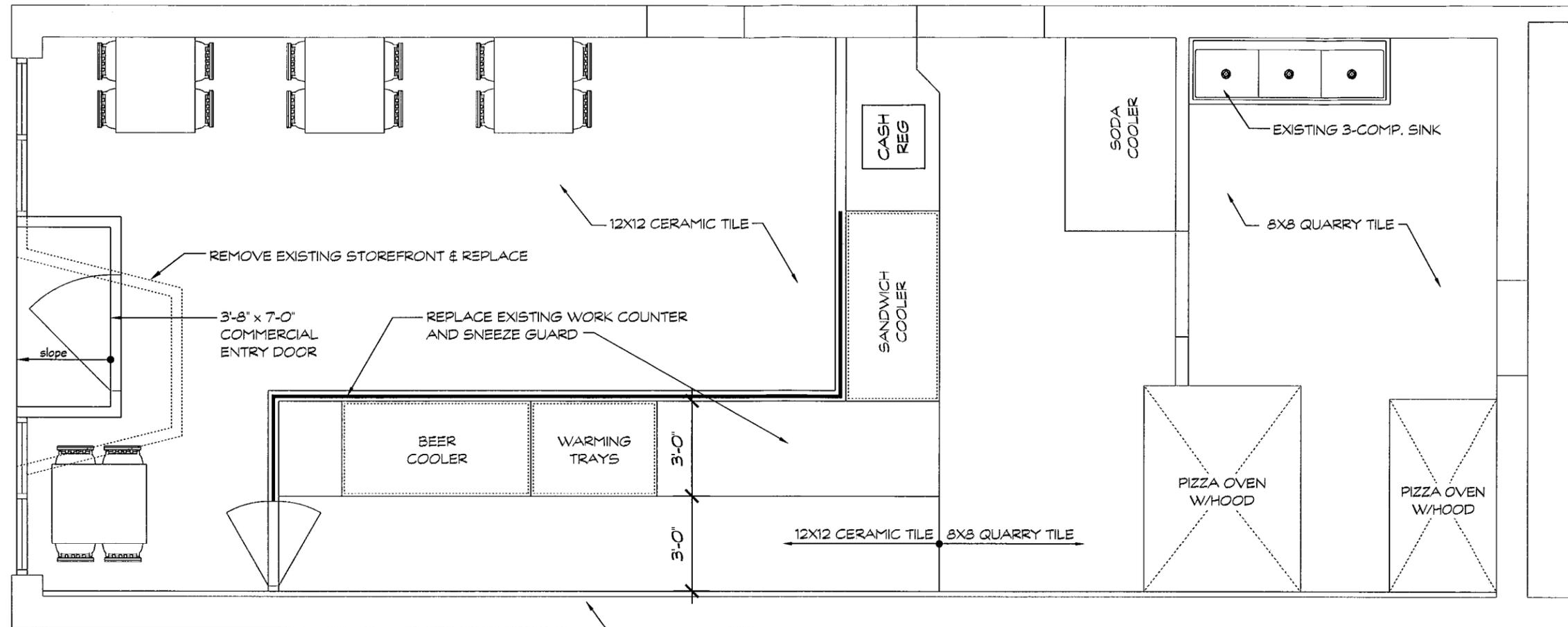
STAIRWAY

B



A

1
03



1 FLOOR PLAN
 01 1/4" = 1'-0"

B

RECONSTRUCTED MASONRY
 WALL W/1/2" FURRING AND
 FRP WALL FINISH



NICK'S TOMATO PIE
 RECONSTRUCTION DUE TO STRUCTURAL DAMAGE
 FROM ADJOINING BUILDING PROJECT

109 WALTON STREET
 SYRACUSE NY 13202

TIME CAP DEVELOPMENT CORPORATION

4030 NEW COURT AVENUE
 SYRACUSE NY 13206

SHEET TITLE

FLOOR PLAN

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SCALE : 1/4" = 1'-0"

01