

City of Syracuse  
Office of Zoning Administration

VARIANCE APPLICATION

City Hall Commons - Room 500 \* 201 E. Washington Street \* Syracuse, NY 13202-1426  
315-448-8640 \* [zoning@syrgov.net](mailto:zoning@syrgov.net) \* [www.syrgov.net/Zoning.aspx](http://www.syrgov.net/Zoning.aspx)

Office Use Filing Date: 11-9-2022 Case: V-22-23 Zoning District: OB

**VARIANCE REQUESTED** (Check applicable and briefly describe.)

- Area Variance: Existing Building exceeds maximum lot coverage of 40%. Currently 55%  
Cited Zoning Ordinance: B-II-2 Item 5  
Part(s), Sec(s), Art(s):  
 Use Variance:  
Cite Zoning Ordinance:  
Part(s), Sec(s), Art(s):

TAX ASSESSMENT ADDRESS(ES)	TAX MAP ID(S) (000.-00-00.0)	OWNER(S)	DATE ACQUIRED
1) 440-446 James ST		PADMA KRISHNA CORP	
2)			
3)			
4)			

As listed in the Department of Assessment property tax records at <http://syrgov.net/Assessment.aspx> - 315-448-8280.

**COMPANION ZONING APPLICATION(S)** (List any related Zoning applications, if applicable, e.g., Resubdivision, Special Permit, Project Site Review, etc.)

- 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**PROJECT CONSTRUCTION** (Check all that apply and briefly describe.)

- Demolition (full and partial): Interior Demo  
 New Construction: New Ground Floor Residential Units  
 Façade (Exterior) Alterations:  
 Site Changes:

**PROJECT INFORMATION** (Briefly describe, as applicable.)

Business/Project Name: 446 JAMES ST  
Current Land Use(s): A-2 Restaurant (GROUND FL) P-2 Residential (2ND FL)  
Proposed Land Use(s): P-2 (GROUND FL) P-2 (2ND FL)  
Number of Dwelling Units: 0 existing, 5 new 11 TOTAL  
Days and Hours of Operation: NA  
Number of Onsite Parking Spaces: 0

**PROJECT DESCRIPTION** (Provide a brief description of the project, including purpose or need.)

Conversion of Ground Floor to 5 new Residential Apartment Units in EXISTING 2 STORY BUILDING

**AREA VARIANCE TEST** (see [https://www.dos.ny.gov/lg/publications/Zoning\\_Board\\_of\\_Appeals.pdf](https://www.dos.ny.gov/lg/publications/Zoning_Board_of_Appeals.pdf))

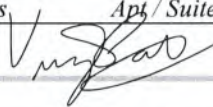
An Area Variance is permission to build in a portion of the property that is otherwise restricted by the Zoning Rules and Regulations, as amended. New York State law requires applicants to prove that the potential benefit of an Area Variance will outweigh any burden to community health, safety and welfare through a five-part balancing test. *Briefly describe how an Area Variance would affect the community using the following five tests and attach all supporting materials.*

1. Describe whether an undesirable change will be produced in the **character of the neighborhood**, or a detriment to nearby properties will be created by the granting of the area variance:  
Alterations Are Consistent with Character of Neighborhood.  
Buildings Exterior is Not Being Altered.
  
2. Describe whether the benefit sought by the applicant can be **achieved by some other method** which will be feasible for the applicant to pursue but would not require an area variance:  
Building has occupied this site for over 75 years.  
Ground Floor has been vacant for over 10 years.
  
3. Describe whether the requested area variance is **substantial**.  
Request is not substantial. Building has occupied this site for over 75 years.
  
4. Describe whether the proposed area variance will have an **adverse effect or impact** on the physical or environmental conditions in the neighborhood or district:  
This will have no adverse effect on the neighborhood.  
This existing building is not being significantly altered.
  
5. Describe whether an alleged difficulty is **self-created**.  
This is an existing building.

**City of Syracuse Office of Zoning Administration**

**PROPERTY OWNER(S) (required)**

As listed in Department of Assessment property tax records (<http://syrgov.net/Assessment.aspx> - 315-448-8280). If not listed as the owner, please provide proof of ownership, e.g., a copy of the deed. Attorney's signing on behalf of the owner must include a letter describing the legal arrangement. If the property owner is a Corporation or Organization, the person signing must provide member verification. **Contract purchasers, tenants, architects, engineers, contractors, etc. CANNOT sign on behalf of the owner.**

<b>Viraj</b>	<b>Patel</b>	<b>Vice President</b>	<b>Radha Krishna Corp</b>		
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
454 James Street		Syracuse	NY	13203	Phone: 315-373-9911
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email: vpatel@vmpmanagement.com</i>
* Signature: 			Date: 7/20/22		

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature:			Date:		

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature:			Date:		

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>
* Signature:			Date:		

**\* OWNER SIGNATURE 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.

**APPLICANT(S) (if applicable)**

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>

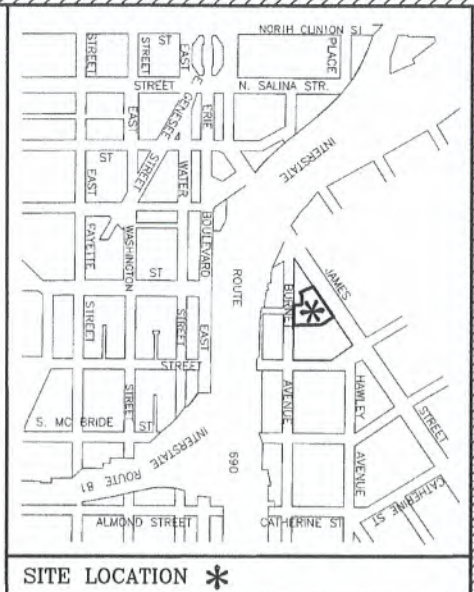
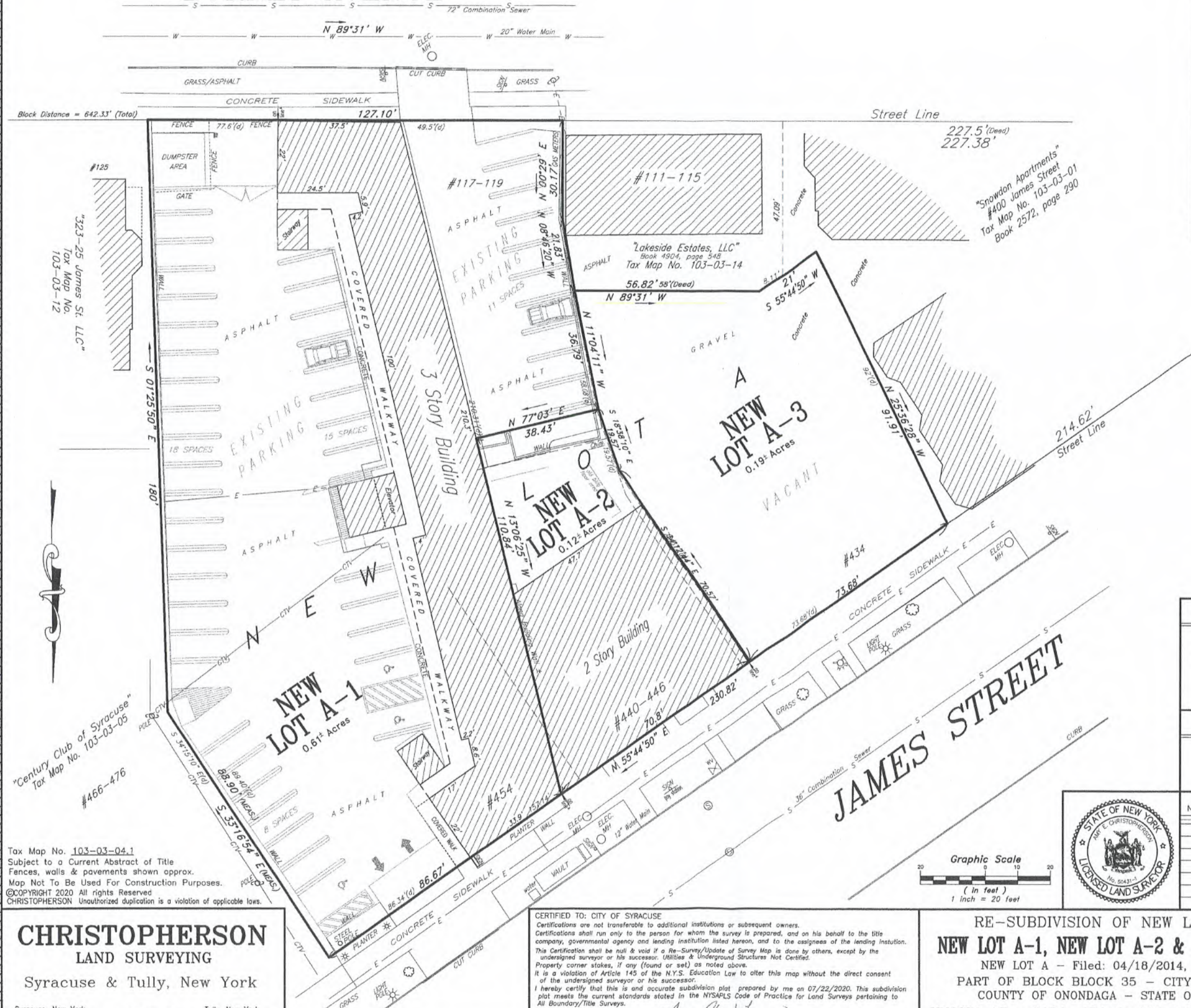
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>

**REPRESENTATIVE(S)/CONTACT(S) (if applicable)**

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>

<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>		
					<i>Phone:</i>
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>	<i>Email:</i>

# BURNET AVENUE



#125  
"323-25 James St. LLC"  
Tax Map No. 103-03-12

"Century Club of Syracuse"  
Tax Map No. 103-03-05  
#466-476

Tax Map No. 103-03-04.1  
Subject to a Current Abstract of Title  
Fences, walls & pavements shown approx.  
Map Not To Be Used For Construction Purposes.  
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**CHRISTOPHERSON**  
LAND SURVEYING  
Syracuse & Tully, New York

Syracuse, New York Phone: (315)437-9848 Fax: (315)437-4634  
Tully, New York Phone: (315)696-5956

CERTIFIED TO: CITY OF SYRACUSE  
Certifications are not transferable to additional institutions or subsequent owners.  
Certifications shall run only to the person for whom the survey is prepared, and on his behalf to the title company, governmental agency and lending institution listed herein, and to the assignees of the lending institution.  
This Certification shall be null & void if a Re-Survey/Update of Survey Map is done by others, except by the undersigned surveyor or his successor. Utilities & Underground Structures Not Certified.  
Property corner stakes, if any (found or set) as noted above.  
It is a violation of Article 145 of the N.Y.S. Education Law to alter this map without the direct consent of the undersigned surveyor or his successor.  
I hereby certify that this is an accurate subdivision plot prepared by me on 07/22/2020. This subdivision plot meets the current standards stated in the NYSAPLS Code of Practice for Land Surveys pertaining to All Boundary/Title Surveys.  
(VOID UNLESS SIGNED)  
*Amy Christopherson*  
Professional Land Surveyor

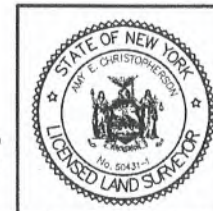
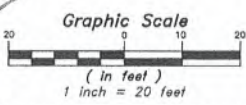
RE-SUBDIVISION OF NEW LOT A INTO  
**NEW LOT A-1, NEW LOT A-2 & NEW LOT A-3**  
NEW LOT A - Filed: 04/18/2014, Map #11832  
PART OF BLOCK BLOCK 35 - CITY OF SYRACUSE  
COUNTY OF ONONDAGA - STATE OF NEW YORK  
KNOWN AS: #434, 454 & 440-446 JAMES STREET

Made By: HBC/ATC  
Reviewed By: HBC  
Date: 02/08/2021  
Scale: 1"=20'  
File: 6694H-SUB2  
Disk: CD 1631

Approved: \_\_\_\_\_  
Dated: \_\_\_\_\_  
RADHA KRISNA CORP.  
454 JAMES STREET  
SYRACUSE, NY 13203

Approved: \_\_\_\_\_  
Dated: \_\_\_\_\_  
CITY OF SYRACUSE

NO.	DATE	BY	REVISIONS



**ARCHITECT**

IN-ARCHITECTS, PLLC  
 239 EAST WATER STREET  
 SYRACUSE, NY 13202  
 (315) 728-9458 (phone)  
 PRIMARY CONTACT: ANTHONY ROJAS  
 E-MAIL: AROJAS@IN-ARCHITECTS.COM

**LANDLORD**

446 JAMES STREET  
 SYRACUSE, NY 13203  
 (315) 373-9911 (phone)  
 CONTACT: VIRAJ PATEL  
 E-MAIL: VNP6@CORNELL.EDU

# 440 - 446 JAMES STREET RESIDENTIAL CONVERSION

440 - 446 JAMES STREET  
 SYRACUSE, NEW YORK

**PROJECT #22058**



ARCHITECTS  
 239 E. Water Street - 2nd Fl.  
 Syracuse, New York 13202  
 www.in-ARCHITECTS.com



IT IS THE VIOLATION OF THE LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT TO ALTER AN ITEM IN ANY WAY IF AN ITEM BEARING THE SEAL OF AN ARCHITECT IS ALTERED. THE ALTERING ARCHITECT SHALL AFFIX TO HIS ITEM THE SEAL, AND THE NOTATION "ALTERED BY" FOLLOWED BY HIS SIGNATURE AND THE DATE OF SUCH ALTERATION AND A SPECIFIC DESCRIPTION OF THE ALTERATION.

**440 - 446 JAMES STREET  
 RESIDENTIAL CONVERSION**  
 446 JAMES STREET  
 SYRACUSE, NEW YORK

**CODE SUMMARY**

**PROJECT:**  
 GROUND FLOOR CHANGE OF OCCUPANCY. CONVERSION FROM FORMER RESTAURANT SPACE (A-2) TO RESIDENTIAL APARTMENTS (R-2). WORK AREA COMPLIANCE METHOD, CHANGE OF OCCUPANCY (3,030 SF)

**GOVERNING CODES:**  
 2020 EXISTING BUILDING CODE OF NEW YORK STATE  
 2020 BUILDING CODE OF NEW YORK STATE  
 2020 MECHANICAL CODE OF NEW YORK STATE  
 2020 FIRE CODE OF NEW YORK STATE  
 2020 PLUMBING CODE OF NEW YORK STATE  
 2020 FIRE CODE OF NEW YORK STATE  
 2020 ENERGY CONSERVATION CODE OF NEW YORK STATE  
 PROPERTY CONSERVATION CODE OF THE CITY OF SYRACUSE

**REFERENCE CODES:**  
 ICC A117.1 2009  
 NFPA 13-2016 STANDARD FOR THE INSTALLATION OF SPRINKLER SYSTEMS  
 NFPA 72-2016 NATIONAL FIRE ALARM CODE  
 NFPA 101-2018 LIFE SAFETY CODE

**USE AND OCCUPANCY:**  
 FORMER USE (A-2)  
 PROPOSED USE (R-2)

**CONSTRUCTION CLASSIFICATION:**  
 TYPE IIB NON-COMBUSTIBLE, FULLY SPRINKLERED  
 EXISTING FLOOR ASSEMBLY 1/2 HR RATED. NEW DWELLING UNIT SEPARATION TO BE 1 HR

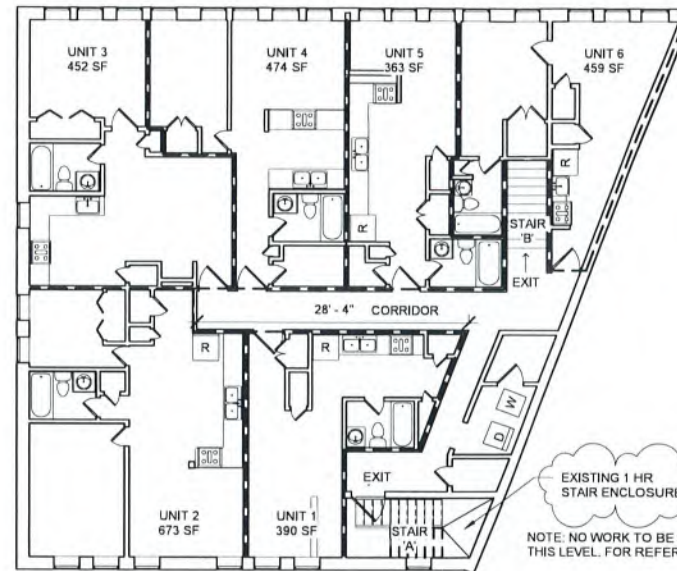
**OCCUPANT LOAD & EXITING:**  
 PROPOSED RESIDENTIAL UNIT = 4 OCCUPANTS EACH  
 EACH UNIT EXITS DIRECTLY TO GRADE

**FIRE PROTECTION SYSTEMS CHAPTER 9:**  
 EXISTING SPRINKLER SYSTEM TO BE MODIFIED AS REQUIRED BY NEW OCCUPANCIES AND LAYOUT.

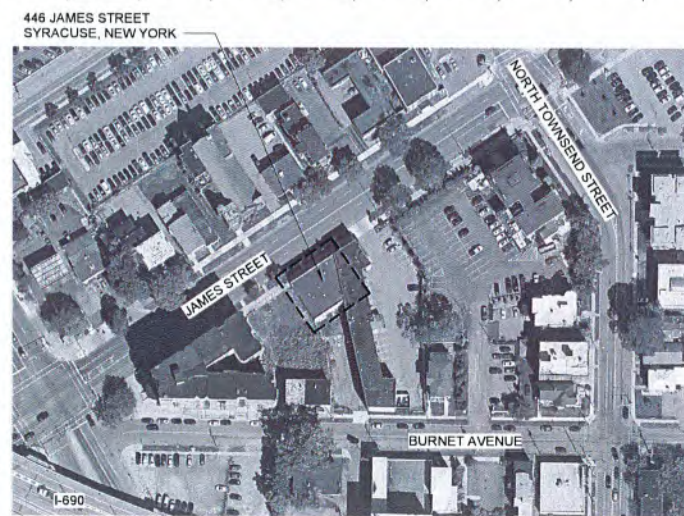
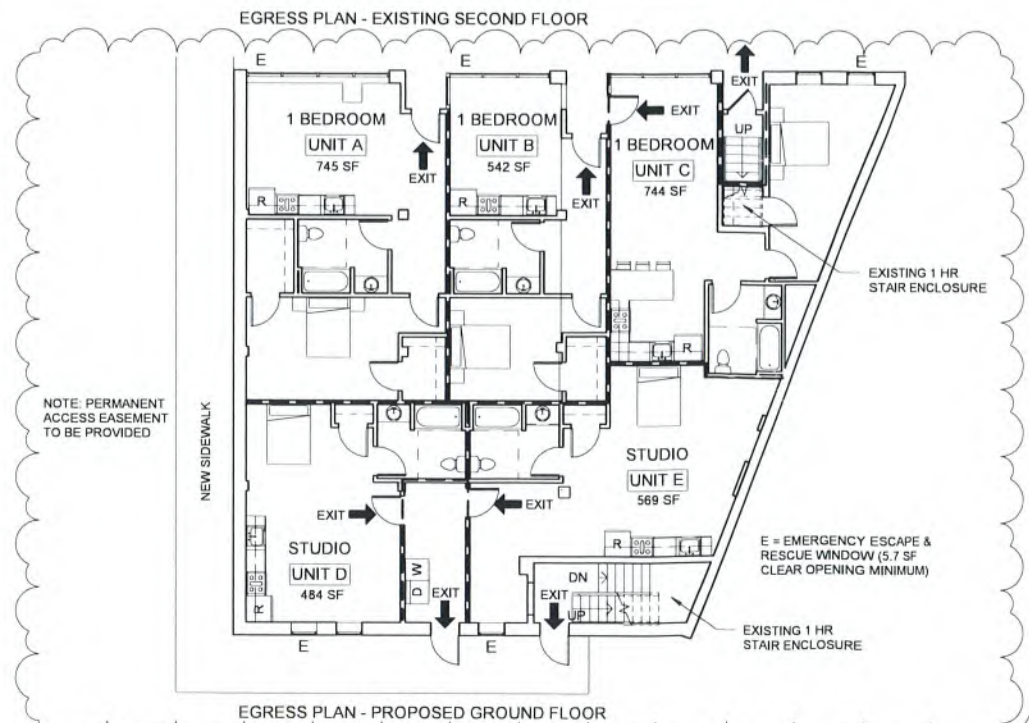
INTERCONNECTED SMOKE ALARMS TO BE INSTALLED IN ACCORDANCE WITH SECTION 907.2.11.2 AND THE PROPERTY CONSERVATION CODE OF THE CITY OF SYRACUSE.

PROVIDE MANUAL FIRE ALARM SYSTEM

DRAWINGS, CALCULATIONS AND SPECIFICATIONS FOR ALL SPRINKLER AND ALARM SYSTEMS TO BE PROVIDED BY LICENSED CONTRACTORS AND ALL WORK TO BE INSTALLED UNDER PERMITS SECURED BY INSTALLATION CONTRACTORS.



DRAWING LIST				
SHEET NUMBER	SHEET NAME	ISSUED DATE	REVISION #	REVISION DATE
<b>GENERAL INFORMATION</b>				
A001	COVER SHEET	07/22/2022	1	08/18/2022
A002	GENERAL INFORMATION	07/22/2022		
<b>ARCHITECTURAL</b>				
A101	DEMOLITION PLAN	07/22/2022	1	08/18/2022
A201	FIRST FLOOR	07/22/2022	1	08/18/2022
A202	REFLECTED CEILING PLAN	07/22/2022		
A301	INTERIOR ELEVATIONS / DOOR & FINISH SCHEDULE	07/22/2022		



THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AT THE SITE AND PROMPTLY NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPANCIES.

REVISIONS		
NO.	DESCRIPTION	DATE
1	REVISION 1	08/18/2022

**COVER SHEET**

Project Status PERMIT SET  
 Date 07/22/2022  
 Project Number 22058  
 Drawn By MAA  
 Checked By JRK

**A001**

TYPICAL ROOM ADA SIGNAGE

MINIMUM 5/8" HIGH TACTILE TEXT RAISED 1/32" FULL CAPITAL SANS SERIF FONT OR SIMPLE SERIF TYPE FONT

GRADE 2 BRAILLE



\*ALL ADA SIGNAGE TO BE MOUNTED ON THE WALL ADJACENT TO THE LATCH SIDE OF THE DOOR. IN INSTANCES, WHERE THERE IS NO WALL SPACE ADJACENT TO THE LATCH SIDE OF THE DOOR (INCLUDING DOUBLE-LEAF DOORS) SIGNAGE SHALL BE MOUNTED ON THE NEAREST ADJACENT WALL. ALL ADA SIGNAGE SHALL BE MOUNTED 5'-0" TO THE CENTLINE OF THE SIGN. A PERSON MUST BE ABLE TO APPROACH WITHIN 3 INCHES OF SIGNAGE WITHOUT ENCOUNTERING PROTRUDING OBJECTS OR STANDING WITHIN THE SWING OF THE DOOR.

TYPICAL RESTROOM ADA SIGNAGE

PICTOGRAM BORDER OR BACKGROUND FIELD MINIMUM 6" HIGH

MINIMUM 5/8" HIGH TACTILE TEXT RAISED 1/32" FULL CAPITAL SANS SERIF FONT OR SIMPLE SERIF TYPE FONT

GRADE 2 BRAILLE

PROVIDE AT UNISEX RESTROOM



PROVIDE AT RESTROOM

INTERNATIONAL ACCESSIBILITY SIGN

PROVIDE AT ADA TOILET STALL



Height of symbol: Minimum = 28 inches, Symbol = 41 inches  
Width of symbol: Minimum = 24 inches, Symbol = 38 inches  
Stroke width: Minimum = 3 inches, Symbol = 4 inches

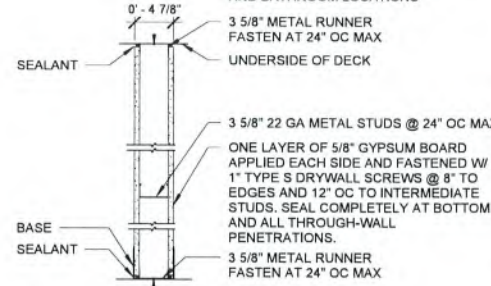
GENERAL NOTES:

1. THE CONTRACTOR IS RESPONSIBLE TO CHECK PLANS AND IS TO NOTIFY THE ARCHITECT OF ANY ERRORS OR OMISSIONS PRIOR TO THE START OF CONSTRUCTION.
2. WRITTEN DIMENSIONS HAVE PRECEDENCE OVER SCALED DIMENSIONS. DO NOT SCALE THE DRAWINGS.
3. ALL DEMOLITION SHALL BE PERFORMED TO ACCOMMODATE NEW CONSTRUCTION. THE DEMOLITION CONTRACTOR SHALL COORDINATE ALL DEMOLITION WITH PLUMBING MECHANICAL, ELECTRICAL, AND FIRE ALARM SYSTEMS AND TO MAINTAIN FULL OPERATION AND FUNCTIONAL CAPACITY.
4. CONTRACTOR SHALL DISPOSE ALL MATERIALS IN A LAWFUL AND LEGAL MANNER.

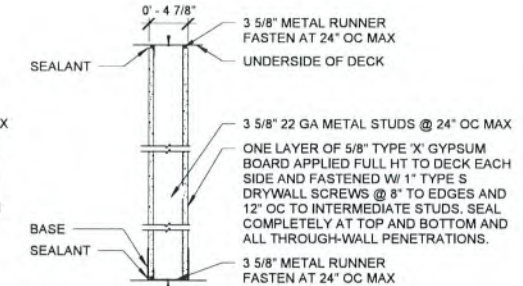
A3 GENERAL CONSTRUCTION NOTES

A002 SCALE: NO SCALE

NOTE: USE WATER RESISTANT GYPSUM WALLBOARD AT KITCHEN AND BATHROOM LOCATIONS

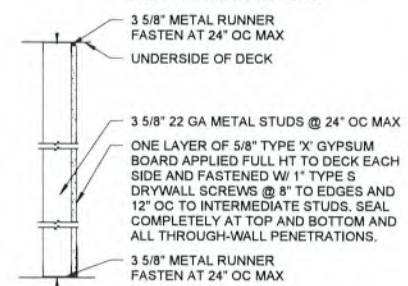


TYPE 1 STANDARD WALL



TYPE 2 1 HOUR FIRE RATED UL DESIGN U419

NOTE: USE WATER RESISTANT GYPSUM WALLBOARD AT KITCHEN AND BATHROOM LOCATIONS



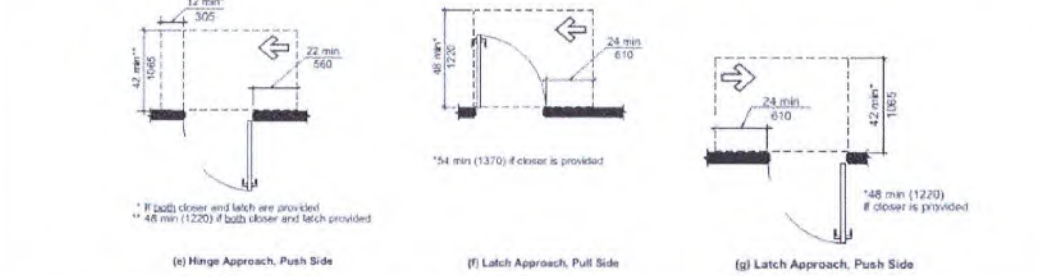
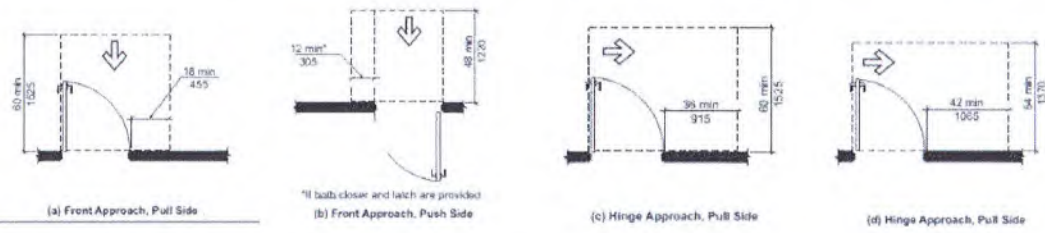
TYPE 3 FURRED-OUT WALLS

TYPE 5 SUBSTITUTE: 1 5/8" 22 GA METAL STUDS @ 16" OC MAX

NOTE: ANY WALLS OVER 12'-0" HIGH TO BE LATERLY BRACED VERTICAL WITH 1 1/2" 16 GAUGE COLD-ROLLED CHANNELS CLIP ANCHORED TO METAL STUDS

A1 TYPICAL ADA SIGNAGE

A002 SCALE: NOT TO SCALE



B1 TYPICAL ANSI MANEUVERING CLEARANCES AT DOORS

A002 SCALE: NOT TO SCALE

B4 PARTITION TYPES

A002 SCALE: 1" = 1'-0"

**SYMBOL LEGEND**

	TRUE NORTH ARROW		ELEVATION MARKER
	EXISTING COLUMN GRID MARKER		SPOT ELEVATION TAG
	NEW COLUMN GRID MARKER		ROOM NAME
	BUILDING SECTION		DOOR IDENTIFICATION TAG
	WALL SECTION		WINDOW IDENTIFICATION TAG
	DETAIL SECTION		WALL IDENTIFICATION TAG
	ENLARGED DETAIL		KEYNOTE - DEMOLITION
			KEYNOTE - NEW CONSTRUCTION
			REVISION

**DRAWING LEGEND**

	EXISTING PARTITION		EXISTING DOOR
	DEMOLISHED PARTITION		NEW DOOR
	NEW PARTITION		

C1 A002

C2 A002

C3 A002 SYMBOL LEGEND SCALE: NOT TO SCALE



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**440 - 446 JAMES STREET RESIDENTIAL CONVERSION**  
446 JAMES STREET SYRACUSE, NEW YORK

THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AT THE SITE AND PROMPTLY NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPANCIES.

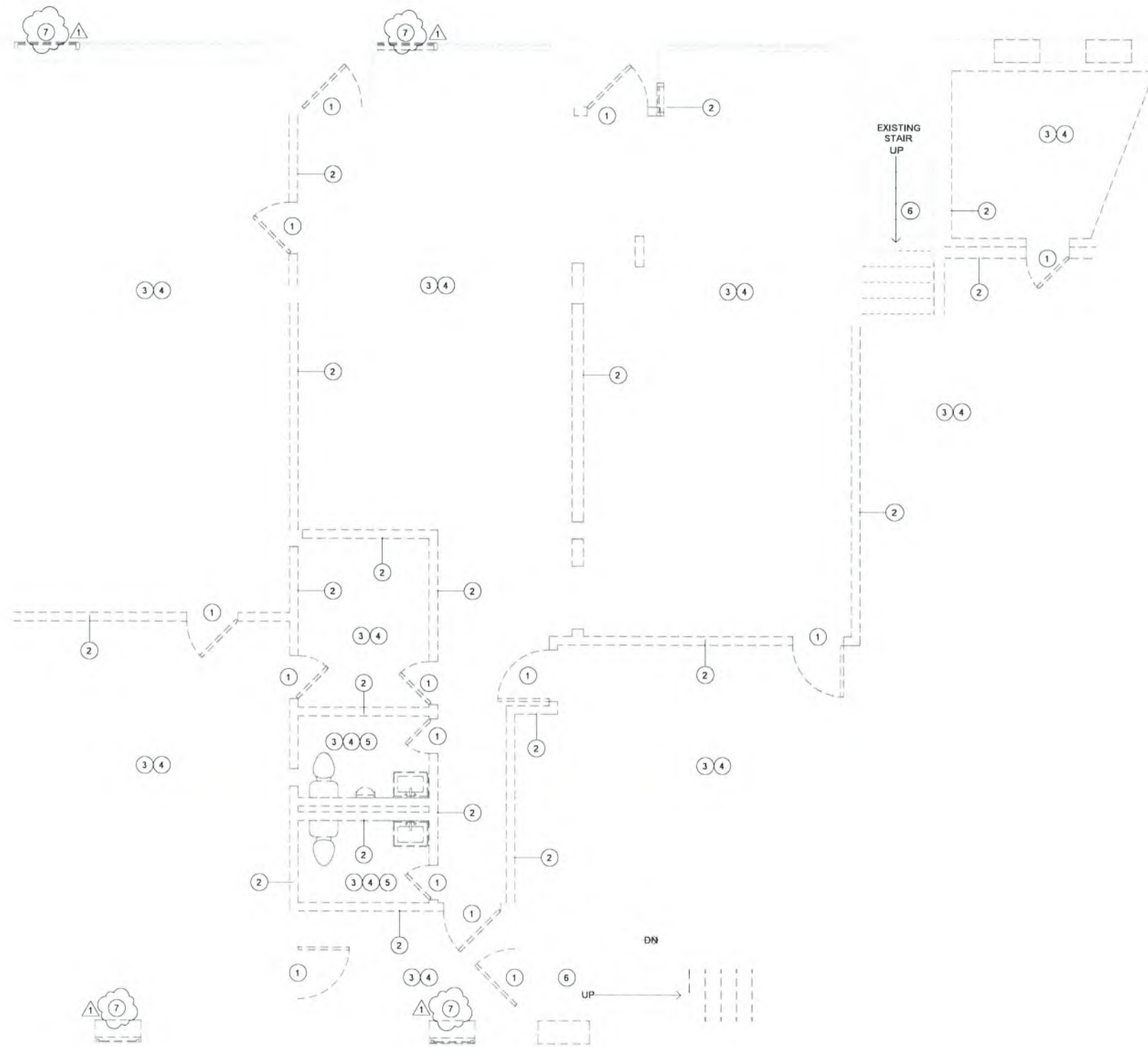
REVISIONS		
NO.	DESCRIPTION	DATE

GENERAL INFORMATION

Project Status	PERMIT SET
Date	07/22/2022
Project Number	22058
Drawn By	MAA
Checked By	JRK

**A002**

8/18/2022 9:21:19 AM  
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**DEMOLITION NOTES:**

1. ALL DEMOLITION MATERIAL SHALL BE DISPOSED OF OFF SITE BY CONTRACTOR EXCEPT FOR MATERIAL TO BE REUSED OR AS DIRECTED EXECUTE CUTTING AND REMOVAL METHODS WHICH WILL PREVENT DAMAGE TO OTHER WORK AND WILL PROVIDE PROPER SURFACES TO RECEIVE INSTALLATION OF REPAIRS AND NEW WORK.
2. CONTRACTOR IS RESPONSIBLE FOR DISPOSAL OF ALL MATERIALS IN A LAWFUL AND LEGAL MANNER.
3. CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL DUMPSTER AND DEMOLITION PERMITS.
4. CONTRACTOR TO COORDINATE ALL PHASES OF DEMOLITION FOR PROJECT AND NOTIFY THE ARCHITECT AND ENGINEERS OF ANY DISCREPANCIES OR CONFLICTING CONDITIONS WHICH WOULD INTERFERE WITH THE SATISFACTORY COMPLETION OF THE WORK, PRIOR TO THE START OF DEMOLITION.
5. CONTRACTOR TO COORDINATE WITH LANDLORD'S MANAGER AS TO THE PROTECTION AND/OR STORAGE OF ANY ITEMS TO BE SAVED FROM DEMOLITION.
6. CONTRACTOR IS TO COORDINATE WITH THE MANAGEMENT FOR THE USE OF THE SITE AND SERVICES, AND TO CONFORM TO ALL REGULATIONS WITH THE REGARD TO DEMOLITION.
7. FIELD VERIFY ALL EXISTING SPACES AND CONDITIONS TO BE DETERMINE THE COMPLETE SCOPE OF WORK.
8. WHERE EXISTING MATERIALS AND FINISHES ARE DISTURBED OR LEFT INCOMPLETE BY THE REMOVALS OR CHANGES SHOWN ON ALL DRAWINGS THE CONTRACTOR SHALL CUT-PATCH AND FINISH THESE AREAS AS REQUIRED FOR A UNIFORM APPEARANCE AT FLOORS, WALLS, CEILINGS, SOFFITS, TRIM, FINISHES, ETC.
9. PROTECT EXISTING BUILDING ELEMENTS TO REMAIN AS REQUIRED.MEP DEMOLITION SHALL BE COORDINATED WITH THE ENGINEER PRIOR TO ANY REMOVALS FOR ANY ITEMS TO BE SAVED FROM DEMOLITION.
10. ALL ELECTRICAL IN AREAS OF WORK TO BE DISCONNECTED & MADE SAFE BY LICENSED ELECTRICAL CONTRACTOR PRIOR TO DEMOLITION. CONTRACTOR TO PROVIDE TEMPORARY POWER AND LIGHTING THROUGHOUT COURSE OF THE JOB. PROVIDE TEMPORARY LIFE SAFETY SYSTEMS AS REQUIRED BY LOCAL AHJ.
11. ALL WORK SHALL COMPLY TO APPLICABLE LOCAL AND CITY BUILDING CODES AS WELL AS ANY REGULATORY AGENCIES. I.E. OSHA. IT SHALL BE THE RESPONSIBILITY OF THIS CONTRACTOR TO MAKE HIMSELF FAMILIAR WITH THE LOCAL REGULATIONS REGARDING HOURS IN WHICH DEBRIS CAN BE REMOVED FROM THE SITE.

B5	GENERAL DEMOLITION NOTES
A101	SCALE: 1/4" = 1'-0"

**DEMOLITION NOTES:**

- 1 EXISTING DOOR TO BE REMOVED. TYPICAL @ ALL DASHED DOORS.
- 2 EXISTING WALL TO BE DEMOLISHED
- 3 EXISTING FLOOR TO BE REMOVED. PREPARE CONCRETE SLAB TO RECEIVE NEW FINISHES PER INTERIOR FINISH SCHEDULE.
- 4 EXISTING CEILING AND LIGHT FIXTURES TO BE REMOVED
- 5 EXISTING PLUMBING FIXTURES TO BE REMOVED.
- 6 EXISTING STAIR TO REMAIN
- 7 EXISTING WINDOW TO BE MODIFIED TO MEET EMERGENCY ESCAPE & RESCUE WINDOW (5.7 SF CLEAR OPENING MINIMUM)

C5	DEMOLITION KEY NOTES
A101	SCALE: 1/4" = 1'-0"



ARCHITECTS

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 Syracuse, New York 13202

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**440 - 446 JAMES STREET  
 RESIDENTIAL CONVERSION**  
 446 JAMES STREET  
 SYRACUSE, NEW YORK

THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AT THE SITE AND PROMPTLY NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPANCIES.

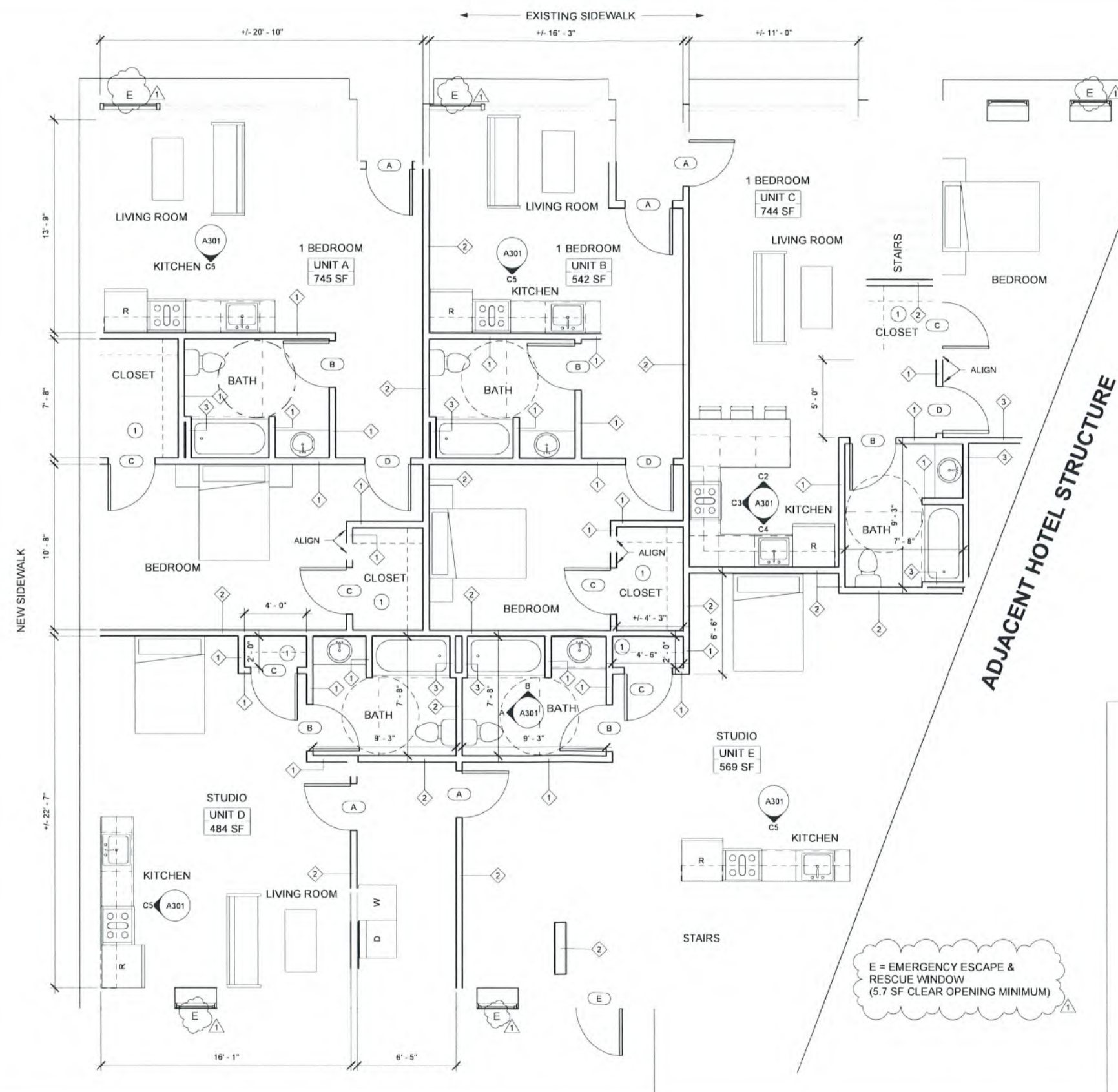
REVISIONS		
NO.	DESCRIPTION	DATE
1	REVISION 1	08/18/2022

**DEMOLITION PLAN**

Project Status	PERMIT SET
Date	07/22/2022
Project Number	22058
Drawn By	MAA
Checked By	JRK

**A101**

JAMES STREET



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**440 - 446 JAMES STREET  
RESIDENTIAL CONVERSION**  
446 JAMES STREET  
SYRACUSE, NEW YORK

THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AT THE SITE AND PROMPTLY NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPANCIES.

REVISIONS		
NO.	DESCRIPTION	DATE
1	REVISION 1	08/18/2022

**FIRST FLOOR**

Project Status	PERMIT SET
Date	07/22/2022
Project Number	22058
Drawn By	MAA
Checked By	JRK

**A201**

- NEW CONSTRUCTION NOTES:**
- ALL FIXTURES AND MILLWORK TO BE SELECTED BY OWNER.
  - EXISTING FLOOR SLAB TO BE PREPARED FOR NEW FINISHES.
  - EXISTING PERIMETER WALLS TO BE REPAIRED AS REQUIRED.
  - EXISTING STOREFRONTS TO REMAIN. REPAIR AS REQUIRED.
  - CLOSET TO RECEIVE ROD AND SHELF UNIT AS SELECTED BY OWNER.

E = EMERGENCY ESCAPE & RESCUE WINDOW (5.7 SF CLEAR OPENING MINIMUM)



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C1	FIRST FLOOR
A201	SCALE: 1/4" = 1'-0"

C5	NEW CONSTRUCTION NOTES
A201	SCALE: NO SCALE





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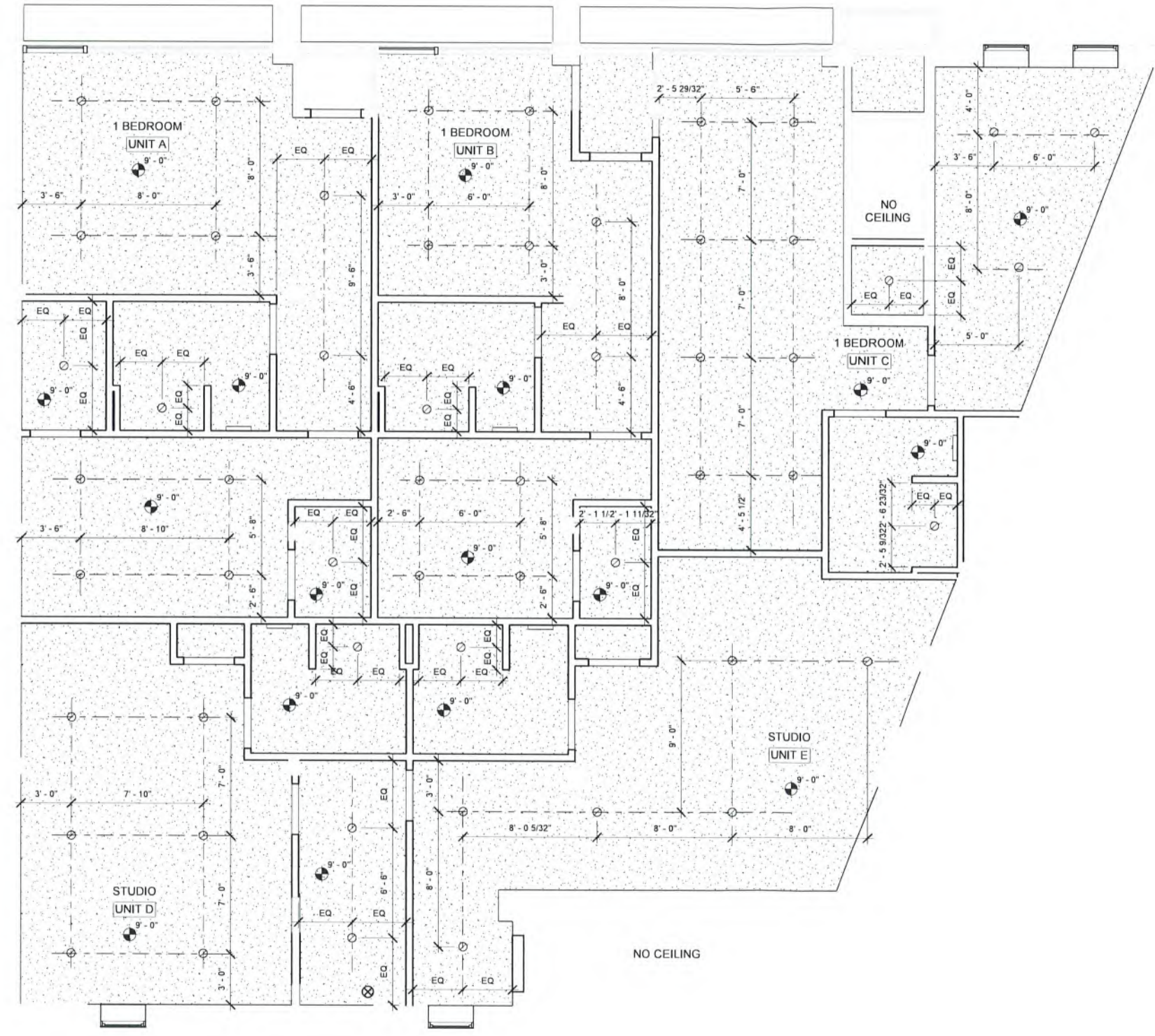
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# 440 - 446 JAMES STREET RESIDENTIAL CONVERSION

446 JAMES STREET  
SYRACUSE, NEW YORK



**CEILING LEGEND**

	EMERGENCY EXIT SIGN
	EXHAUST FAN LIGHT FIXTURE
	LINEAR WALL MOUNTED VANITY LIGHT FIXTURE
	RECESSED CAN LIGHT
	NEW GYPSUM BOARD CEILING
X'-X"	CEILING HEIGHT

- CEILING NOTES:**
- OWNER TO MODIFY SPRINKLER & ALARM SYSTEMS ACCORDING TO NEW PLAN LAYOUT AS REQUIRED BY APPLICABLE CODES AND CITY OF SYRACUSE FIRE DEPARTMENT.
  - SIZE AND LOCATION OF HVAC SUPPLY & RETURNS TO BE DETERMINED BY HVAC CONTRACTOR AND REVIEWED W/ ARCHITECT PRIOR TO INSTALLATION.

THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AT THE SITE AND PROMPTLY NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPANCIES.

**REVISIONS**

NO.	DESCRIPTION	DATE

## REFLECTED CEILING PLAN

Project Status	PERMIT SET
Date	07/22/2022
Project Number	22058
Drawn By	MAA
Checked By	JRK

# A202



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C1 REFLECTED CEILING PLAN  
A202 SCALE: 1/4" = 1'-0"

C5 CEILING LEGEND  
A202 SCALE: 1/4" = 1'-0"

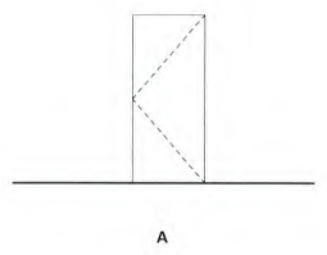
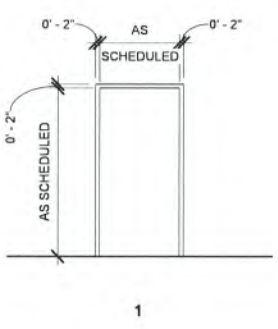


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**440 - 446 JAMES STREET  
RESIDENTIAL CONVERSION**  
446 JAMES STREET  
SYRACUSE, NEW YORK



Mark	Width	Height	Door			Fire Rating	Hardware	Door Frame			Comments
			Door Type	Door Material	Door Finish			Frame Type	Frame Material	Frame Finish	
A	3'-0"	6'-8"	A	HM	PT		3	1	HM	PT	
B	3'-0"	6'-8"	A	WD	PT		2	1	WD	PT	
C	3'-0"	6'-8"	A	WD	PT		1	1	WD	PT	
D	3'-0"	6'-8"	A	WD	PT		1	1	WD	PT	
E	3'-0"	7'-0"	A	INSUL STL	PT		3	1	HM	PT	

A1	DOOR FRAME TYPE	A2	DOOR TYPES	A3	DOOR SCHEDULE
A301	SCALE: 1/4" = 1'-0"	A301	SCALE: 1/4" = 1'-0"	A301	SCALE: NO SCALE

Name	Floor				Wall								Ceiling			Comments
	Floor Sstr	Floor Material	Base Sstr	Base Material	North Wall Sstr	North Wall Finish	East Wall Sstr	East Wall Finish	South Wall Sstr	South Wall Finish	West Wall Sstr	West Wall Finish	Ceiling Sstr	Ceiling Material	Ceiling Height	
FIRST FLOOR																
KITCHEN	CONC	LVT	GYP	RUBBER BASE	GYP	PT	GYP	PT	GYP	PT	GYP	PT	GYP	PT	9'-0" AFF	
LIVING ROOM	CONC	LVT	GYP	RUBBER BASE	GYP	PT	GYP	PT	GYP	PT	GYP	PT	GYP	PT	9'-0" AFF	
CLOSET	CONC	LVT	GYP	RUBBER BASE	GYP	PT	GYP	PT	GYP	PT	GYP	PT	GYP	PT	9'-0" AFF	
BATH	CONC	LVT	GYP	RUBBER BASE	GYP	PT	GYP	PT	GYP	PT	GYP	PT	GYP	PT	9'-0" AFF	CERAMIC TILE IN TUB
BEDROOM	CONC	LVT	GYP	RUBBER BASE	GYP	PT	GYP	PT	GYP	PT	GYP	PT	GYP	PT	9'-0" AFF	
STUDIO	CONC	LVT	GYP	RUBBER BASE	GYP	PT	GYP	PT	GYP	PT	GYP	PT	GYP	PT	9'-0" AFF	

DOOR HARDWARE SET NO. 1:			
QTY.	ITEM	MFG./DESCRIPTION	FINISH
1 1/2 PAIR	HINGES	MCKINNEY TA2714	260
1	PASSAGE SET	YALE 5401LN	626
1	WALL STOP	MCKINNEY WS01	626

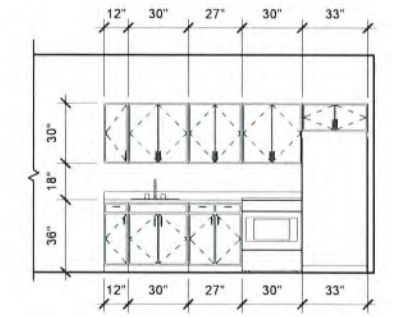
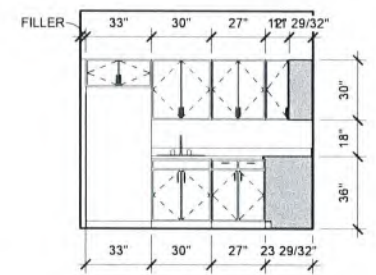
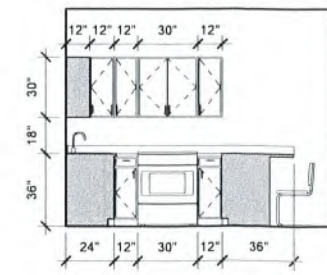
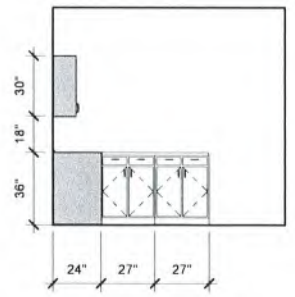
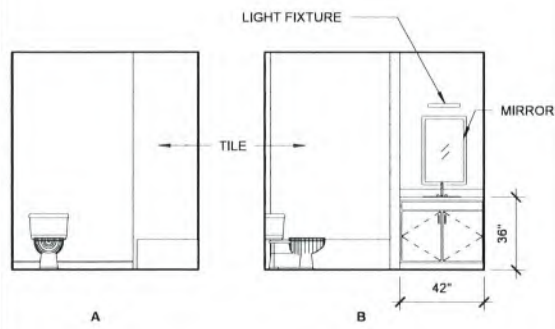
DOOR HARDWARE SET NO. 2:			
QTY.	ITEM	MFG./DESCRIPTION	FINISH
1 1/2 PAIR	HINGES	MCKINNEY TA2714	260
1	PRIVACY SET	YALE 5402LN	626
1	WALL STOP	MCKINNEY WS01	626

DOOR HARDWARE SET NO. 3:			
QTY.	ITEM	MFG./DESCRIPTION	FINISH
1 1/2 PAIR	HINGES	MCKINNEY TA2714	260
1	LOCKSET	YALE 5408LN	626
1	WALL STOP	MCKINNEY WS01	626

\*NOTE: RAIN DRIP REQUIRED AT OUT SWINGING EXTERIOR DOORS\*

B5	DOOR HARDWARE
A301	SCALE: NO SCALE



C1	TYPICAL BATHROOM INTERIOR ELEVATIONS	C2	KITCHEN TYPE 'B' INTERIOR ELEVATION C	C3	KITCHEN TYPE 'B' INTERIOR ELEVATION B	C4	KITCHEN TYPE 'B' INTERIOR ELEVATION A	C5	TYPICAL KITCHEN INTERIOR ELEVATION A
A301	SCALE: 1/4" = 1'-0"	A301	SCALE: 1/4" = 1'-0"	A301	SCALE: 1/4" = 1'-0"	A301	SCALE: 1/4" = 1'-0"	A301	SCALE: 1/4" = 1'-0"

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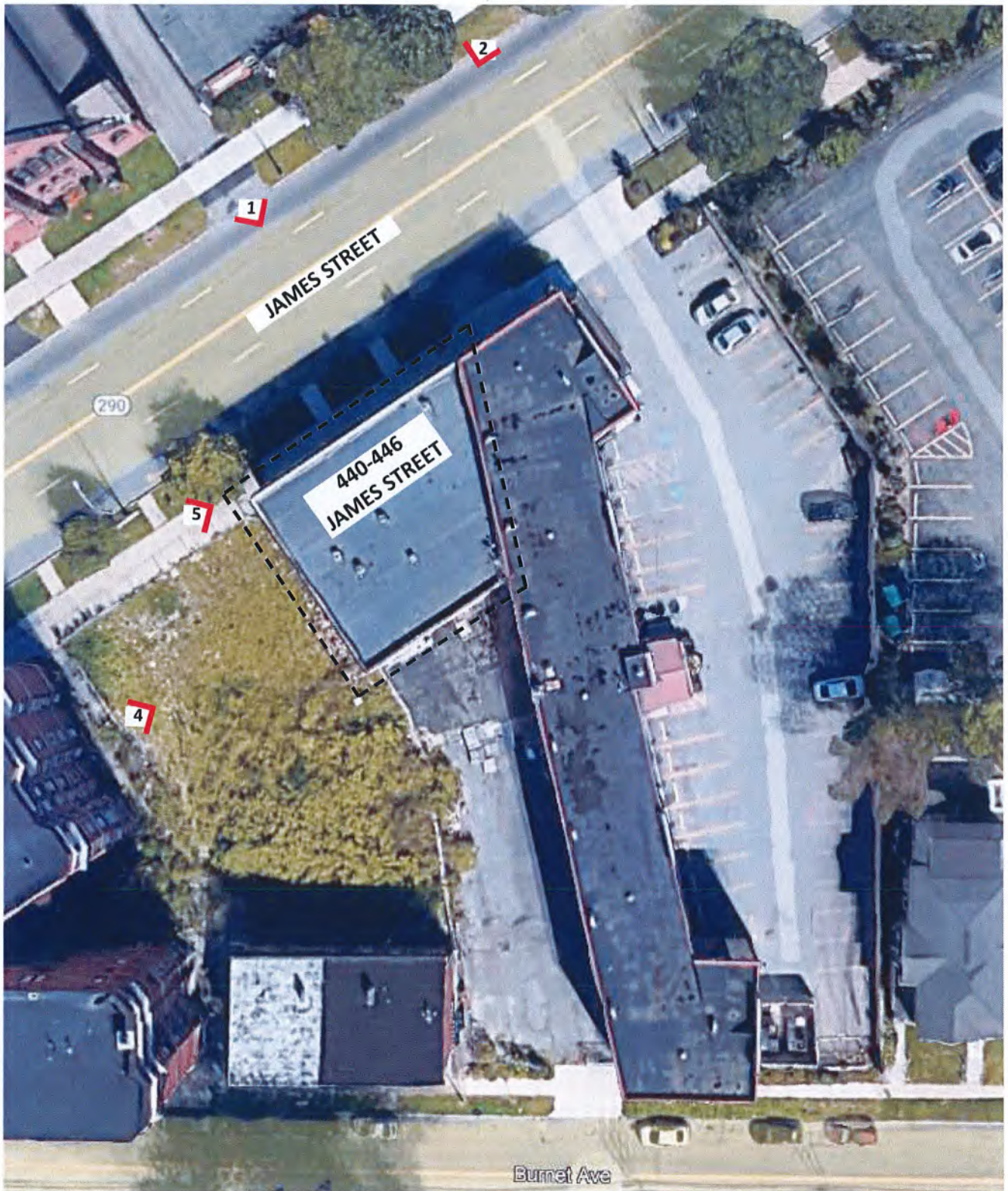
REVISIONS		
NO.	DESCRIPTION	DATE

**INTERIOR  
ELEVATIONS /  
DOOR & FINISH  
SCHEDULE**

Project Status	PERMIT SET
Date	07/22/2022
Project Number	22058
Drawn By	MAA
Checked By	JRK

**A301**

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PHOTO NUMBER:

1

PHOTO TITLE:

JAMES STREET ELEVATION



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PHOTO NUMBER:

2

PHOTO TITLE: JAMES STREET PERSPECTIVE



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440- 446 JAMES STREET  
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PHOTO NUMBER:

3

PHOTO TITLE: JAMES STREET PERSPECTIVE





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440- 446 JAMES STREET  
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PHOTO NUMBER:

5

PHOTO TITLE:

SIDE WALK PERSPECTIVE



# 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.

<b>Part 1 – Project and Sponsor Information</b>				
440-446 James Street Residential Conversion				
Name of Action or Project: 440-446 James Street Residential Conversion				
Project Location (describe, and attach a location map): 440-446 James Street, Syracuse, NY				
Brief Description of Proposed Action: Conversion of ground floor former restaurant space into 5 residential apartment units. Second floor is currently residential				
Name of Applicant or Sponsor: Viraj Patel		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: Syracuse zoning approval Syracuse Building permit			NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		< .5 acres		
b. Total acreage to be physically disturbed?		< .5 acres		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		< 1 acres		
4. Check all land uses that occur on, are adjoining or near the proposed action:				
<input checked="" 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?	<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? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<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: _____ _____	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 project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?  b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input type="checkbox"/>	<input checked="" 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? 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"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

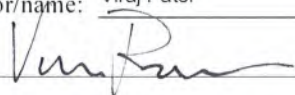
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

Shoreline    Forest    Agricultural/grasslands    Early mid-successional  
 Wetland    Urban    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?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	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 type="checkbox"/>	<input checked="" type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____	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 checked="" type="checkbox"/>	<input type="checkbox"/>

**I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Applicant/sponsor/name: Viraj Patel      Date: 10/17/22

Signature:       Title: owner