

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@syr.gov * www.syr.gov/Zoning.aspx

Office Use Filing Date: 5/26/23 Case: V-23-08 Zoning District: RA-1

VARIANCE REQUESTED (Check applicable and briefly describe.)

- Area Variance: 36.9% STRUCTURAL COVERAGE EXCEEDS 30% MAX.
Cited Zoning Ordinance SECTION 1, ARTICLE 1, 5a.
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) <u>523 ROBERTS AVE - REAR</u>	<u>082.-09-63.0</u>	<u>PAUL ROOT</u>	<u>7/28/2006</u>
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

As listed in the Department of Assessment property tax records at <http://syr.gov/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): _____
- New Construction: PROPOSED BATHROOM UNDER 2ND FLOOR BUMP OUT
- Façade (Exterior) Alterations: _____
- Site Changes: REROUTE ROOF DRAINS INTO PROPOSED JUNKEN PLANT BED

PROJECT INFORMATION (Briefly describe, as applicable.)

Business/Project Name: ROOT RESIDENCE

Current Land Use(s): RESIDENTIAL

Proposed Land Use(s): RESIDENTIAL

Number of Dwelling Units: 1

Days and Hours of Operation: -

Number of Onsite Parking Spaces: -


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

A PROPOSED BATHROOM ADDITION WITH IMPROVEMENTS TO CORRECT DOWN SPOUT OUTLETS WILL BE BUILT. THE BATHROOM WILL BE LOCATED UNDER AN EXISTING 2ND FLOOR BUMP OUT RESULTING IN ONLY A SMALL CHANGE IN BUILDING FOOTPRINT SQUARE FOOTAGE (ROUGHLY + 22 SQ. FEET). THE OWNER WISHES TO HAVE A GROUND FLOOR BATHROOM FOR INCREASED ACCESSIBILITY IN THE FUTURE.

City of Syracuse Office of Zoning Administration

PROPERTY OWNER(S) (required)

As listed in Department of Assessment property tax records (<http://syr.gov.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.**

First Name	Last Name	Title	Company	Phone:
PAUL	ROOT			315 727 8927
Street Address	Apt / Suite / Other	City	St	Zip
523		SIRACUSE	ST ROBERTS	13207
* Signature:				Email:
				ED ROOT 31@gmail.com
				Date:
				11/30/22

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

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

First Name	Last Name	Title	Company	Phone:
Street Address	Apt / Suite / Other	City	St	Zip
* Signature:				Email:
				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)

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

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

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

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

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

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:

THE PROPOSED PROJECT WILL INCREASE VALUE OF THE PROPERTY UPON COMPLETION & WILL BE DESIGNED TO BE IN CHARACTER WITH THE EXISTING BUILDING, WHICH IS A HALLMARK EXAMPLE OF THE STRATHMORE NEIGHBORHOOD.

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:

LOCATING A BATHROOM ADDITION IN ANY OTHER WAY WOULD REQUIRE AN AREA VARIANCE.

3. Describe whether the requested area variance is **substantial**:

THE AREA VARIANCE OF 6.9% STRUCTURAL COVERAGE IS NOT SUBSTANTIAL AS IT IS THE ONLY ITEM REQUIRED FOR THIS PROJECT.

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:

THE PROPOSED AREA VARIANCE WILL NOT ADVERSELY IMPACT PHYSICAL / ENVIRONMENTAL CONDITIONS. THE BUILDING WORK IS NEARLY CONTAINED IN THE EXISTING FOOTPRINT, & ROOF DRAINS THAT OUTLET ABOVE GRADE & TOWARDS NEIGHBORS WILL BE REDIRECTED INTO A SUNKEN PLANT BED TO INCREASE CONDITIONS OF THE ENVIRONMENT.

5. Describe whether an alleged difficulty is **self-created**.

THE PROPOSED PROJECT IS SELF CREATED, BUT ANY WORK WOULD TRIGGER AN AREA VARIANCE AS THE STRUCTURAL FOOTPRINT EXCEEDS THE 30% MAX.

USE 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))

A Use Variance is permission to establish a land use which is not allowed by the Zoning Rules and Regulations, as amended. New York State law requires applicants to prove that this has caused an unnecessary hardship using all of the four tests below. *Briefly describe below how each of the required Use Variance tests is met and attach all supporting materials.*

1. Describe how the property is incapable of earning a **reasonable return** on initial investment if used for any of the allowed uses in the district (actual "dollars and cents" proof must be submitted):

N/A

2. Describe how the property is being affected by **unique circumstances**, or at least highly uncommon circumstances:

N/A

3. Describe how the variance, if granted, will not alter the essential **neighborhood character**:

N/A

4. Describe how the hardship is not **self-created**:

N/A

Variance Application

INSTRUCTIONS AND REQUIRED SUBMITTALS

Incomplete applications will not be processed.

Applications together with the required submittals listed below must be submitted in **HARD COPY, SINGLE-SIDED**, and **NOT BOUND** to the City of Syracuse Office of Zoning Administration, City Hall Commons – Room 500, 201 East Washington St., Syracuse, NY 13202-1426. Faxed or emailed submissions will not be processed.

Please submit **ONE (1) COPY** of the following:

- APPLICATION** – filled out completely, dated, and **signed by property owner as instructed.**
- DENIAL OF PERMIT** – provided by the City of Syracuse Central Permit Office at 315-448-8600.
** NO DENIAL ISSUED, APPROVAL CONTINGENT UPON NEW SUBMISSIONS.*
- STATE ENVIRONMENTAL QUALITY REVIEW ACT (SEQR) Short Environmental Assessment Form (SEAF) - Part One** - filled out to the best of your ability, dated, and signed.
- PHOTOGRAPHS (COLOR)** of the **PROJECT SITE** keyed to a property survey or site plan.
- PHOTOGRAPHS (COLOR)** of the **STREETSCAPE**, including properties adjacent to and across the street from the project site, labeled with addresses and keyed to a property survey or site plan.
- APPLICATION FEE** – \$25 check or money order made payable to the Commissioner of Finance.

Please submit **ONE (1) FULL-SIZE AND TO-SCALE SET** for review purposes, and **ONE (1) REDUCED SET** (11X17, or smaller) for copying, of the items listed below. All plans must include a title block with author, date, scale, and Property Tax Assessment address, and must be an accurate graphic representation of all pertinent information that can be correctly interpreted by any person without additional explanation. Plans do not need to be stamped by a licensed professional unless noted below.

- AS BUILT PROPERTY SURVEY(S)** of all involved properties illustrating **boundaries, easements, and current conditions** including structures, fencing, parking surface, and retaining walls if not illustrated on the Resubdivision or Lot Alteration Map (**signed and stamped by a licensed surveyor**).
- SITE PLAN(S)** illustrating site alterations and post project conditions that are/will be different from the As Built Property Survey:
 1. **Zoning** (density, setbacks, bldg. and parking surface coverage, screening) and **onsite parking requirements**
 2. **demolitions** and **post demolition** conditions
 3. **structures, facilities, utilities** and **drainage**
 4. **parking areas** including surface type, dimensioned spaces, number of spaces, traffic patterns, and coverage
 5. **loading** dock and delivery areas
 6. **dumpsters** and/or trash receptacles
 7. **landscaping** including type, height, and number of plantings
 8. **screening/ fencing including type and height** including parking, dumpsters, and site
 9. **lighting** including structure heights and luminaries wattage
 10. **ground signs**
 11. **STREET rights-of-way** conditions, existing and proposed, including curb cuts, driveways, sidewalks, and plantings
 12. **ENROACHMENTS**, existing or proposed, into the City rights-of-way including stairs, signs, and awnings
- EXTERIOR BUILDING ELEVATIONS** illustrating proposed exterior (façade) alterations, if applicable, with all dimensions, materials, and colors clearly illustrated and noted. (Schematics or color renderings can be submitted **in addition** to elevation drawings (plans), if available.)

*** FLOOR PLANS IN LIEU**

LIST OF ROOMS (instead of floor plans) for **single- and two-family residential** *Area Variances only*.

1. Common areas (living and dining room, kitchen)
2. Bathrooms, hallways and closets
3. Bedrooms

FLOOR PLANS with all uses, dimensions, and square footages clearly labeled.

Commercial Layouts

1. Customer areas
2. Employee areas
3. Storage areas and restrooms
4. Office space
5. Counters, tables, chairs, booths
6. Stages, dance floors, DJ booths
7. Shelving and display areas
8. All kitchen equipment
9. Coolers, freezers, etc
10. Vending machines, amusement games, etc

Residential Layouts (Dwelling units)

1. Common areas (living and dining room, kitchen)
2. Bathrooms, hallways, and closets
3. Bedrooms

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: Root Residence - Bathroom Addition			
Project Location (describe, and attach a location map): 523 Roberts Ave - Rear			
Brief Description of Proposed Action: A proposed bathroom addition on the ground floor will be built below an existing second floor bump out. The bathroom will be slightly larger than the existing footprint, increasing the building footprint by approximately 22 sf. (2) existing roof drains that outlet directly onto the neighbors property are to be rerouted into a depressed planting area to mitigate off site impacts.			
Name of Applicant or Sponsor: Paul Root		Telephone: 315-727-8927	
Address: 523 Roberts ave - Rear		E-Mail:	
City/PO: Syracuse		State: NY	Zip Code: 13207
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 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: Area Variance - City of Syracuse		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 0.08 acres			
b. Total acreage to be physically disturbed? _____ 0.01 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 0.08 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input checked="" type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input checked="" type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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:

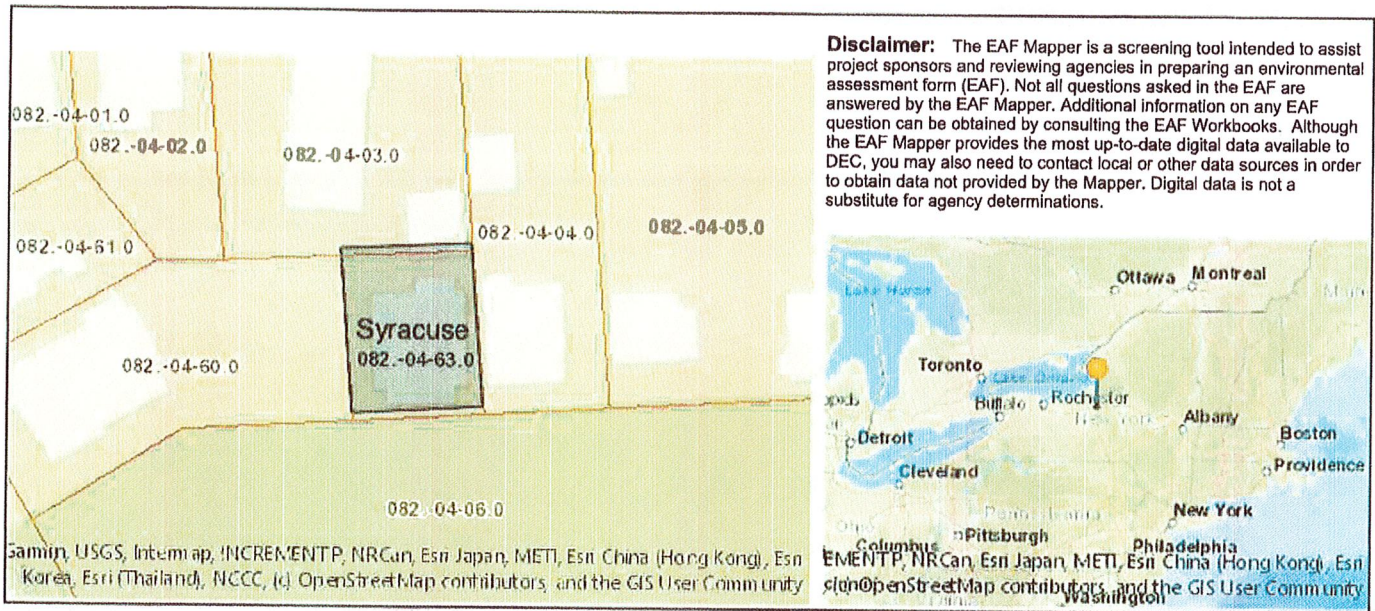
Shoreline Forest Agricultural/grasslands Early mid-successional
 Wetland Urban Suburban

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
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: Storm water discharges will be directed from a roof drain into a sunken planting bed.		
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: Paul Root Date: 11/30/2022		
Signature: <i>Paul Root</i> Title: 4/30/22		

PRINT FORM

EAF Mapper Summary Report

Wednesday, November 30, 2022 11:23 AM



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	Yes
Part 1 / Question 12b [Archeological Sites]	No
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No



Department of Neighborhood & Business Development
Central Permit Office
 Ben Walsh, Mayor

Res. Remodel/Chg Occ Plan Review Comments for Applicant
 (Revised 07/15)

Location of Proposed Work: 523 Roberts Ave Rear

Permit #: 48004

Permit Type: Res. Remodel/Chg Occ

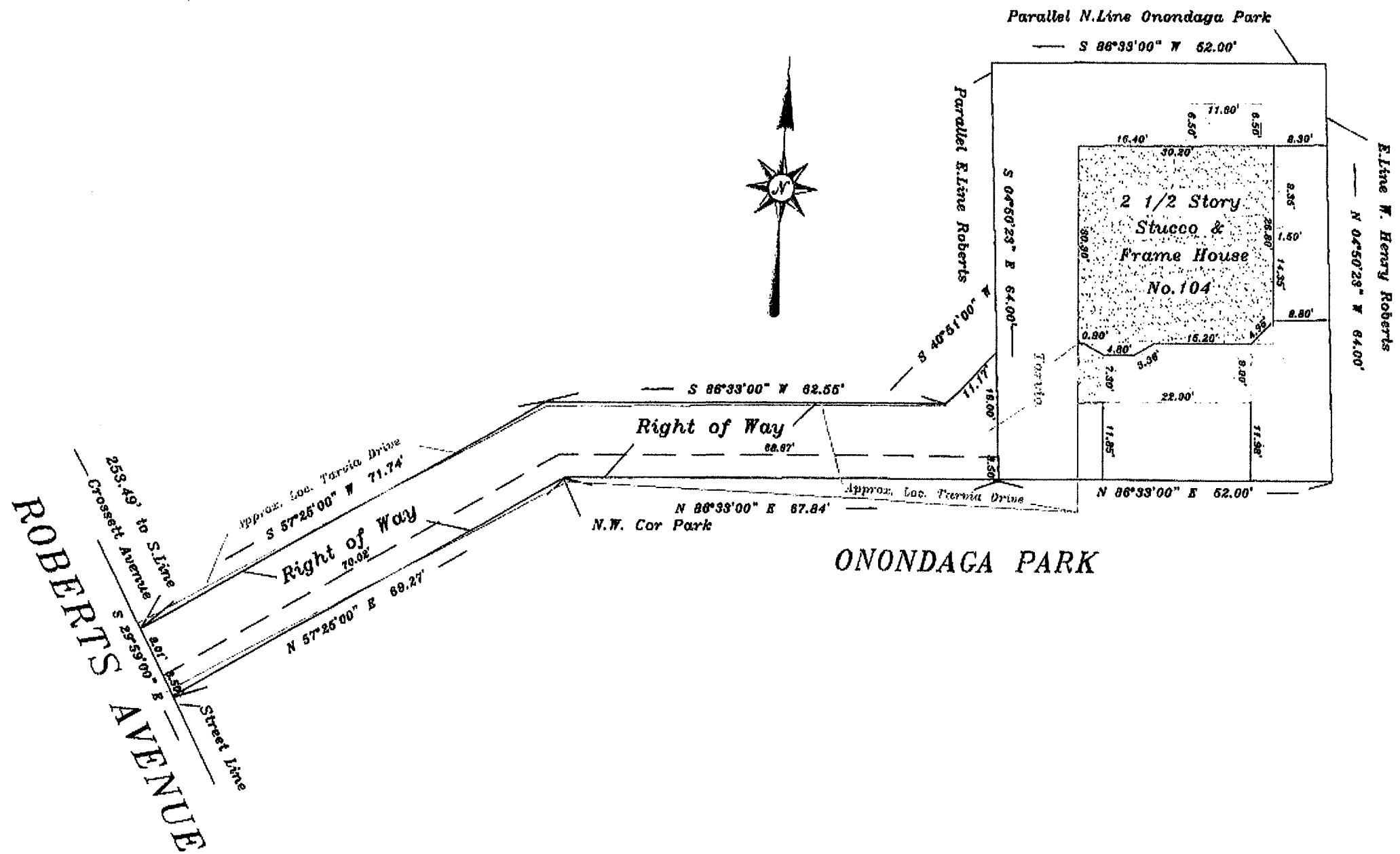
Date: 10/31/2022

Contact: Paul Root


Phone #:

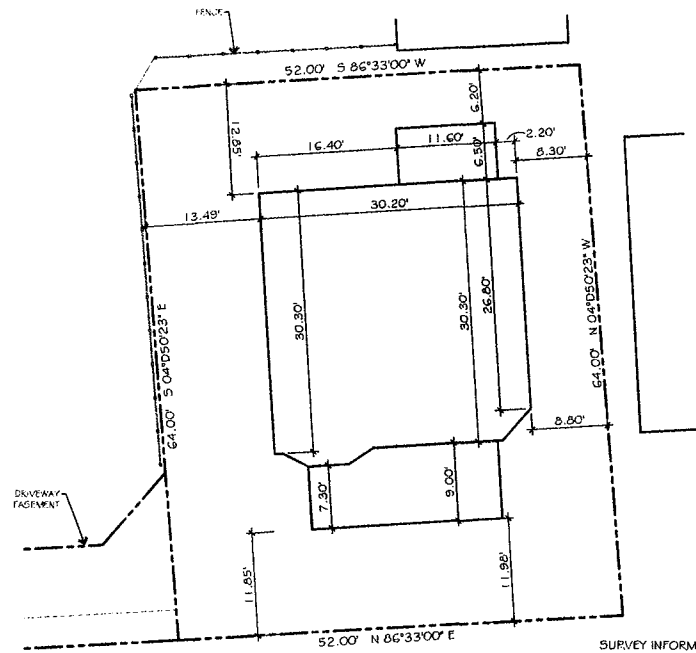
The departments below have reviewed your application and provided the following comments.
Approval is subject to the conditions listed below.

Approval	Status Date	Status	Reviewer	Comments
Engineering - Design & Construction	10/21/2022	Conditionally Approved	Mirza Malkoc	<ul style="list-style-type: none"> • Proposed elevations shall be graded to prevent stormwater sheet flow to adjoining properties & to the City of Syracuse R.O.W. • The proposed roof drains shall connect/discharge to a drywell/ landscaped area onsite for treatment and storage. Roof drains are not allowed to discharge directly towards neighboring properties and to the City of Syracuse R.O.W. • Employ standard erosion and sediment control practices during construction. Clean and sweep pavement of all construction debris immediately. Stabilize all lawn areas within 7 days, seed and mulch. Maintain/ensure grass growth is established. No concrete washout, sediment, or construction debris shall enter catch basins or the sewer system. Any such occurrence shall be removed/cleaned immediately. • All disturbed areas shall be seeded & mulched until it reaches 80% grass growth.
DPW - Sanitation & Sewers	10/18/2022	Conditionally Approved	Vinny Esposito	Existing sewer must be video inspected and in good condition and have the capacity to handle additional load. Plumbing permits required from Onondaga County WEP plumbing control.
Zoning Planner	10/28/2022	On Hold	Lisa Welch	<p>The proposed 36.9% structural coverage exceeds the maximum 30% allowed. Applicant can apply for an Area Variance.</p> <p>An Area Variance (V-08-10) for a very similar project was granted in 2008, but it is now null and void as the approved work was apparently never completed.</p>
Water Engineering	10/27/2022	Conditionally Approved	Kim Kelchner	10/27/2022 conditionally approved. all standard conditions apply.
Permit Desk/Codes	10/31/2022	Pending		<p>I have placed this on hold for a survey for the review to continue. Email has gone out to other departments and routing hard copy has been placed on hold to zoning as there is nothing for the them to calculate. 10.18.2022 -Bfry</p> <p>10/26/2022 Materials were provided shortly after applicant was asked.</p>



TO: TICOR TITLE

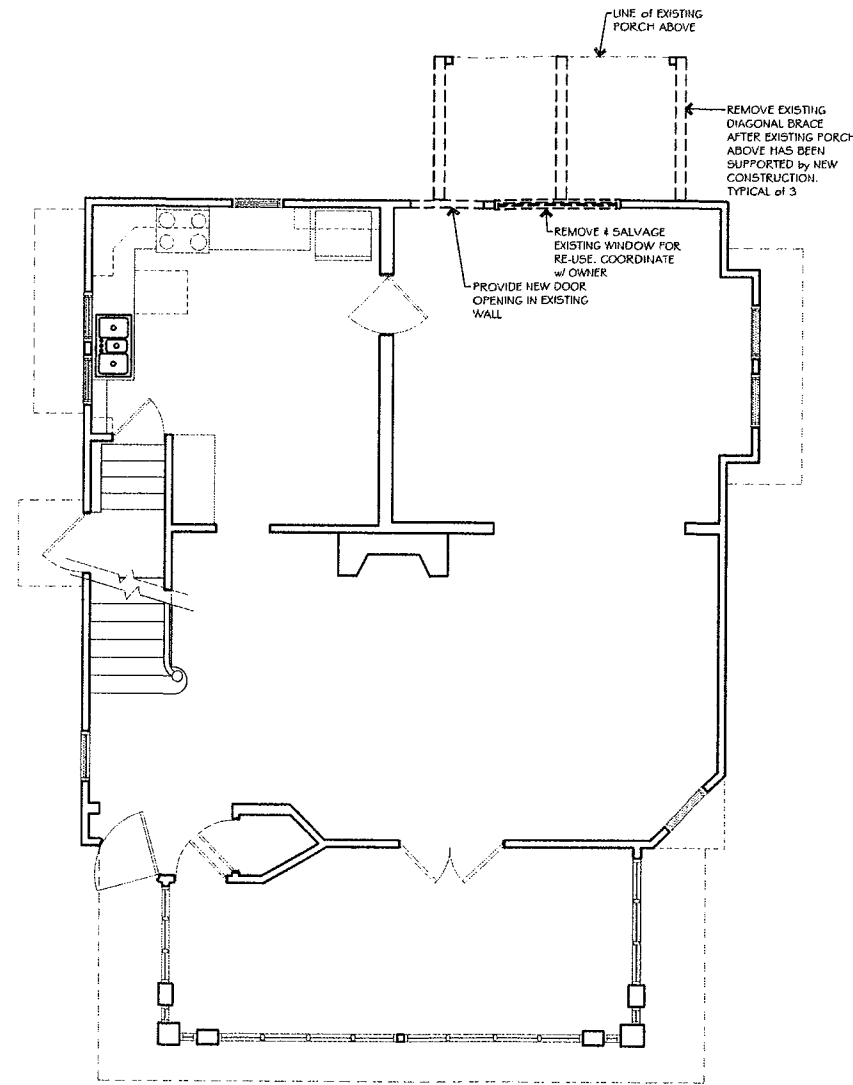
	R.J. LIGHTON SR. LAND SURVEYING 886 E. Brighton Avenue, Syracuse, New York, 13205		Location Survey on Part of LOTS #75 & #90 * Former Town of Onondaga *	
	I hereby certify that this map was made from an actual survey and same is correct.		Known as No.104 Young's Place (No.523 Roberts Avenue) City of Syracuse, County of Onondaga, New York.	
	R.J. Lighton Sr. R.J. Lighton Jr. J.R. Lighton	NYSLLS 45373 NYSLLS 50534 NYSLLS 50606	Drawn by: R.J.L. Scale: 1"=20'	Date: July 7, 2006



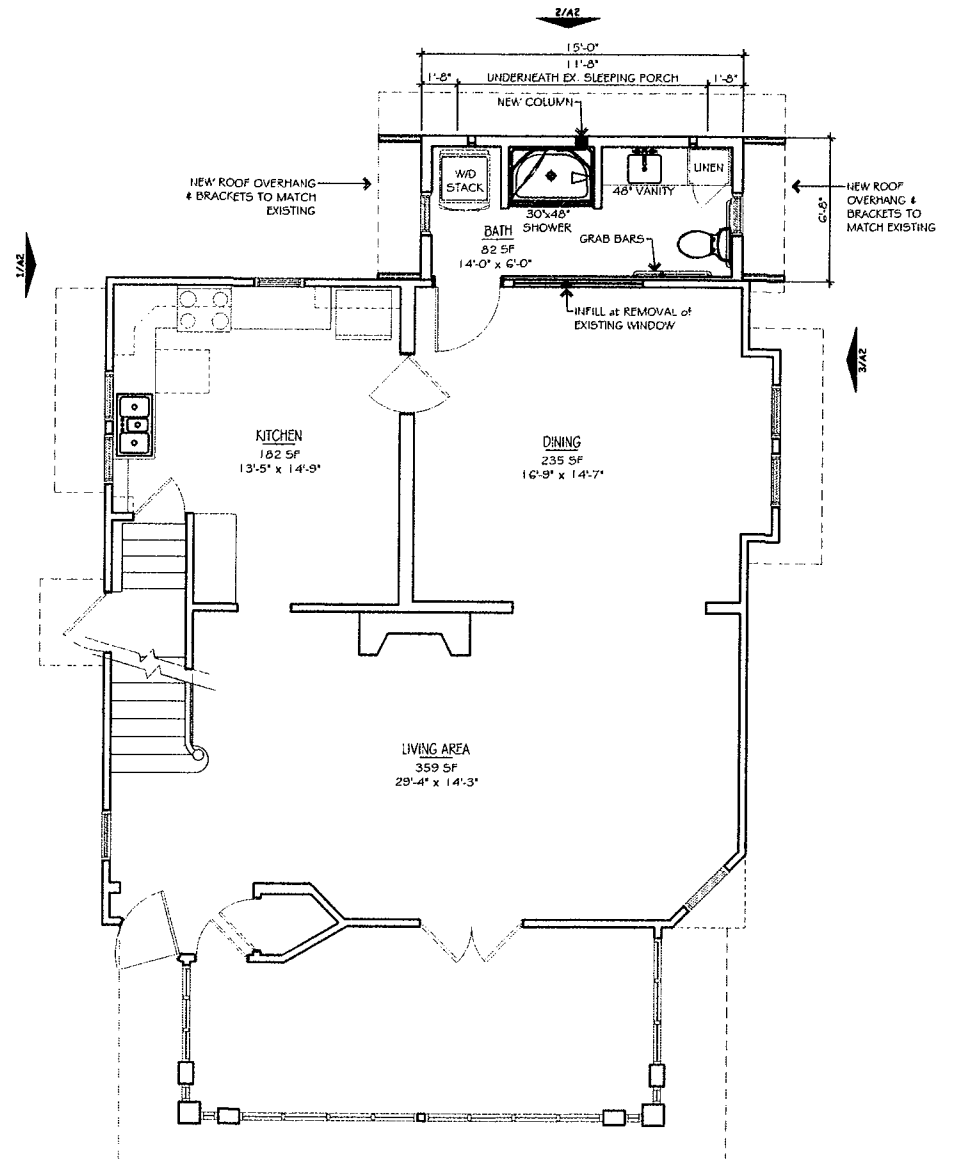
0 SITE PLAN
7/14/22



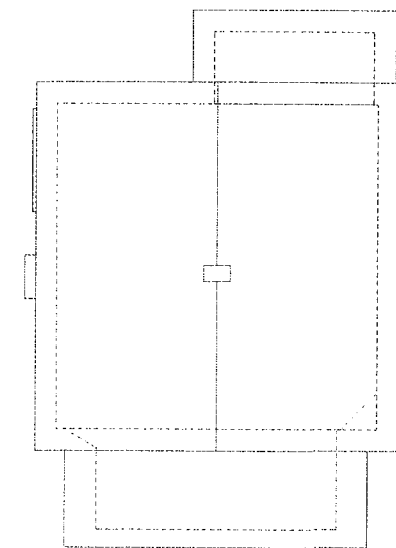
SURVEY INFORMATION BASED ON A PROPERTY SURVEY PROVIDED BY OWNER, PREPARED BY RJ LIGHTON LAND SURVEYING, DATED JULY 7 2006.



1 1st FLOOR EXISTING CONDITIONS/ DEMOLITION PLAN



2 1st FLOOR CONSTRUCTION PLAN



3 ROOF PLAN
7/14/22



IT IS A VIOLATION OF NEW YORK STATE EDUCATION LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECT SUPERVISION OF A LICENSED ARCHITECT, TO ALTER AN ITEM ON THIS DOCUMENT IN ANY MANNER UNLESS PART 63.9 (b)
OWNER CONTACT INFO:
Ph.: 315.727.8927

Brian Manthey
ARCHITECT
1919 Patterson Road
MARIETTA, NEW YORK 13110
Email: bman@bmanarchitect.com Phone: 315.636.8436

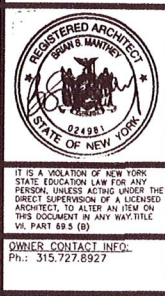
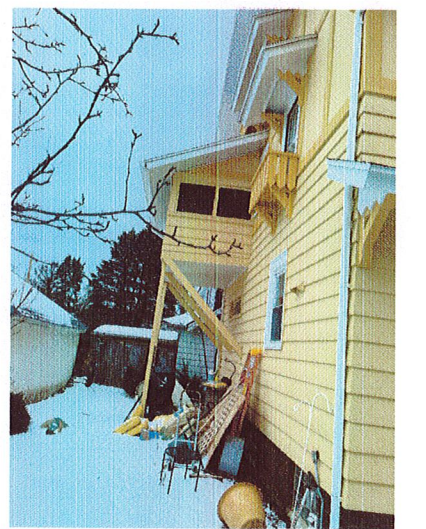
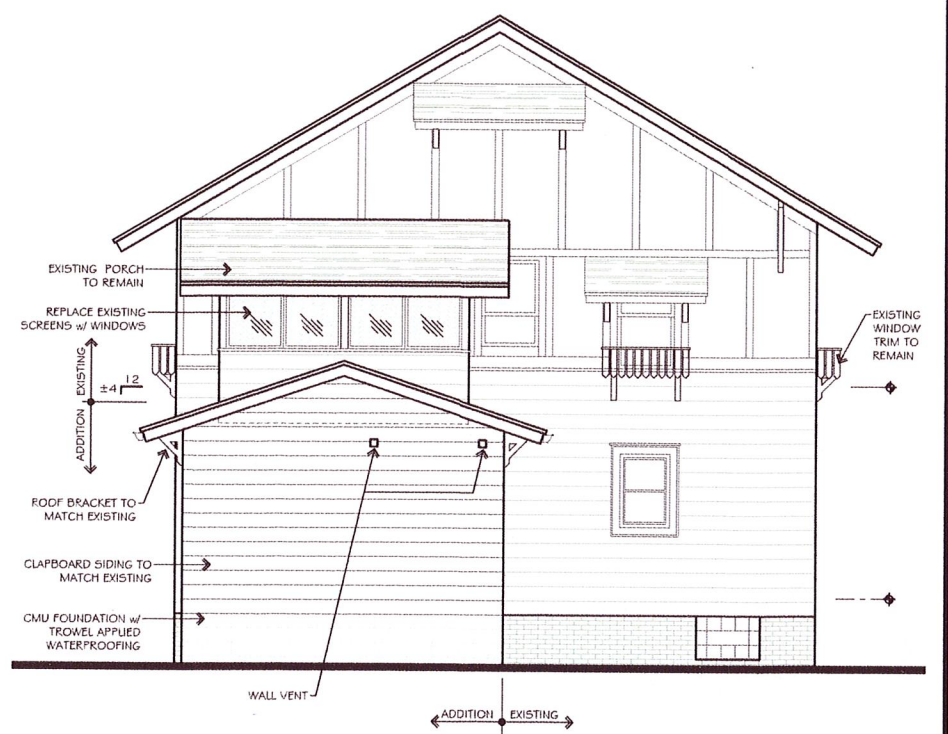
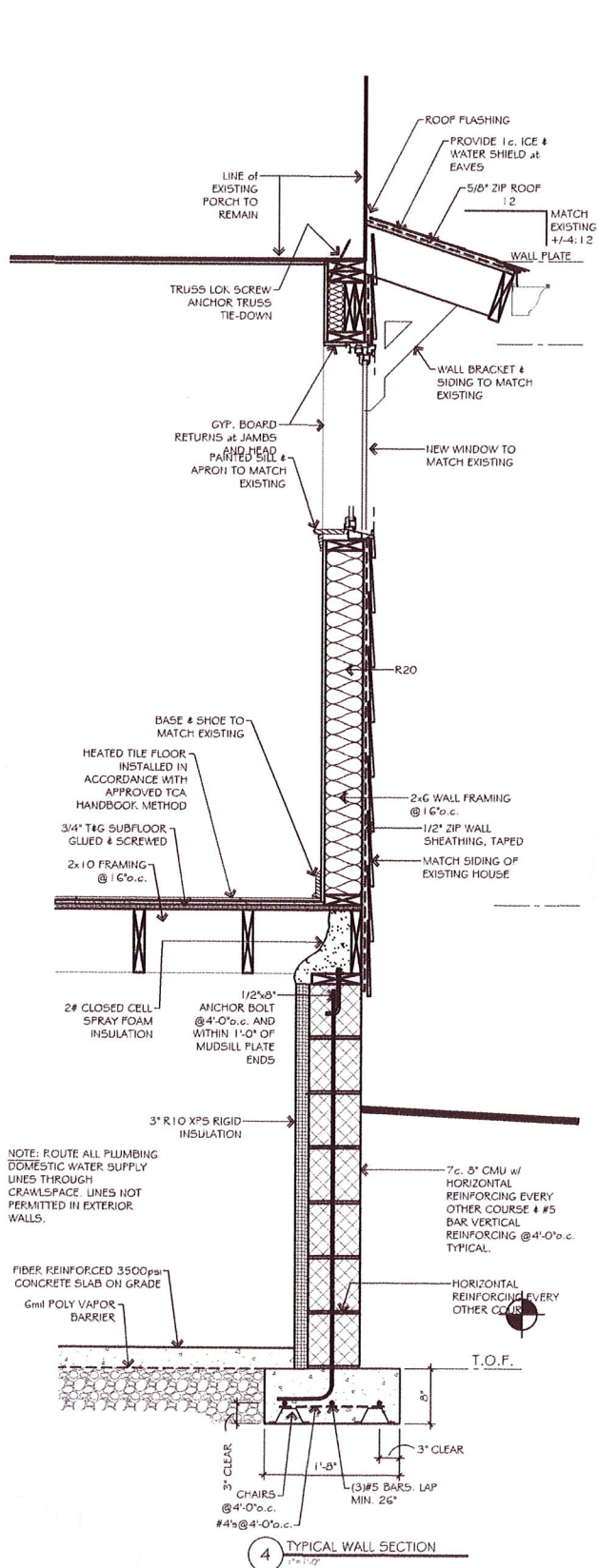
Root Residence
523 Roberts Ave, Rear
Syracuse, NY 13207
Onondaga County
Tax Map No. 082-04-63.0

DATE 8.9.2022
SCALE 1/8"=1'-0"
DRAWN BY BGM
TITLE

PLANS

A1

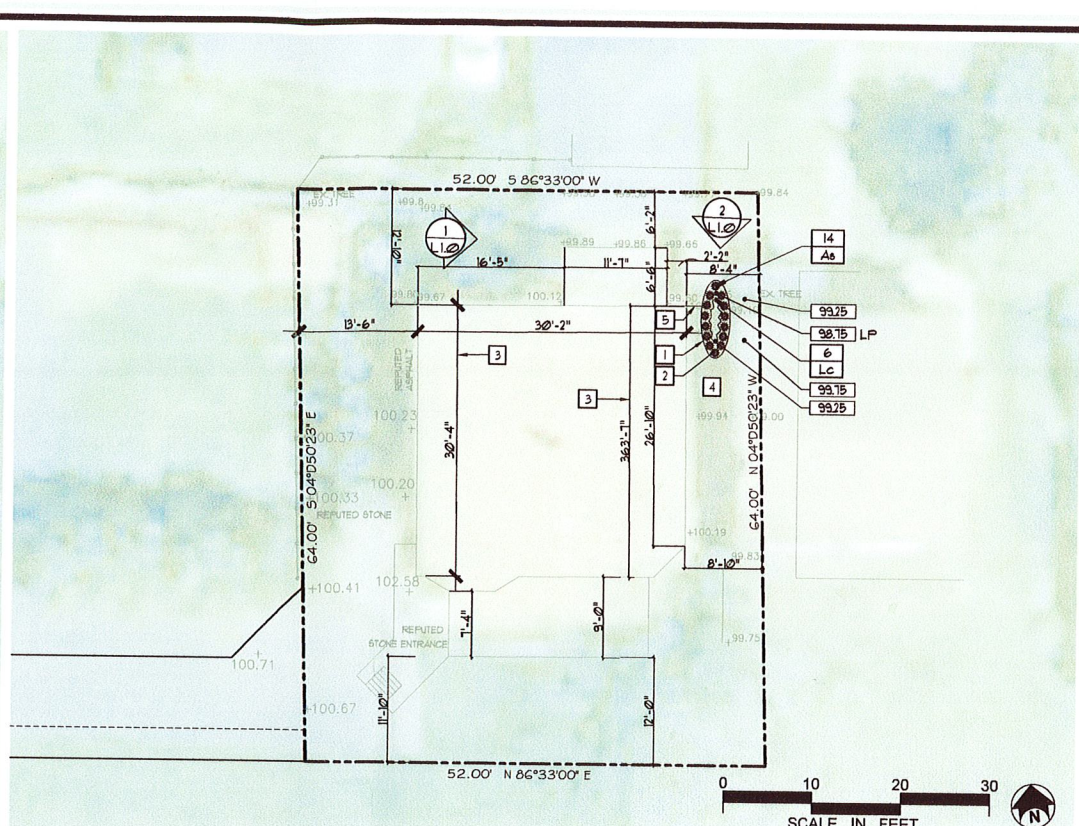
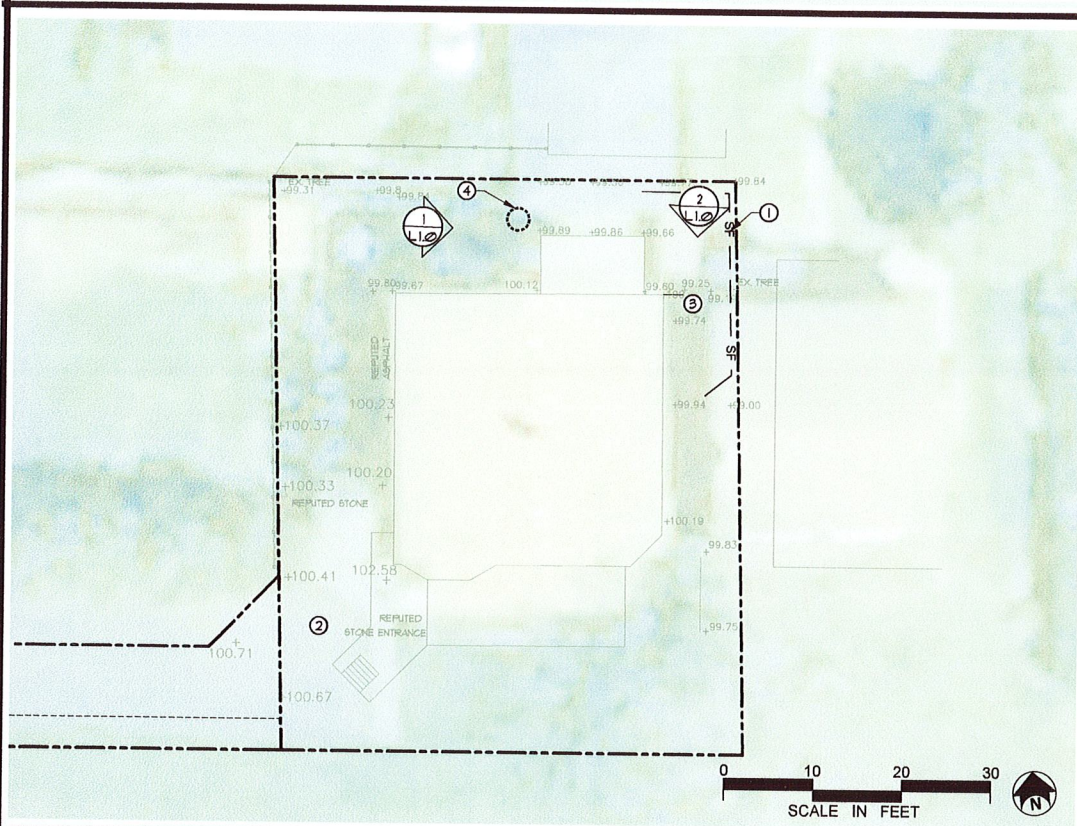
WOOD HEADERS FOR FRAMED WALLS IN BEARING WALLS			
NOMINAL STUD THICKNESS	ROUGH OPENING WIDTH		
	TO 4'-0"	4'-0" TO 7'-0"	7'-0" TO 9'-0"
4"	(2) 2x6s WITH 1/2" RIGID INSUL.	(2) 2x6s WITH 1/2" RIGID INSUL.	(2) 2x10s WITH 1/2" RIGID INSUL.
6"	(2) 2x6s WITH 2-1/2" RIGID INSULATION	(2) 2x6s WITH 2-1/2" RIGID INSULATION	(2) 2x10s WITH 2-1/2" RIGID INSULATION



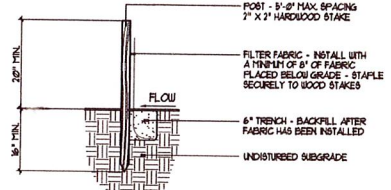
Brian Manthey
ARCHITECT
1919 Patterson Road MARETA, NEW YORK 13110
E-mail: Brian@BrianManthey.com Phone: 315.636.8436

Root Residence
523 Roberts Ave, Rear
Syracuse, NY 13207
Onondaga County
Tax Map No. 082-04-63.0

DATE 8.9.2022
SCALE 1/4"=1'-0"
DRAWN BY BSM
TITLE EXTERIOR ELEVATIONS & WALL SECTION
A2

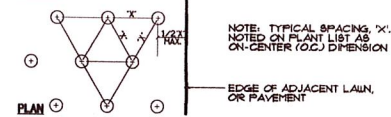
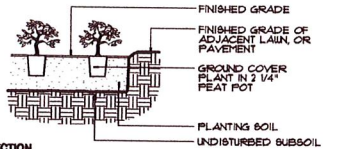


PLANT LIST			
KEY	COMMON NAME	BOTANICAL NAME	CONDITION
As	ASTILBE	ASTILBE SPP.	1 GAL.
Lc	CARDINAL FLOWER	LOBELIA CARDINALIS	1 GAL.



- NOTES:
1. WOVEN WIRE FENCE TO BE FASTENED SECURELY TO FENCE POSTS WITH TIES OR STAPLES.
 2. FILTER CLOTH TO BE FASTENED SECURELY TO WOVEN WIRE FENCE WITH TIES SPACED 24" AT TOP AND MID SECTION.
 3. WHEN TWO SECTIONS OF FILTER CLOTH ADJOIN EACH OTHER THEY SHALL BE OVERLAPPED BY 6" (6) INCHES AND FOLDED.
 4. MAINTENANCE SHALL BE PERFORMED AS NEEDED AND MATERIAL REMOVED WHEN "BULGES" DEVELOP IN THE SILT FENCE. FENCING SHALL BE INSPECTED MONTHLY, AND FOLLOWING MAJOR RAINFALLS.
 5. THE FOLLOWING MATERIALS SHALL BE USED FOR CONSTRUCTION OF THE SILT FENCE:
POSTS: STEEL, EITHER 1" OR 1 1/2" TYPE OR 2" HARDWOOD
FENCE: WOVEN WIRE 14/10 GAL. 6" MAX. MESH OPENING.
FILTER CLOTH: FILTER X MIRAFL 100X; STABILINKA THEN OR APPROVED EQUAL.
PRE-FABRICATED UNIT, GEOTAB, ENVIRONMENT, OR APPROVED EQUAL.
6. REFER TO NYS STANDARDS & SPECIFICATIONS FOR EROSION AND SEDIMENT CONTROL FOR ADDITIONAL GUIDANCE.

SECTION
5 SILT FENCE (SF)
NOT TO SCALE
SI-1001-01



SECTION
4 PERENNIAL PLANTING
NOT TO SCALE
32-8300-04

- SITE PREP AND EROSION CONTROL NOTES**
1. INSTALL SILT FENCE PER DETAIL.
 2. DRIVEWAY SHALL BE MONITORED, SWEEP PAVEMENT OF ALL CONSTRUCTION DEBRIS IMMEDIATELY.
 3. STRIP TOPSOIL AND STOCKPILE AT SPECIFIED LOCATION.
 4. SOIL STOCKPILE LOCATION

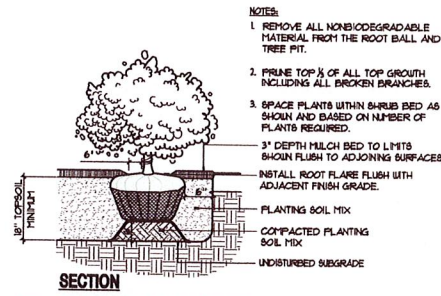
- LAYOUT AND GRADING NOTES**
1. INSTALL LANDSCAPE EDGING AS SPECIFIED
 2. 3" DEPTH SHREDDED BARK MULCH WITH 18" OF SEEDED TOPSOIL
 3. BUILDING LAYOUT BASELINE
 4. INSTALL SEEDED LAWN IN ALL DISTURBED AREAS
 5. EXISTING ROOF DRAIN TO OUTLET ON GRADE AND TOWARDS PLANTING DEPRESSION AREA.



1 PROPOSED BATHROOM LOCATION, SEE ARCHITECTURAL PLANS - FACING EAST
L1.0



2 GUTTERS TO BE OUTLET ON GRADE TOWARDS SUNKEN PLAN BED - FACING SOUTH
L1.0



SECTION
3 SHRUB PLANTING
NOT TO SCALE
32-8300-02

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DATE 11.30.2022
SCALE
DRAWN BY
TITLE
TAX MAP I.D. 082-09-63.0

OVERALL SITE PLAN
L1.0

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