

City of Syracuse
Office of Zoning Administration

SPECIAL PERMIT APPLICATION

1 Commons - Room 500 * 201 E. Washington Street * Syracuse, NY 13202-1426 * 315-448-8640
315-448-8640 * zoning@syr.gov.net * www.syr.gov.net/Zoning.aspx

Office Use Date: 5/10/21 Case: SP-06-01M2 Zoning District: CBD-GSA

SPECIAL PERMIT REQUESTED (Check all that apply and briefly describe.)

- Restaurant (bars, taverns, coffee shops, night clubs): Customer Area Square Footage: _____
 Dining Room _____ Entertainment - hours & details _____
 Bar Service _____ Stage - hours _____
 Drive-Thru _____ DJ Booth - hours _____
 Other (describe): _____

TAX ASSESSMENT ADDRESS(ES)	TAX MAP ID(S) (000.-00-00.0)	OWNER(S)*	DATE ACQUIRED
1) 317-21 FRANKLIN ST. S	101-04-14.0	FRANKTON ASSOC. LLC	1998
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

* As listed in the Department of Assessment property tax records at <http://syr.gov.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 (Please check all that apply and briefly describe.)

- Demolition (full and partial): _____
 New Construction: _____
 Exterior (façade) Alterations: NEW SIGN
 Site Changes: SIGN HAS BEEN PLACED ON BUILDING

PROJECT INFORMATION (Briefly describe, as applicable.)

Business/Project Name: RAZIE D'ARIE "OUR VEGAN CARER" RESTAURANT
Current Land Use(s): COMMERCIAL RETAIL
Proposed Land Use(s): _____
Total Number of Dwelling Units: _____
Days and Hours of Operation: M-W 12-7pm THUR-SAT 12-9pm SUN 12-6pm
Total Number of Onsite Parking Spaces: 0

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

Sign has been placed at Building already
I had professional sign Co. do it,
Went aware of the permit needed to do so.
PLACE 11.7" X 19.19" NON-ILLUMINATED WALL SIGN

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.**

FRANKTON ASSOCIATES, LLC

First Name	Last Name	Title	Company		Phone:
					315-471-8866
Street Address		Apt / Suite / Other	City	St	Zip
315 So. FRANKLIN STREET					
* Signature:			Date:		
MIPWA			5-10-2021		

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

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

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

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

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

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

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

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

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

Office Use Filing Date: Case: Zoning District:

SIGN TABLE
Please provide the following information for all existing and proposed business identification signage.

The business / tenant has space on the 1st story at street level: Yes No
 The business / tenant has space with direct frontage on the street: Yes No
 Street Name 1: 317-21 FRANKLIN ST S Linear building or tenant space frontage/width (feet): 19'
 Street Name 2: _____ Linear building or tenant space frontage/width (feet): _____

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 (sq ft)
1	Proposed	Wall	N/A	NO LIGHTING	RE-ZZIE DAZZ "Our Very Corner"	12	19.19'	11.75'	224.523

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

Business identification signs are only allowed for uses allowed by right, Variance, or Special Permit

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)

The total area of allowed business signage in the zoning districts below is based on the linear business / tenant space frontage (width) on the street (not the lot frontage)

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

"Our *Vegan* **Corner"** **RAZZLE DAZZLE**

11.7 in

19.19 in

175 in

Our Vegan Corner™ RAZZLE DAZZLE

GoodVibes

RAZZLE DAZZLE
Our Vegan Corner
OPENING SOON
VEGAN ICE CREAM
ITALIAN ICE

OL S-7766

CLOSED

VEGAN CORNER

RAZZLE DAZZLE
Our Vegan Corner
OPENING SOON
VEGAN SOUL FOOD
ITALIAN ICE

WE ACCEPT

114

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: <i>RAZZLE Dazzle "Our Vegan Corner" Sign</i>			
Project Location (describe, and attach a location map): <i>(AKA 140 WALTON Street) 317-21 Franklin ST S</i>			
Brief Description of Proposed Action: <i>I have a new Vegan restaurant that opened a month ago where Subways use to be. I hired a sign company to place sign on property. I have sent pictures & dimension of with and length of sign.</i>			
Name of Applicant or Sponsor: <i>Rev. Curtis Levy</i>		Telephone: <i>315 877-0453</i>	
		E-Mail: <i>revcurtislevy@yaho.com</i>	
Address: <i>4899 Memory Lane</i>			
City/PO: <i>MADIRUS</i>		State: <i>NY</i>	Zip Code: <i>13104</i>
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:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<i>3600 acres Square Feet</i>	
b. Total acreage to be physically disturbed?		<i>N/A</i> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>3600 acres square Feet</i>	
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 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			

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	<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?	<input checked="" type="checkbox"/>	<input 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: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input 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: _____ _____	<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: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	<input checked="" type="checkbox"/>	<input 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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: <u>Zen Curtis Levy</u> Date: <u>5/3/2021</u> Signature: <u>Zen Curtis Levy</u> Title: <u>owner</u>		