

City of Syracuse
Office of Zoning Administration

400 Wolf Street
REVISION 1
8-23-2021

**PROJECT SITE / SITE PLAN (LAKE FRONT) / MULTI-BUILDING / PROJECT PLAN
REVIEW 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: Case: Zoning District:

REQUESTED (Check applicable and briefly describe.)

- Project Site Review: _____
- Site Plan Review (Lake Front): _____
- Multi-Building Review: _____
- Project Plan Review: _____

<u>TAX ASSESSMENT ADDRESS(ES)</u>	<u>TAX MAP ID(S)</u> (000.-00-00.0)	<u>OWNER(S)</u>	<u>DATE ACQUIRED</u>
1) _____	_____	_____	_____
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 City 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, as applicable.)

- Demolition (full and partial): _____
- New Construction: _____
- Façade (Exterior) Alterations: _____
- Site Changes: _____

PROJECT INFORMATION (Briefly describe, as applicable.)

Project Name: _____

Current Land Use(s): _____

Proposed Land Use(s): _____

Number of Dwelling Units: _____

Days and Hours of Operation: _____

Number of Onsite Parking Spaces: _____

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

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.**

Zeman	Saleh	owner		
<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>* Signature:</i>			<i>Date:</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>
<i>* Signature:</i>			<i>Date:</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>
<i>* Signature:</i>			<i>Date:</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>
<i>* Signature:</i>			<i>Date:</i>	

X *Zen a Zee* *7/26/2021*

*** 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)

William J	Pitcher	architect	Pitcher Architect PLLC	
<i>First Name</i>	<i>Last Name</i>	<i>Title</i>	<i>Company</i>	
124 Feigel Avenue		Syracuse	NY 13203	<i>Phone:</i> 315 474 1219
<i>Street Address</i>	<i>Apt / Suite / Other</i>	<i>City</i>	<i>St</i>	<i>Zip</i>
				<i>Email:</i> JobsPitArch@gmail.com

<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>

**City of Syracuse
Office of Zoning Administration
SIGN FORM**

400 Wolf Street
REVISION 1
8-23-2021

400 WOLF ST

Office Use: _____ Filing Date: _____ Case: _____ Zoning District: _____

SIGN TABLE										
<i>Please provide the following information for all existing and proposed business identification signage.</i>										
The business / tenant has space on the 1st story at street level:					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
The business / tenant has space with direct frontage on the street:					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				
Street Name 1:		400 WOLF ST.			Linear building or tenant space frontage/width (feet):		24'-4			
Street Name 2:		CARBON ST			Linear building or tenant space frontage/width (feet):		54'-4			
Sign Number /Key	Proposed or Existing	Type (wall, projecting, window, ground)	Construction (channel, cabinet, other)	Sign Lighting (external / internal)	Sign Content (for example, Eat at Joe's)	Sign Height (grade to top of sign)	Sign Face Height (feet)	Sign Face Width (feet)	Sign Face Area HxW (sq ft)	
#1	P	W	BOX	INTERNAL	TO BE DETERMINED	~12'	3'-0	5'-4	16	
#2	P	W	PANEL	NONE	" "	~8'	5'-0	4'-0	20	

REQUIRED SUBMITTALS

This Sign Submission Form with the required submittals below must be submitted in **HARD COPY, SINGLE-SIDED** and **NOT BOUND** as follows: **ONE (1) COPY** of this Sign Submission Form; and **ONE (1) FULL-SIZE** and **TO-SCALE PLAN SET** for review, and **ONE (1) REDUCED SET** (11x17 inches, or smaller) for copying, of the items listed below. E-mailed submissions will not be processed.

- AS BUILT PROPERTY SURVEY** illustrating current conditions (**signed and stamped by a licensed surveyor**).
- SIGN DESIGN PLAN** illustrating the type of sign (wall, projecting, window, ground, roof) with the sign face height and width dimensions of outer-most sign boundary shown and noted.
- SIGN PLACEMENT PLAN** illustrating signage (keyed to the Sign Table) on the building façade(s) (signage superimposed on photographs can be used) with the distance from the ground to the top of the sign (sign height) noted.
- SIGN LOCATION PLAN** illustrating the location of property boundaries, and all building and ground signage locations keyed to the above Sign Table.

SIGN ALLOWANCES					
<i>Business identification signs are only allowed for uses allowed by right, Variance, or Special Permit</i>					
Zoning District	Type	Location	Number	Maximum Sign Face Area	Maximum Ground Sign Height
Residential (R -)	Wall or Ground	Street frontages 1st story or In front yard	1 per use	15 square feet (3 sf - office) (8 sf - bed & breakfast)	6 feet
Office (O -)	Wall or Ground	Street frontages 1st story or behind the front yard	1 per building	15 square feet	6 feet
Special Permit - All Districts	Wall, Ground	Street frontages	1 wall & 1 ground per business/tenant	40 square feet each (12 sf - trans parking)	30 feet (8 f - trans parking)
<i>The total area of allowed business signage in the zoning districts below is based on the linear business / tenant space frontage not on the lot frontage</i>					
Central Business District (CBD -)	Wall, Ground, Projecting, Marquee	Street frontages 1st story only	1 per 1 st story business/tenant per street	1 square foot per 1 linear foot	
Local Business (BA), Commercial (C -), Industrial (I -),	Wall, Ground, Projecting, Marquee	Street frontages	2 per business/tenant per street	1 square foot per 1 linear foot	30 feet max

400 WOLF ST

Project Site / Site Plan (Lake Front) / Multi-Building / Project Plan

Review Application

INSTRUCTIONS AND REQUIRED SUBMITTALS

Incomplete applications will not be processed.

Applications together with the required submittals 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. E-mailed submissions will not be processed.

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

- APPLICATION** – filled out completely, dated, and **signed by property owner(s) as instructed.**
- STATE ENVIRONMENTAL QUALITY REVIEW ACT (SEQR) ASSESSMENT FORM** (for most applications a Short Form (SEAF) - Part One) – filled out to the best of your ability, dated, and signed.
- MATERIAL AND COLOR SPECIFICATIONS** - catalog cuts / product brochures for all materials and colors. Life size samples or real materials cannot be accepted.
- 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.
- SIGN SUBMISSION FORM**
- APPLICATION FEE** – \$0.

Please submit **THREE (3) FULL-SIZE AND TO-SCALE SETS** 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 Department of Assessment property tax 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, retaining walls (**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, as applicable:

1. **zoning schedule** (density, setbacks, building and parking surface coverage, screening, 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 for 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 awning

EXTERIOR BUILDING ELEVATIONS 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 for new construction, additions, and change of zoning use/building occupancies with square footages clearly label for land uses.

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

REVOCATION OF SPECIAL PERMIT

Date: 7-26-2021
Property: 400 WOLF ST; SYRACUSE, Syracuse, NY
Owner Name: ZEMAN SALEH
Owned property since: 8-6-2020

To Whom It May Concern:

As the owner of the above property, I wish to discontinue the existing use and Special Permit of this property, and revert to the property's permitted uses of its zoning classification.

I understand that if I wish to resume a future use that requires a Special Permit, I will have to apply for a new Special Permit.

I hereby revoke the existing special permit.

Signed Zeman Saleh Date 7-26-21

NEW YORK STATE NOTARY ACKNOWLEDGMENT

THE STATE OF NEW YORK
COUNTY OF ONONDAGA

On the ___ day of ___ in the year ___ before me, the undersigned, personally appeared
personally known to me or proved to me on the basis of satisfactory evidence to be
the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their
signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed
the instrument.

Notary Public Signature
Print
Title or Office:
My commission expires:

Mail notarized paper copy to:

Special Permits
Zoning Administration
201 E. Washington Street
Syracuse, NY 13202

617.20
Appendix B
Short Environmental Assessment Form

400 WOLF ST

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			
Northside Stores			
Name of Action or Project: Northside Stores (400 Wolf Street)			
Project Location (describe, and attach a location map): 400 Wolf Street at Carbon Street; Syracuse, NY			
Brief Description of Proposed Action: Change from bottle return business to grocery store.			
Name of Applicant or Sponsor:		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 type="checkbox"/>
			YES <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:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		0.1	acres
b. Total acreage to be physically disturbed?		0.1	acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0.1	acres
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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: _____	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 checked="" type="checkbox"/>	<input 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input 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, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____			

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 checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____	Date: <u>7-26-2021</u>	
Signature: <u>X [Signature]</u>		

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



#7 Wolf street looking south west (Carbon St to right)



#8 Opposite side of Wolf (Carbon st corner)



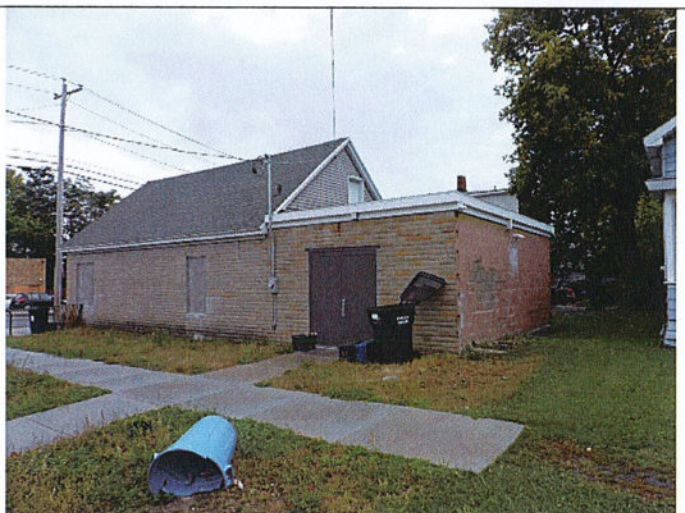
#9 Opposite corner of Carbon St



#10 Wolf street looking North East



#11: left side (north east) of 400 Wolf



#12 right side (southwest) and rear (south east)



#1: opposite side of Wolf Street, looking North East



#2 Wolf Street



#3: Wolf street opposite side



#4 400 Wolf Street (front) north west elevation



#5 Carbon Street



#6 tuning right, opposite corner

TAX ID: 002-08-010
 OWNER: ZEMAN SALEH
 TENANT: ALAA ADEL
 DESIGNER OF RECORD: PITCHER ARCHITECT PLLC
 EXISTING BUILDING PERMIT: NONE

NUMBER OF STORIES: ONE STORY ABOVE GRADE
 GROSS SQUARE FEET OF BUILDING: 1285 GSF
 BUILDING GROSS AREA: MATERIALS OF CONSTRUCTION
 1ST FLOOR 1285 GSF CONC. BLK & WOOD STUD WALLS
 CONCRETE SLAB-ON-GRADE
 ROOF 1285 SF WOOD FRAME FLOOR & WALLS
 WOOD TRUSSES / WOOD RAFTERS

BUILDING HEIGHT ABOVE GRADE: 14 FEET
 ANY OCCUPIED ROOF? NO

TYPE OF CONST.	EXTERIOR WALLS	INT'R B. WALLS	STRUCT'L FRAME	VERT'L SHAFTS	ROOF CONST.
5B	2-HR BEAR'G BLOCK	2-HR CONC. BLOCK	0-HR N.A.	N.A.	0-HR WOOD RAFTERS

EXISTING OCCUPANCIES: GROUP A-n ASSEMBLY, GROUP B- BUSINESS, GROUP M - MERCANTILE, GROUP R - RESIDENTIAL
 CHANGE TO NEW OCCUPANCIES: GROUP A-n ASSEMBLY, GROUP B- BUSINESS, GROUP M - MERCANTILE, GROUP R - RESIDENTIAL

ELEVATOR CERTIFICATION: NONE, PHASE I RECALL ONLY, PHASE I & II RECALL
 CURRENTLY CERTIFIED, NOT CURRENT, UPGRADE IN THIS WORK

AUTOMATIC SPRINKLERS: EXISTING SYSTEM, NO SPRINKLERS, THROUGH OUT BUILDING, ONLY PARTIAL COVERAGE, ADD NEW SYSTEM
 TYPE: (WET MANUAL) AUXILIARY SYSTEM: CHEMICAL, KITCHEN HOOD

FIRE ALARM SYSTEMS: EXISTING FIRE SYSTEM, LACKS FIRE SYSTEM, ADD MANUAL ALARM, ADD CENTRAL ALARM PANEL
 EXISTING CARBON-MONOXIDE, LACKS CARBON-MONOXIDE, ADD SINGLE/MULTI-STATION UNITS, ADD TO CENTRAL ALARM PANEL

STANDPIPES: NONE, EXISTING SYSTEM

FIRE ALARM SYSTEM CLASSIFICATION (NFPA 12): HOUSE HOLD FIRE ALARM: A SYSTEM IN A HOUSEHOLD.
 PROTECTED PREMISES (LOCAL) FIRE ALARM SYSTEM: SOUNDS LOCAL ALARM WHEN ACTIVATED BY MANUAL ALARM BOXES, SPRINKLER WATER FLOW, CARBON DIOXIDE DISCHARGE DETECTION OF SMOKE OR HEAT.
 AUXILIARY FIRE ALARM SYSTEM: CONNECTED TO PUBLIC FIRE ALARM COMMUNICATION CENTER. SAME SYSTEM & EQUIPMENT AS CITY FIRE ALARM BOXES.
 LOCAL ENERGY SHUNT PARALLEL TELEPHONE
 REMOTE SUPERVISING STATION FIRE ALARM SYSTEM: TRANSMITS ALARM SUPERVISORY, AND TROUBLE SIGNALS FROM ONE OR MORE PROPERTIES TO REMOTE LOCATION WHERE ACTION IS TAKEN.
 PROPRIETARY SUPERVISING STATION FIRE ALARM SYSTEM: FOR SINGLE OWNERSHIP OF MULTIPLE PROPERTIES, CONSTANTLY ATTENDED LOCATION, RECEIVING SIGNALS FROM ADJACENT AND/OR REMOTE LOCATIONS.
 CENTRAL STATION FIRE ALARM SYSTEM: SYSTEM OR GROUP OF SYSTEMS WHICH TRANSMIT TO A CENTRAL STATION WHICH RECORDS, MAINTAINS, AND IS SUPERVISED BY OPERATORS.
 MUNICIPAL FIRE ALARM SYSTEM: TRANSMITS STREET ALARM LOCATIONS TO CENTRAL CONTROL CENTER USING WIRING SYSTEM OTHER THAN PUBLIC TELEPHONES.

SPECIAL EQUIPMENT: COMM. KITCHEN HOOD, W/ CHEMICAL FIRE SUPPRESSION

SMOKE CONTROL: YES, NO

STRUCTURAL RISK CATEGORY: ONE: LOW HAZARD TO HUMAN LIFE IF FAILURE: AGRIC. & STORAGE, TWO: BUILDINGS NOT ONE, THREE OR FOUR, THREE: GROUP E) 250; GROUP A) 300; GROUP I; G.T. 5000 PEOPLE, FOUR: ESSENTIAL FACILITIES: HOSPITALS, NURSING, FIRE, POLICE, ETC.

SEISMIC DESIGN: "A", "B", "C", "D", "E"

FLOOD PLAIN CLASSIFICATION: NOT IN PLAIN CLASS: ????

STRUCTURAL LOADING OF FLOORS: FIRST 100 PSF CONCRETE SLAB-ON-GRADE, SECOND, THIRD, FOURTH, FIFTH

WORK AREA DESCRIPTION: ALL OF SHEET A-1, FLOORS FIRST FLOOR
 MAX FEET, EXIT COMMON TRAVEL: NONE
 MAX FEET, EXIT TRAVEL DISTANCE: 21 FT
 REQUIRED EXITS PER FLOOR: 1 EXIT, GROUP M (50 PEOPLE
 EXISTING OCCUPANCIES: SEE TO LEFT
 PROPOSED OCCUPANCIES: SEE TO LEFT
 ACTUAL EXITS PROVIDED: 1 EXITS
 CORRIDOR FIRE RATINGS: NONE IN U.A., NOT RATED, 1-HR., 2-HR., 3-HR.
 SEPARATED MIXED USE GROUPS
 NONE IN U.A., "A", "B", "E", "M", "R"

LOCALITY CODE DESIGN REQUIREMENTS

GROUND SNOW P.S.F.	WIND SPEED M.P.H.	SEISMIC DESIGN	WEATHER-ING	FROST DEPTH	TERMITE	DECAY
50	115	A,B,C	SEVERE	4'-0"	SLIGHT	NONE

DESIGN TEMP	ICE SHIELD	FLOOD HAZARD
SEE ENERGY	YES	NOT FLOOD

ENERGY CODE REQUIREMENTS - COMMERCIAL

COMPLIANCE METHOD: N.Y.S. ENERGY CODE 2020, CHAPTER RE-4
 TABLE C-402.3.1 LOCATION: ONONDAGA CO., BY TABLE 302.1: "ZONE 5"

CEILING R-VAL.	WOOD WALL R-VAL.	MASS WALL	FLOOR R-VAL.	BSMT WALL R-VALUE	SLAB R-VAL.	CRAWL WALL
R-38	20 OR 13+3.8	R9 C.I.	30	1.8 C.I.	R10, 2FT	

TABLE C-402.4 GLAZING

TYPE	U-FACT.	SHGC
FIXED	U 0.38	0.40
OPER.	U 0.45	
DOORS	U 0.11	
SKYLT.	0.50	

CERTIFICATION: THE ARCHITECT CERTIFIES TO THE BEST OF HIS BELIEF, KNOWLEDGE AND UNDERSTANDING THAT THESE DRAWINGS CONFORM TO THE REQUIREMENTS OF THE N.Y.S. ENERGY CODE 2020.

NYS EXISTING BUILDINGS 2020

CODE PATH: PROSCRIPTIVE, PERFORMANCE, CHAPTER 13, WORK AREA, WHOLE BUILDING, REPAIRS, ALTERATION -1, ALTERATION -2, ALTERATION -3, CHANGE OF OCCUPANCY - CHAPTER 10

ACCESSIBILITY, EB-305: PARTIAL C-OF-O: ONLY EXISTING ITEMS BEING ALTERED, COMPLETE C-OF-O: ADD THESE
 ONE BLDG ENTRANCE, H.C. SIGNAGE, ONE ROUTE TO PRIME FUNCTION, HC TOILET, & DRINKING FOUNTAIN, WHERE PARKING, ADD H.C. PARKING, WHERE PASSENGER LOADING, ADD MIN ONE H.C., WHERE PARKING & LOADING, MIN ONE H.C. ROUTE

FIRE PROTECTION: COMPLY WITH F-901. SPRINKLER SYSTEMS, ADD WHERE:

A-2, REQUIRED IF: 5,000 SF, OR 100+ PEOPLE, OR NOT AT GRADE
 A-3, REQUIRED IF: 12,000 SF, OR 100+ PEOPLE, OR NOT AT GRADE
 GROUP B, NOT LISTED, NONE REQUIRED
 M, REQUIRED IF: 12,000 SF, OR 3+ STORIES, OR ALL "M" IN BLDG 24,000+ SF, OR WHERE 5,000+ SF FURNITURE/MATTRESSES
 NEW "R": FULL SPRINKLER THROUGHOUT BUILDING

FIRE DETECTION & ALARMS, ADD WHERE:

A, REQUIRED IF: 300+ PEOPLE, OR 100+ PEOPLE ABOVE/BELOW GRADE LEVEL EXITS
 GROUP B, REQUIRED MANUAL ALARMS, IF: ALL FLOORS 500+ PEOPLE, OR 100+ PEOPLE ABOVE/BELOW GRADE LEVEL EXITS
 EXCEPTION: NOT REQUIRE IF FULL BUILDING SPRINKLERS
 GROUP M, REQUIRED MANUAL ALARMS, IF: ALL FLOORS 500+ PEOPLE, OR 100+ PEOPLE ABOVE/BELOW GRADE LEVEL EXITS
 EXCEPTION: NOT REQUIRE IF FULL BUILDING SPRINKLERS

R-1, MAUAL ALARM REQUIRED
 EXCEPTION: NOT REQUIRE WHERE 2-STORIES, AND 1-HR SEPARATIONS IN ATTICS & TO PUBLIC SPACES

R-1, AUTOMATIC DETECTION & ALARM IN ALL CORRIDORS
 EXCEPTION: NOT REQUIRED WHERE SPRINKLERS & SLEEPING ROOMS OPEN TO EXIT OR EXTERIOR ACCESS, OR SPRINKLER

R-1, AT SLEEPING ROOM: SINGLE- & MULTI-STATION REQUIRED
 R-2, MAUAL ALARM, IF: SLEEPING 3 3+ STORIES, OR SLEEPING BELOW GRADE, OR MORE THAN 1/2 UNITS
 EXCEPTION: NOT REQUIRE WHERE 2-STORIES, AND 1-HR SEPARATIONS BETWEEN ATTICS, PUBLIC SPACES, & DWELLINGS
 R-2, AT SLEEPING ROOM: SINGLE- & MULTI-STATION REQUIRED
 R-3 & R-4, SINGLE- & MULTI-STATION REQUIRED AT: SLEEPING ROOMS, AND EACH DWELLING STORY

EB-1011.4 EGRESS HAZARD:

EXISTING LEVEL	PROPOSED LEVEL	HAZARD RATING
B 4	M 3	HIGHER

"HIGHER" COMPLY WITH BC-CH.10 EXISTING OK ADD...
 "EQUAL", "LOWER" NUMBER OF OCCUPANTS, HANDRAILS, & GUARDS

EB-1011.5 HEIGHTS AND AREAS:

EXISTING LEVEL	PROPOSED LEVEL	HAZARD RATING
B 4	M 3	HIGHER

EXISTING BLDG HT & AREA COMPLY WITH NYS BC CHAPTER 5
 "HIGHER" COMPLY WITH BC-CH.5 ADD FIRE WALL ADD SPRINKLER
 "EQUAL" OR "LOWER" EXISTING OK, NO CHANGE

EB-1011.6 EXTERIOR WALL RATINGS

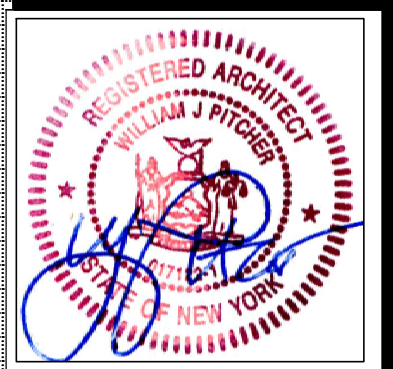
EXISTING LEVEL	PROPOSED LEVEL	HAZARD RATING
B 3	M 2	HIGHER

EXISTING WALLS COMPLY WITH NYS BC CHAPTER 6
 "HIGHER" COMPLY WITH BC-CH.1 CHANGE RATING TO . HOURS
 "EQUAL" OR "LOWER" EXISTING OK, NO CHANGE

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RENOVATIONS

400 WOLF STREET
 SYRACUSE, NY

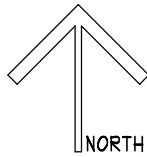
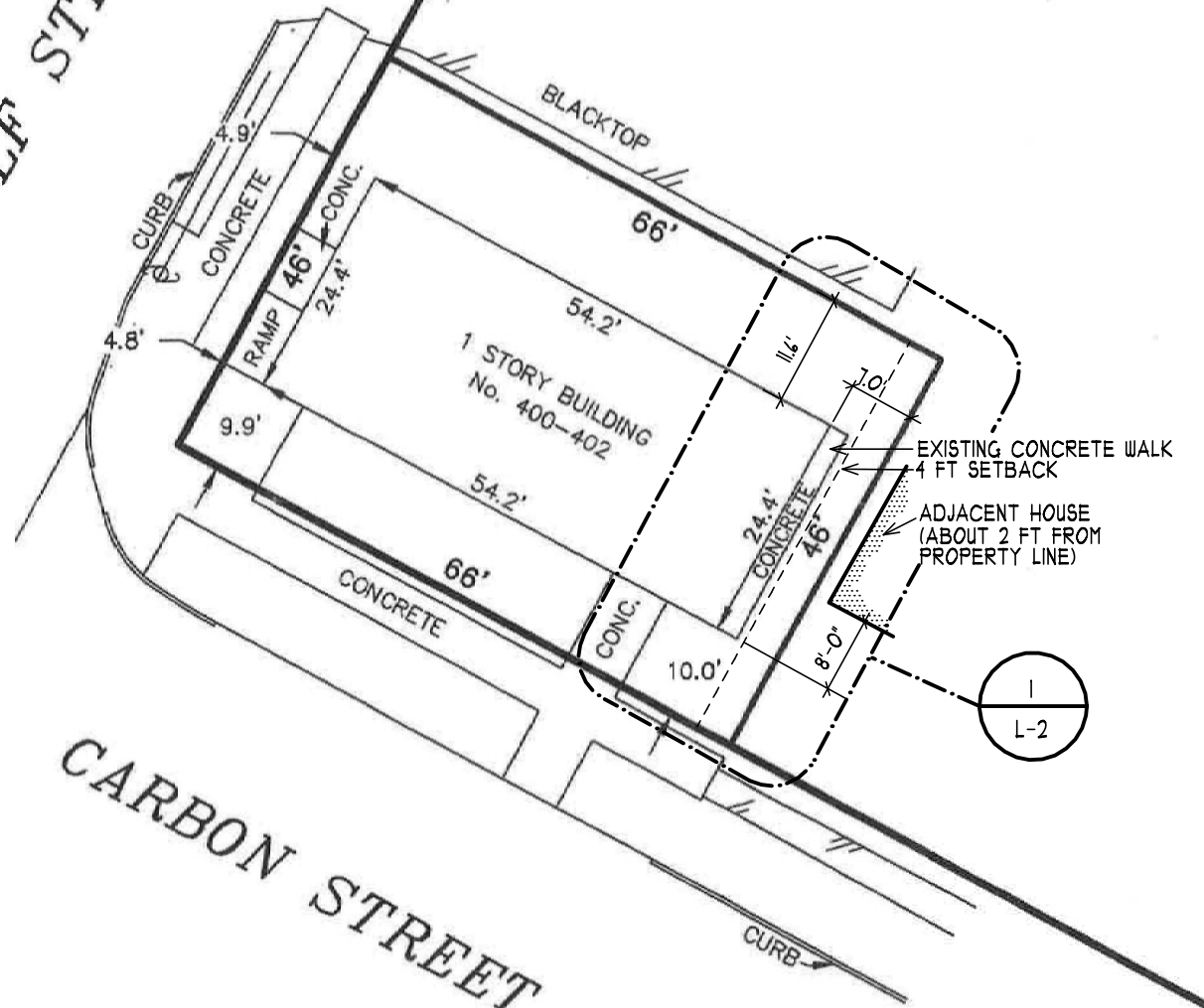
TABLE OF CONTENTS

NO.	TITLE
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L-1	PROPERTY SURVEY & ZONING NOTES
A-1	FIRST FLOOR PLAN
A-2	SIGNAGE

BLDG PMT & ZONING 7-26-202
 ZONING 8-23-2021

WOLF STREET

CARBON STREET

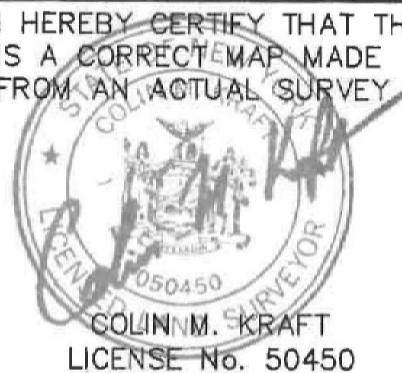


0 5 10 15 20 25 50 SCALE IN FEET

LAND LINES

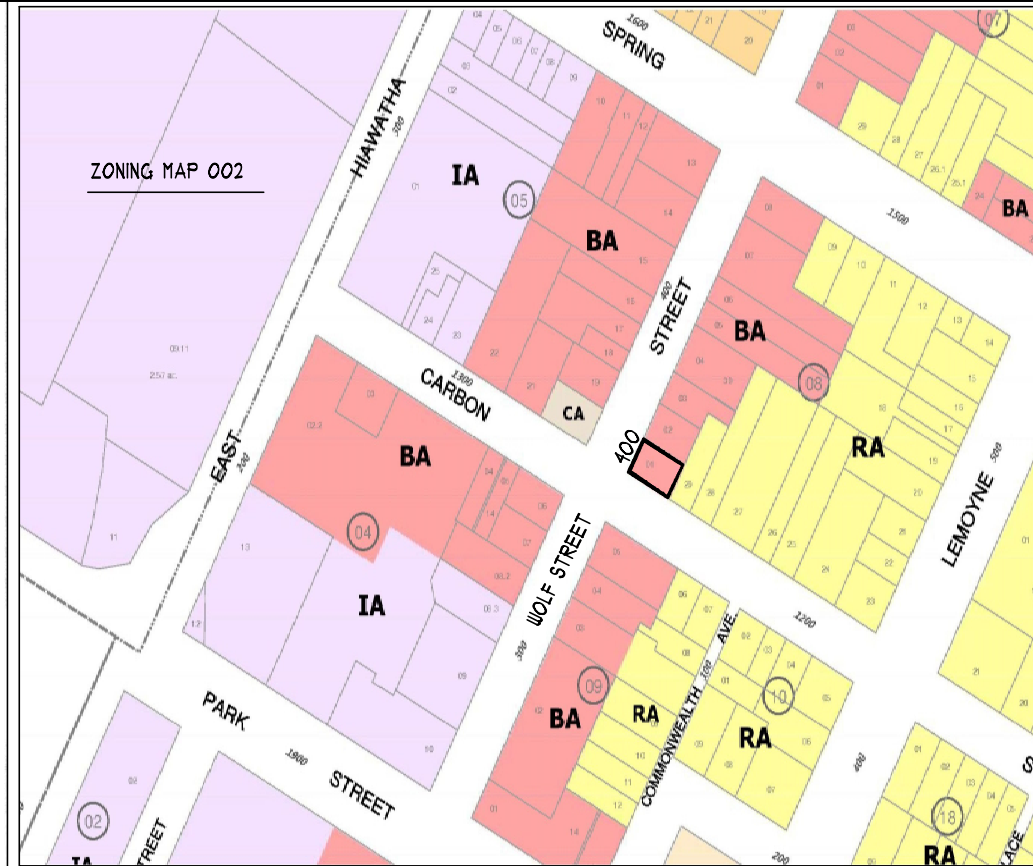
SURVEYING, P.C.
6181 JAMESVILLE TOLL ROAD
JAMESVILLE, NEW YORK 13078
315-492-4604

I HEREBY CERTIFY THAT THIS IS A CORRECT MAP MADE FROM AN ACTUAL SURVEY



PART OF LOT No. 23 IN BLOCK 27
FORMER VILLAGE OF SALINA
CITY OF SYRACUSE
COUNTY OF ONONDAGA
STATE OF NEW YORK
KNOWN AS: 400-402 WOLF STREET

DRAWN BY: CMK DATE: 2/20/2020
SCALE: 1"=20' DWG.No.: 200228



PROPERTY ZONING

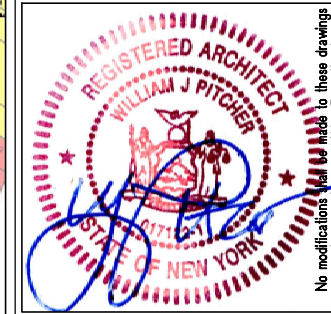
TAX ID: 002-08-010
CURRENT OWNER PURCHASED 8/6/2020
CLASS: BUSINESS BA
USES: RETAIL PERMITTED BY RIGHT
SETBACKS:

FRONT: 10 FT
SIDE: 4 FT
REAR = "RA" SIDE = 4 FT
BUILDING COVERAGE: 100%
PARKING COVERAGE: 100%

C.III.1 - PARKING
GREATER THAN 1000 SF = 1 SPACE/300GSF
EXISTING BUILDING: 1285/300 = 5 SPACES
NONE PROVIDED
REQUEST WAIVER OF ALL OFF-STREET PARKING REQUIREMENTS.

C.III.3 - LOADING AREA
ONLY IF 5000 TO 10,000 SF.
NONE REQUIRED.

C.VI - SIGNS
CORNER LOT: ONE SIGN FACING EACH STREET PERMITTED
PERMITTED: BUILDING FACE, FULL WIDTH BY TWO FEET HIGH:
NORTH-WEST (WOLF): 46'-0" X 2'-0" = MAX 92 SF PERMITTED
SOUTH-WEST (CARBON): 66'-0" X 2'-0" = MAX 132 SF PERMITTED
SEE SHEET A-2 FOR PROPOSED SIGNS



JOB#: 220-38
DATE: 7-26-2021

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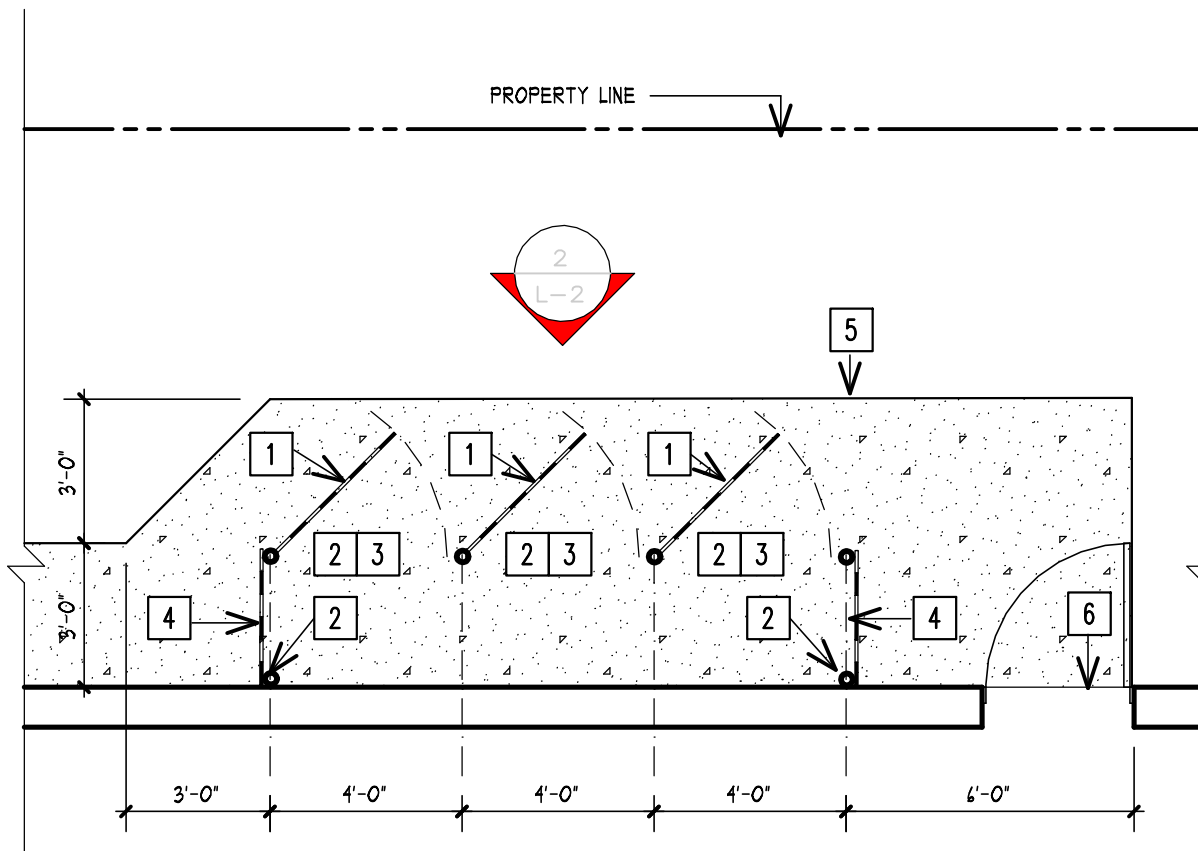
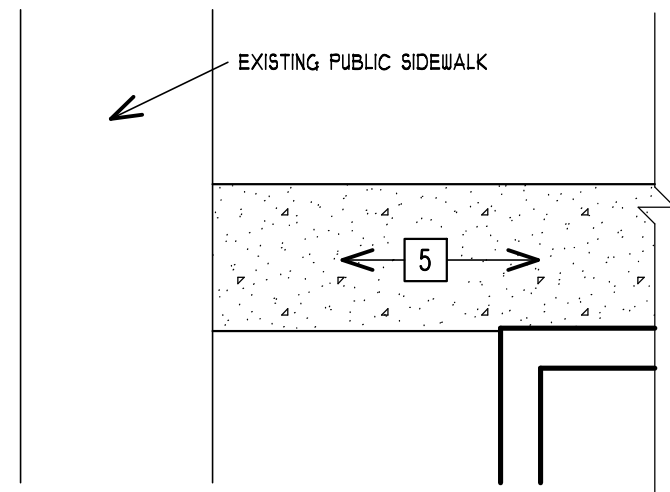
CHANGE OF USE
PROPERTY SURVEY & ZONING NOTES
GROCERY STORE
400 WOLF STREET
SYRACUSE, NY

PROPERTY SURVEY & ZONING NOTES

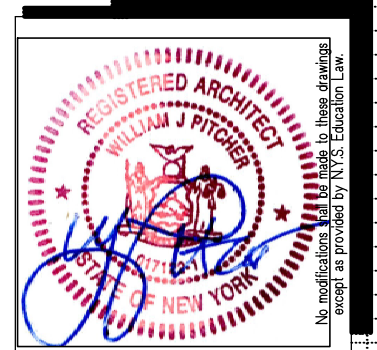
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L-1

- 1 STOCKCADE FENCE PANEL, 6'H X 8'L, P.T. SPRUCE, CUT TO FIT. ADD DIAGONAL 3/16" DIA. STEEL ROD FROM TOP HINGE TO BOTTOM OUTER CORNER
- 2 TERMINAL POSTS, 2-3/8" DIA X 8 FT L. GALVANIZED STEEL, SET 2 FT IN CONCRETE, TOP OF POST AT 6'-0" ABOVE GRADE
- 3 METAL HINGES: 3" STEEL, LOWES, #518889, THREE PER GATE, 1/8" DIA BOLT & NUT THROUGH WOOD PANEL
- 4 STOCKCADE FENCE PANEL, ATTACHED TO PIPES
- 5 SIDEWALK: ON 4" T. GRAVEL BED, 4" T. CONCRETE SLAB, MIN 3500 PSI 4% TO 1% AIR ENTRAINMENT, BROOM FINISH, TOOL PANELS CONTROL JOINTS AT 4' L., 1/2" T. ASPHALTED FIBER BOARD, JOINTS AT 24'-0" MAX
- 6 TOP OF SIDEWALK, MIN. 4" BELOW INTERIOR FLOOR LEVEL, MAX. 1" BELOW.



1
PREVIOUS ENTIRE SHEET L-2 DELETED. THIS NEW SHEET INSERTED.



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REV. I: 8-23-2021

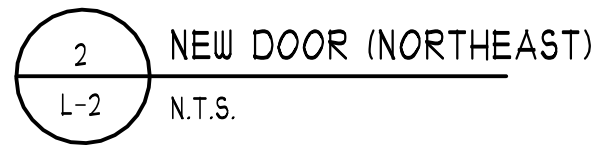
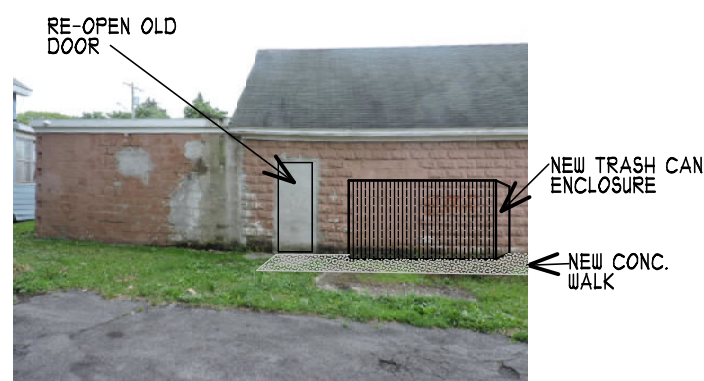
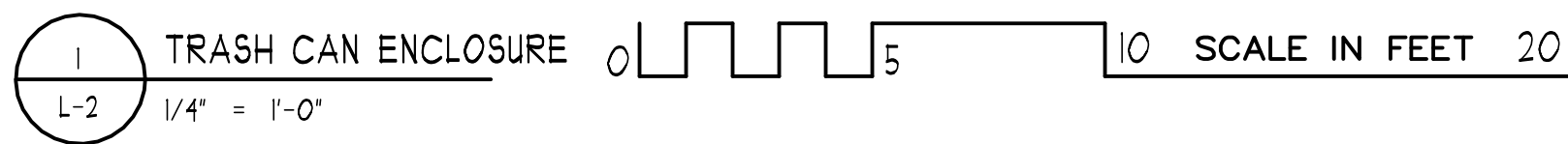
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CHANGE OF USE
GROCERY STORE
400 WOLF STREET
SYRACUSE, NY

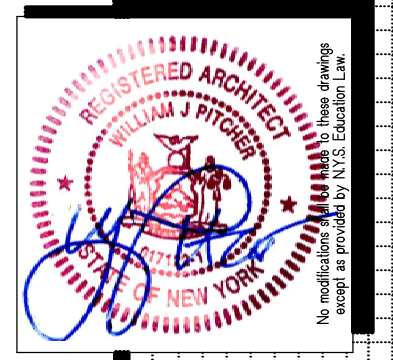
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TRASH ENCLOSURE
PLAN &
NOTES
L-2



SCOPE OF WORK:

- CHANGE FROM BOTTLE RETURN (SPECIAL PERMIT) TO GROCERY STORE
 BOTTLE RETURN, GROUP B OR M; GROCERY STORE, GROUP M.
1. REVOKE SPECIAL PERMIT.
 2. CLEAN OUT DEBRIS.
 3. PAINT WALLS, REPLACE MISSING PANELS IN SUSPENDED CEILING.
 4. INSTALL NEW CABINETS AND COUNTERS AS SHOWN ON THIS DRAWING.
 5. ADD CARBON MONOXIDE DETECTOR, 9V BATTERY, IN STORE ROOM



JOB#: 220-38
 DATE: 7-26-2021
 REV.: 86232021

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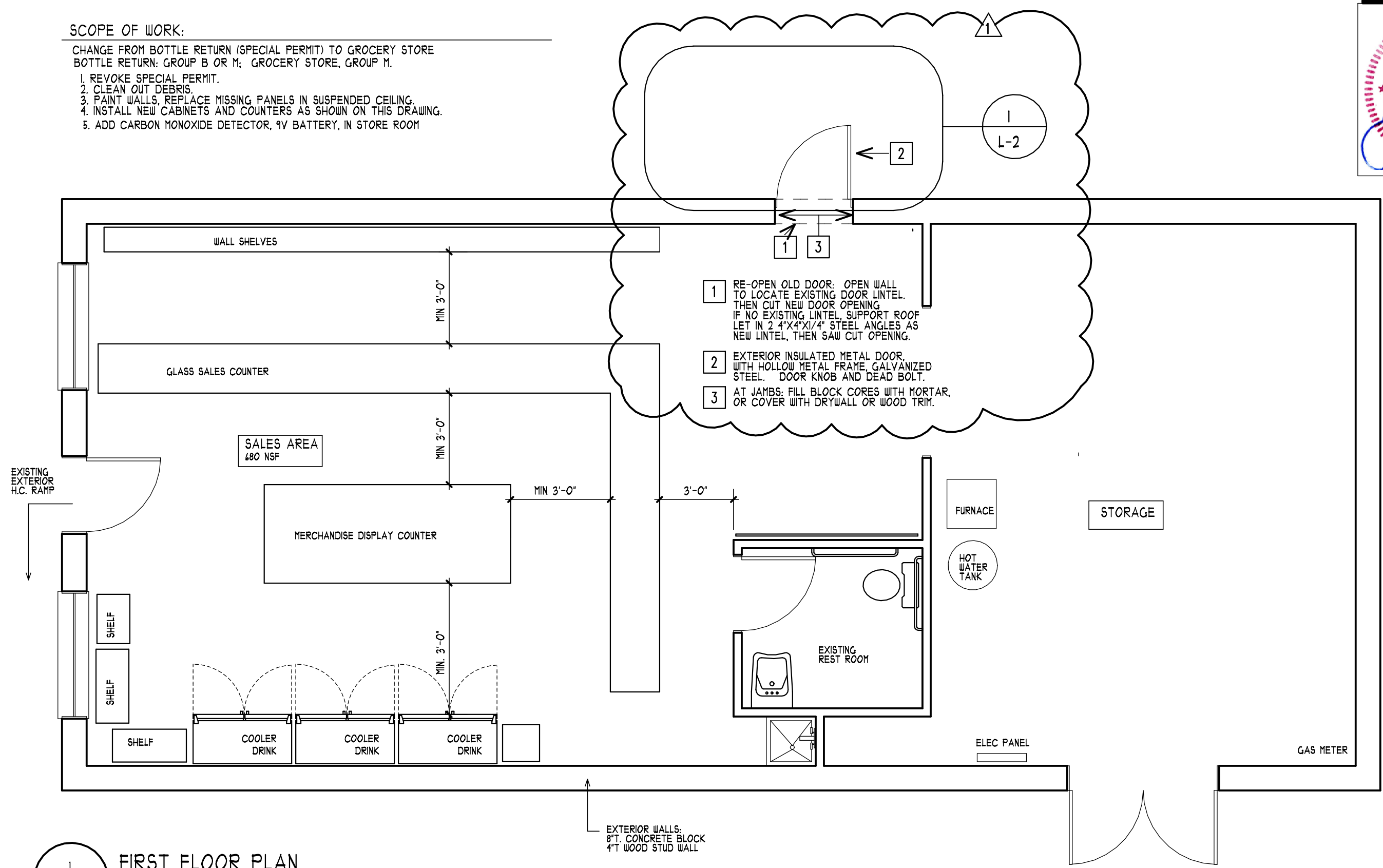
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CHANGE OF USE
 GROCERY STORE
 400 WOLF STREET
 SYRACUSE, NY

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FIRST FLOOR
 PLAN
 &
 NOTES
A-1



- 1 RE-OPEN OLD DOOR: OPEN WALL TO LOCATE EXISTING DOOR LINTEL. THEN CUT NEW DOOR OPENING. IF NO EXISTING LINTEL, SUPPORT ROOF LET IN 2 4"X4"X1/4" STEEL ANGLES AS NEW LINTEL, THEN SAW CUT OPENING.
- 2 EXTERIOR INSULATED METAL DOOR, WITH HOLLOW METAL FRAME, GALVANIZED STEEL. DOOR KNOB AND DEAD BOLT.
- 3 AT JAMBS: FILL BLOCK CORES WITH MORTAR, OR COVER WITH DRYWALL OR WOOD TRIM.

EXTERIOR WALLS:
 8" T. CONCRETE BLOCK
 4" T. WOOD STUD WALL

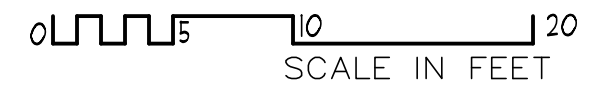
1 FIRST FLOOR PLAN
 A-1 1/4" = 1'-0"





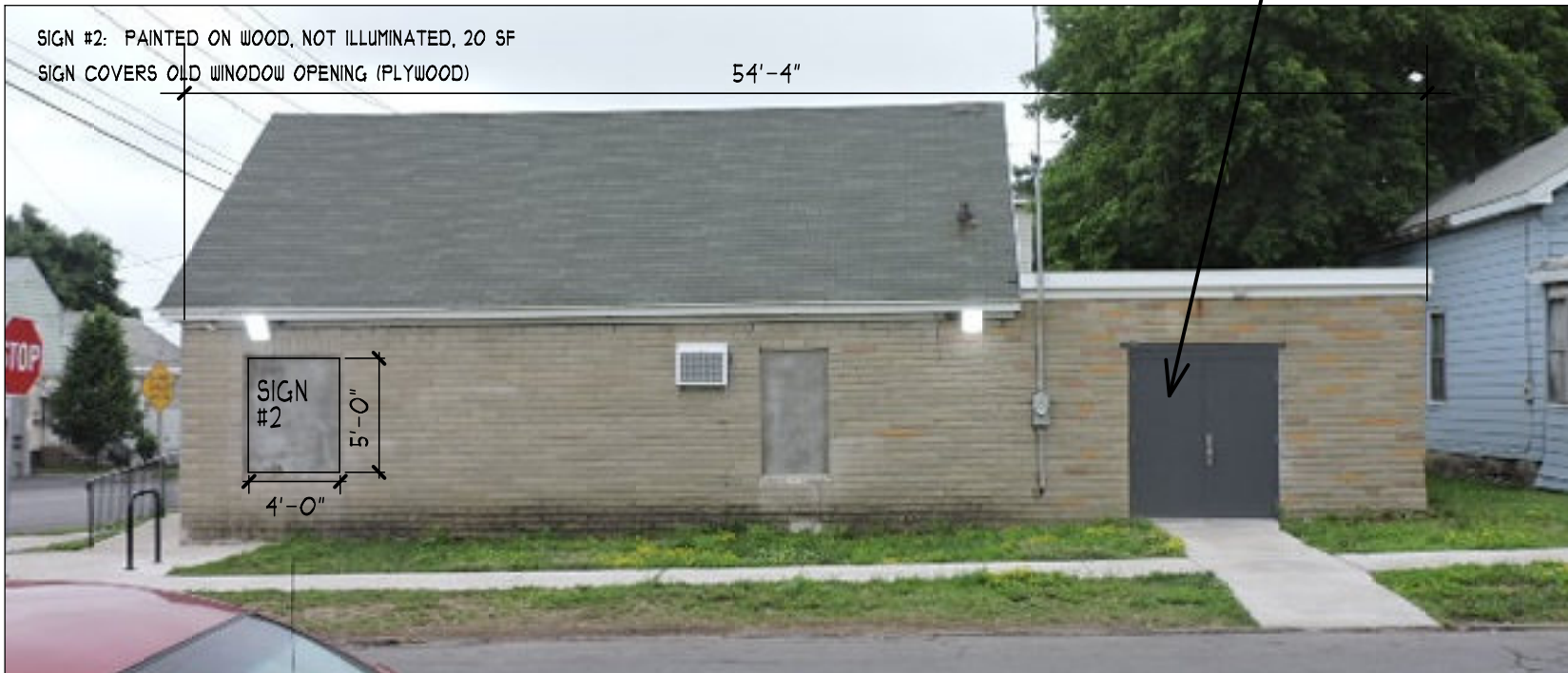
▲ PAIN PREVIOUS "YELLOW" SIDING TO NEW "GRAY" COLOR

1 NORTH WEST- WOLF ST
A-2 1/10" = 1'-0"



▲ PAIN PREVIOUS "YELLOW" DOORS TO NEW "GRAY" COLOR

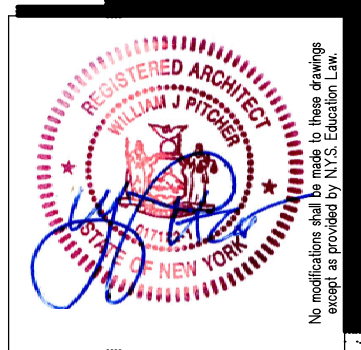
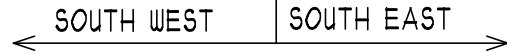
3 NORTH EAST
A-2 NOT TO SCALE



2 SOUTH WEST - CARBON ST
A-2 1/10" = 1'-0"



4 SOUTH EAST
A-2 NOT TO SCALE



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SIGNAGE,
& ELEVATIONS
A-2