

City of Syracuse
Office of Zoning Administration

SPECIAL PERMIT APPLICATION

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> Restaurant (bars, taverns, coffee shops, night clubs): | Customer Area Square Footage: _____ |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Entertainment - hours & details |
| <input type="checkbox"/> Bar Service | <input type="checkbox"/> Stage - hours |
| <input type="checkbox"/> Drive-Thru | <input type="checkbox"/> DJ Booth - hours |
- Other (describe): Private Fitness Facility

<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) 225 W Jefferson St	_____	_____	_____
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) Special Permit 2) _____ 3) _____

PROJECT CONSTRUCTION (Please check all that apply and briefly describe.)

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

PROJECT INFORMATION (Briefly describe, as applicable.)

Business/Project Name: Private Fitness Facility

Current Land Use(s): B Business

Proposed Land Use(s): A3

Total Number of Dwelling Units: 0

Days and Hours of Operation: 8am - 5pm

Total Number of Onsite Parking Spaces: NA

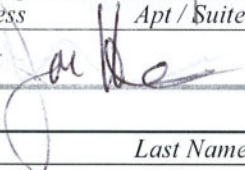
PROJECT DESCRIPTION (Provide a brief description of the project, including purpose or need.)

Interior fitout for a private fitness room for use by the tenants of the adjacent office 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.**

Joe	Hucko	President	WASHINGTON ST PARTNERS		
First Name	Last Name	Title	Company		
120 E Washington ST		Suite 731	Syracuse	NY	13202
Street Address	Apt / Suite / Other	City	St	Zip	Phone: 315 426-2624
* Signature: 			Date:		
Email: joe@WASHINGTONSTPARTNERS.COM					

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

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

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

Joe	Hucko	Owner	Washington Street Partners		
First Name	Last Name	Title	Company		
Street Address		Apt / Suite / Other	City	St	Zip
* Signature:			Date:		
Phone: 315 447-5672					
Email: joe@washingtonstpartners.com					

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

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

James	Knittel	Principal	in Architect, PLLC			
First Name	Last Name	Title	Company			
Street Address		Apt / Suite / Other	City	St	Zip	
* Signature:			Date:			
Phone: 315 728-9458						
Email: jknittel@in-architects.com						
239 E Water St		2nd Fl	Syracuse	NY	13202	
First Name	Last Name	Title	Company			
Street Address	Apt / Suite / Other	City	St	Zip	Email:	

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

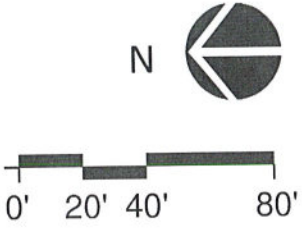
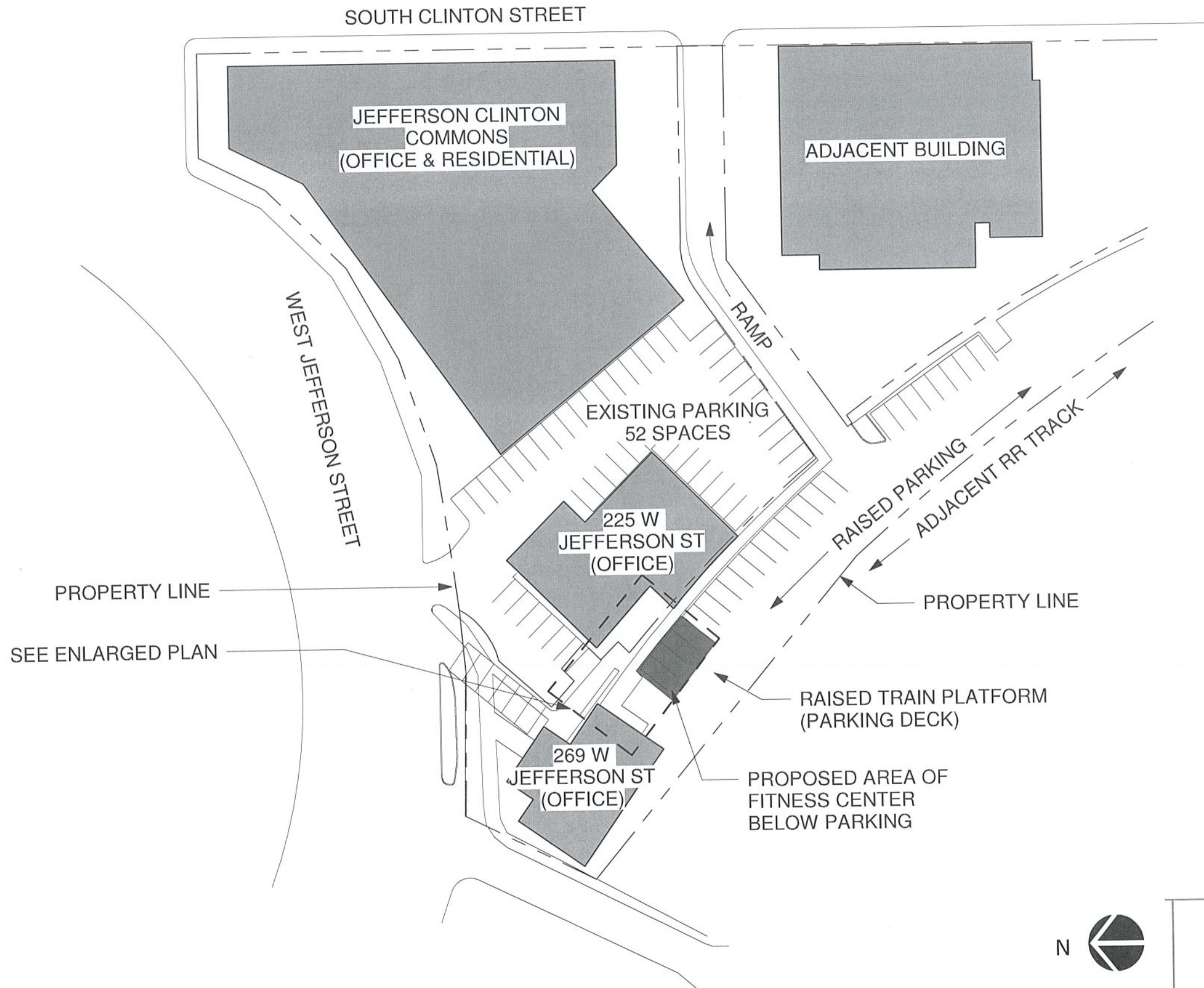
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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			
Interior build-out for Private Fitness center , 225 W Jefferson St			
Name of Action or Project: Private fitness Cnter			
Project Location (describe, and attach a location map): 225 W Jefferson St, Syracuse ,NY			
Brief Description of Proposed Action: Interior buildout of small fitness facility for private use by tenants of adjacent office building. Space is within an existing railroad platform structure.			
Name of Applicant or Sponsor: James Knittel		Telephone: 315 728-9458	
		E-Mail: jknittel@in-architects.com	
Address: 239 E Water St, 2nd Fl			
City/PO: Syracuse		State: NY	Zip Code: 13202
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 special permit Syracuse Building permit			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		_____ < 1 acres	
b. Total acreage to be physically disturbed?		_____ 0 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? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>	

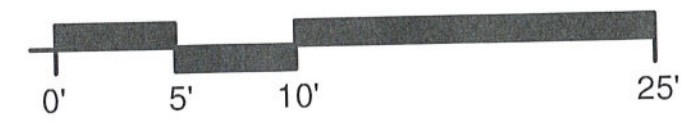
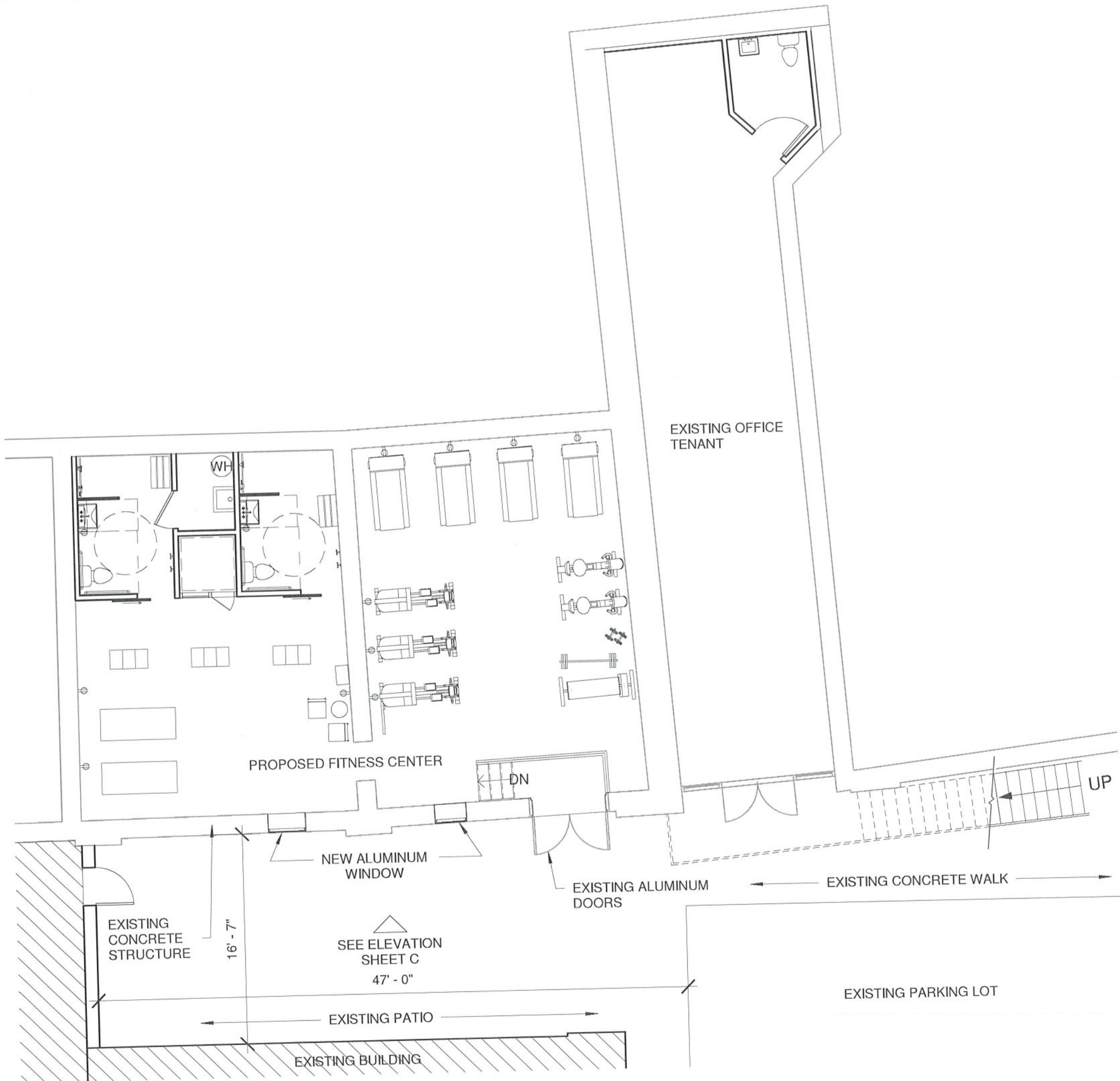
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> 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 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: <u>James Knittel</u> Date: <u>2/2/21</u> Signature: _____ Title: _____		



THE VAULTS
 225 WEST JEFFERSON STREET
 SYRACUSE, NEW YORK 13202


DATE: 02/25/2021
 SCALE: 1" = 60'-0"
 SHEET A - SITE PLAN

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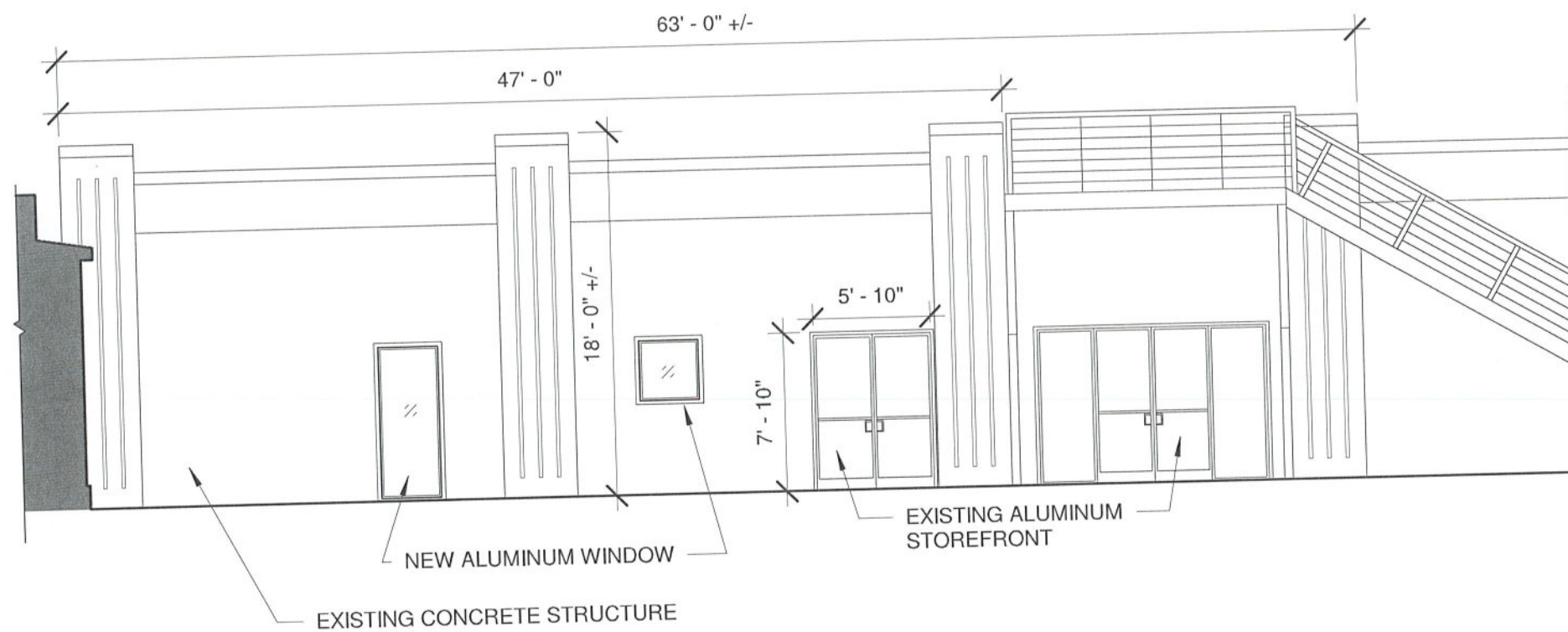


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DATE: 02/25/2021
 SCALE: 1/8" = 1'-0"
 SHEET B - ENLARGED SITE PLAN



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DATE: 02/25/2021
 SCALE: 1/8" = 1'-0"
 SHEET C - ELEVATION



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OWNER

WASHINGTON STREET PARTNERS
120 E. WASHINGTON STREET
SYRACUSE, NY 13202
(315) 426-2624 (phone)
CONTACT: JOSEPH HUCKO
E-MAIL: JOEH@WASHINGTONSTPARTNERS.COM

ARCHITECT

IN-ARCHITECTS, PLLC
239 EAST WATER STREET
SYRACUSE, NY 13202
(315) 728-9458 (phone)
CONTACT: JIM KNITTEL
E-MAIL: JKNITTEL@IN-ARCHITECTS.COM

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225 WEST JEFFERSON STREET SYRACUSE, NEW YORK

PROJECT #20090



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SYRACUSE, NEW YORK

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

REVISIONS		
NO.	DESCRIPTION	DATE
1	Revision 1	01/19/2021
2	Revision 2	02/02/2021

COVER SHEET

Project Status PERMIT
Date 12/17/2020
Project Number 20090
Drawn By MAA
Checked By JRK

A001

CODE REVIEW:

PROJECT:
PRIVATE FITNESS CENTER (+1200 SF)
EXISTING STRUCTURE - PRESCRIPTIVE COMPLIANCE METHOD

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 ENERGY CODE OF NEW YORK STATE
PROPERTY CONSERVATION CODE OF THE CITY OF SYRACUSE

REFERENCE CODES:
ICC A117.1-09 ACCESSIBLE AND USABLE BUILDINGS & FACILITIES
NFPA 13-18 STANDARD FOR THE INSTALLATION OF SPRINKLER SYSTEMS
NFPA 72-18 NATIONAL FIRE ALARM CODE
NFPA 101-18 LIFE SAFETY CODE

USE AND OCCUPANCIES:
B OCCUPANCY (A3 USE LESS THAN 50 PERSONS)
1200 SF / 50 SF PER OCCUPANT = 26 OCCUPANTS

TYPE OF CONSTRUCTION:
TYPE 2B

FIRE RESISTANCE RATING REQUIREMENTS TABLE 601:
NONE REQUIRED

FIRE PROTECTION SYSTEMS CHAPTER 9:
NO SPRINKLER OR FIRE ALARMS REQUIRED.

EGRESS:
26 OCCUPANTS 1 EXIT REQUIRED
1 EXIT PROVIDED - DIRECTLY TO EXTERIOR

ACCESSIBILITY:
IT WOULD BE TECHNICALLY INFEASIBLE TO PROVIDE ACCESSIBILITY TO THE SPACE AND AS PER EBCNYS SECTION 305.7, EXCEPTION 1, WOULD NOT BE REQUIRED. TOILET AND SHOWER FACILITIES WITHIN SPACE ARE ACCESSIBLE.

PLUMBING:
2 FIXTURES REQUIRED 2 PROVIDED
2 LAVS REQUIRED 2 PROVIDED
1 MOP SINK REQUIRED 1 PROVIDED
1 DRINKING FOUNTAIN REQUIRED 1 PROVIDED

EBCNYS NOTES:
-ALL NEW CONSTRUCTION ELEMENTS INCLUDING ELECTRICAL AND MECHANICAL DEVICES AND EQUIPMENT SHALL COMPLY W/ EBCNYS.

-ALL NEW FINISHES SHALL COMPLY WITH CHAPTER 8 OF THE 2020 BCNYS. WALL AND CEILING FINISHES TO BE CLASS C MINIMUM.

-ALL NEW WORK INCLUDING ELECTRICAL AND MECHANICAL DEVICES AND EQUIPMENT TO COMPLY WITH THE 2020 ENERGY CONSERVATION CODE OF NYS.



KEY PLAN

AREA OF WORK



DRAWING LIST				
SHEET NUMBER	SHEET NAME	ISSUED DATE	REVISION #	REVISION DATE
GENERAL INFORMATION				
A001	COVER SHEET	12/17/2020	2	02/02/2021
ARCHITECTURAL				
A201	FLOOR PLAN	12/17/2020	2	02/02/2021
A501	INTERIOR ELEVATIONS	12/17/2020	2	02/02/2021



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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	01/19/2021
2	Revision 2	02/02/2021

FLOOR PLAN

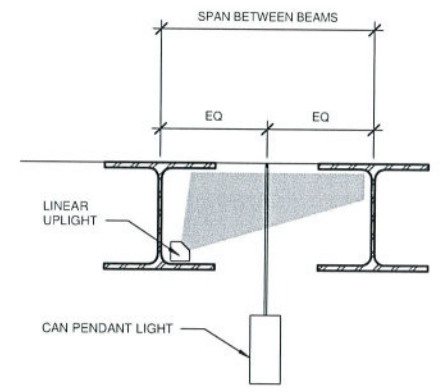
Project Status	PERMIT
Date	12/17/2020
Project Number	20090
Drawn By	MAA
Checked By	JRK

A201

SYMBOL LEGEND

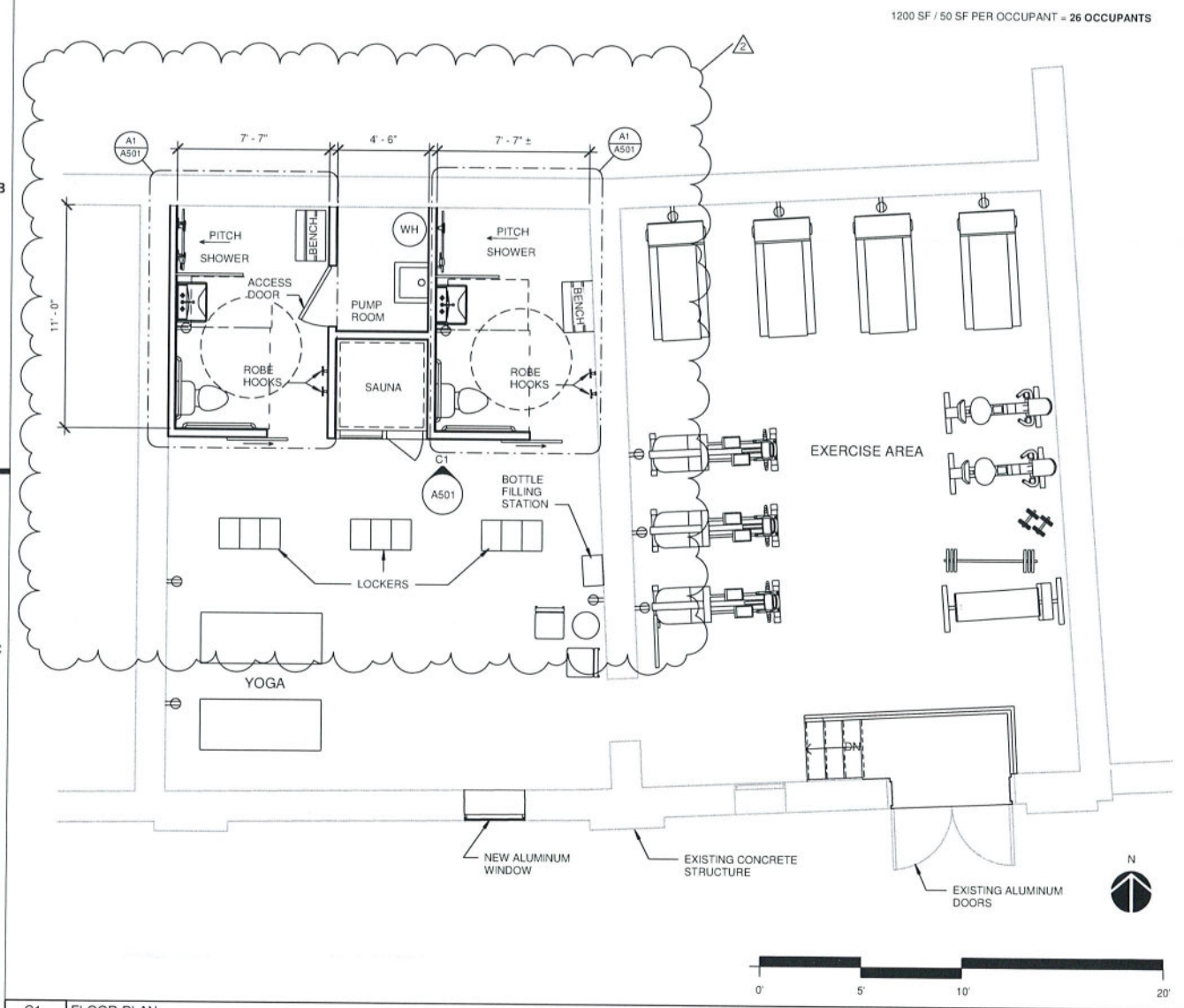
	EMERGENCY EXIT LIGHTING		SPEAKER
	HEAT DETECTOR / ALARM	X'-X"	CEILING HEIGHT
	SMOKE DETECTOR / ALARM LOCATION	o	6" CAN PENDANT LIGHTING
	EXHAUST FAN	—	LED STRIP UPLIGHT
	WALL MOUNTED LIGHT	O	6" RECESSED LIGHTING
	ELECTRICAL OUTLET		
	DATA LOCATION		

NOTES:
1.

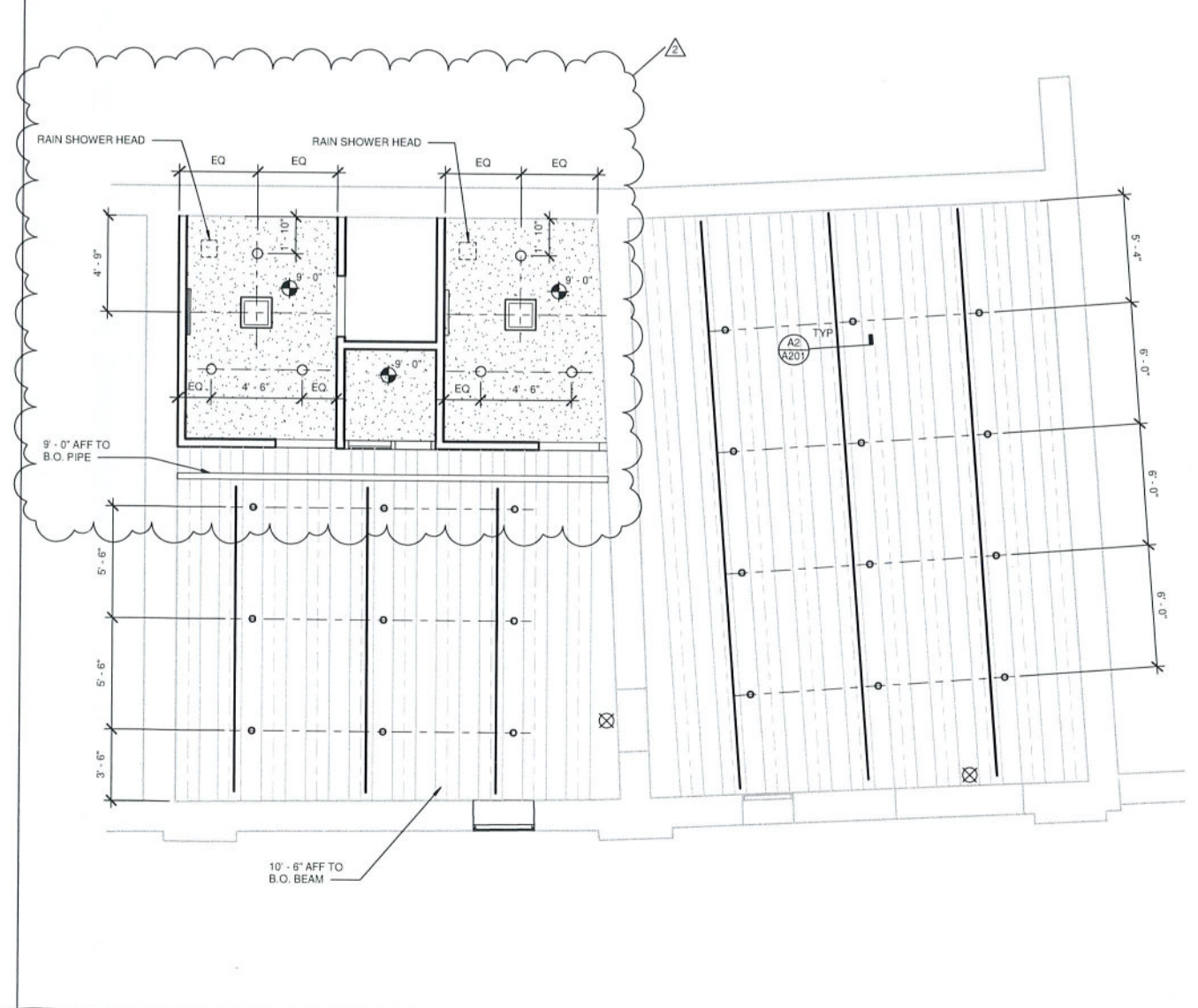


A2 LIGHTING DIAGRAM @ BEAMS
A201 SCALE: 1" = 1'-0"

A3 SYMBOL LEGEND
A201 SCALE: NO SCALE



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



C3 REFLECTED CEILING PLAN
A201 SCALE: 1/4" = 1'-0"

2/2/2021 11:02:06 AM
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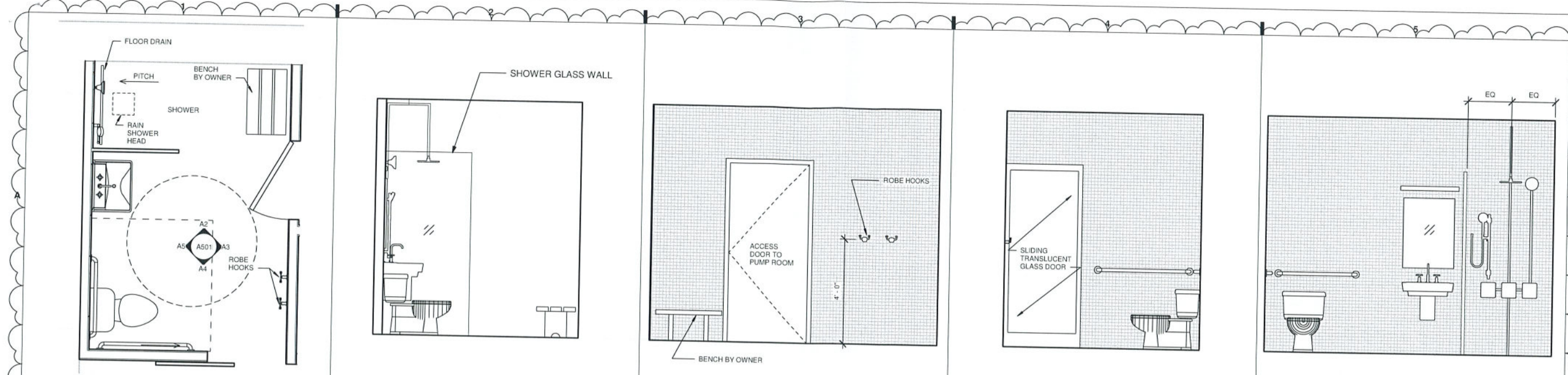
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REVISIONS		
NO.	DESCRIPTION	DATE
2	Revision 2	02/02/2021

INTERIOR ELEVATIONS

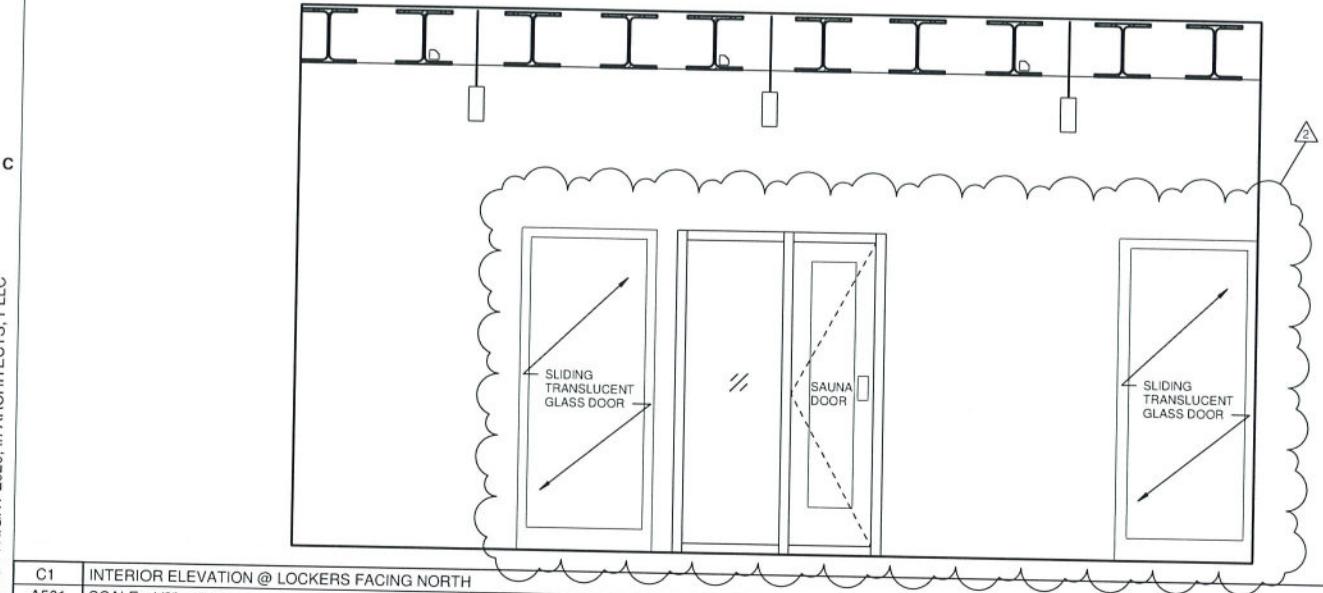
Project Status	PERMIT
Date	12/17/2020
Project Number	20090
Drawn By	MAA
Checked By	JRK

A501



A1	BATHROOM ENLARGED PLAN	A2	BATHROOM - INTERIOR ELEVATION A	A3	BATHROOM - INTERIOR ELEVATION B	A4	BATHROOM - INTERIOR ELEVATION C	A5	BATHROOM - INTERIOR ELEVATION D
A501	SCALE: 1/2" = 1'-0"	A501	SCALE: 1/2" = 1'-0"	A501	SCALE: 1/2" = 1'-0"	A501	SCALE: 1/2" = 1'-0"	A501	SCALE: 1/2" = 1'-0"

B3		B4		B5	
A501		A501		A501	



C1	INTERIOR ELEVATION @ LOCKERS FACING NORTH	C4		C5	
A501	SCALE: 1/2" = 1'-0"	A501		A501	

2/2/2021 11:02:07 AM
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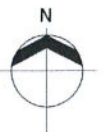
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JANUARY 29, 2021
#20090







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PHOTO NUMBER:

PHOTO TITLE:

PERSPECTIVE OF SITE





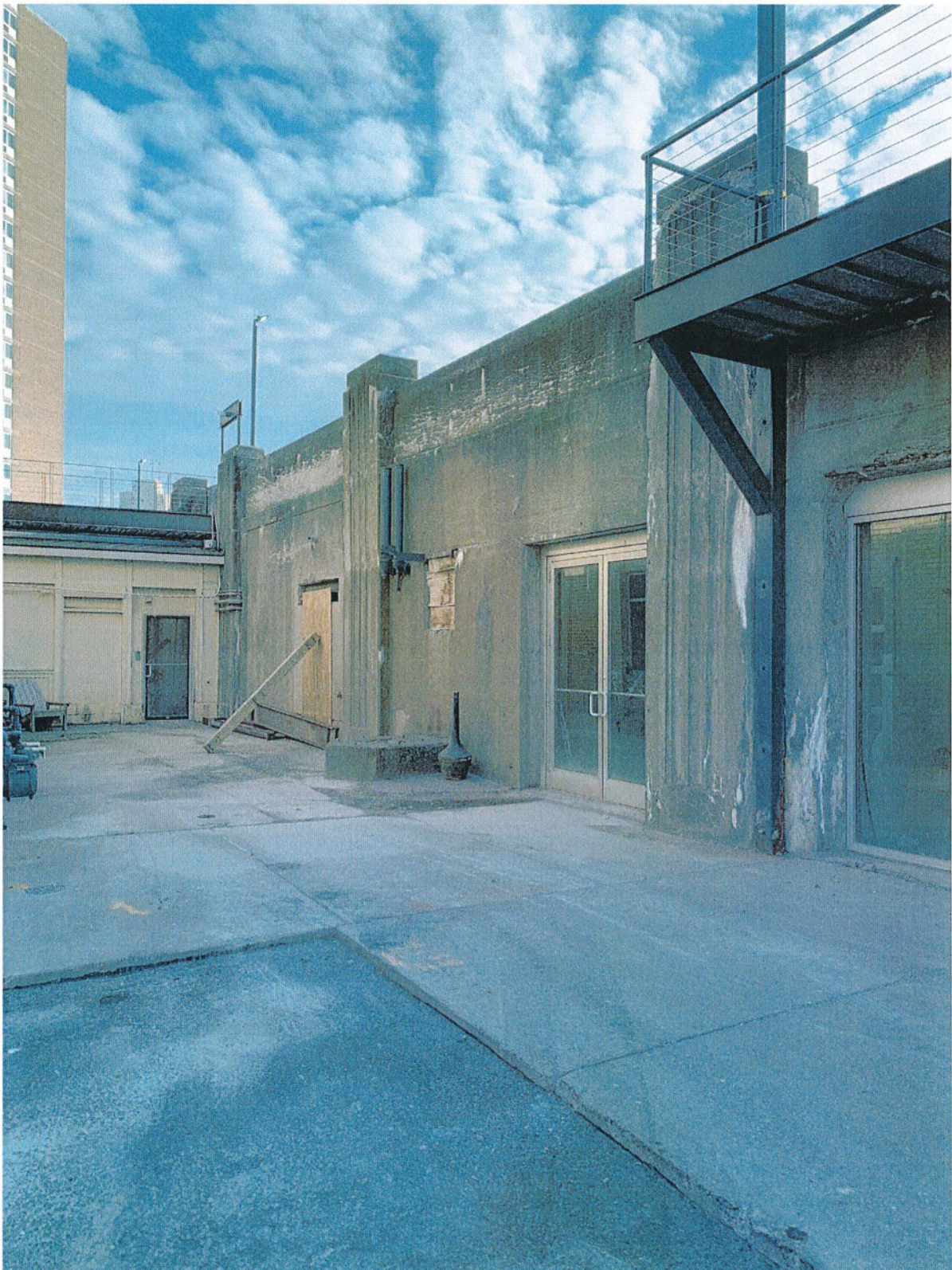
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PHOTO NUMBER:

PHOTO TITLE:

EXTERIOR PERSPECTIVE
OF EXISTING CONCRETE
BUILDING







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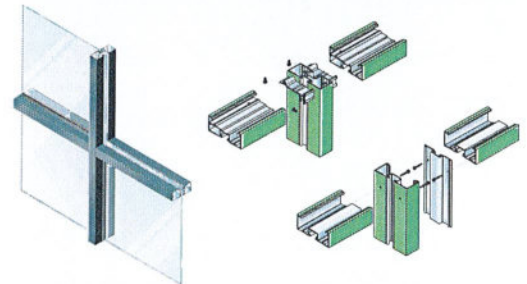
PHOTO NUMBER:








PHOTO TITLE: PARKING DECK ABOVE SITE

SERIES 401 STOREFRONT FRAMING



Shear Block • Screw Spline • Can Receptor
 Series 401 is an economical 1-3/4" X 4-1/2" flush glaze system available in both shear block and screw spline fabrication methods. Series 401 Storefront can accommodate all standard 1 3/4" and 2" entrances as well as WV410 vents. Vertical mullions will accept steel reinforcement to enhance structural performance.



STRUCTURAL LOAD <small>(ASTM E330)</small> VISIT EFCOCORP.COM		WATER RESISTANCE <small>(ASTM E547 & E331)</small> SCREW SPLINE: 12 PSF SHEAR BLOCK: 10 PSF	
AIR INFILTRATION <small>(ASTM E283)</small> <0.06 CFM/FT ²		CRF <small>(AAMA 1503)</small> N/A	
U-FACTOR* <small>(ANSI/NFRC 100/200)</small> N/A		OITC* <small>(ASTM E90 & E413)</small> SCREW SPLINE: 26	
STC* <small>(ASTM E90 & E413)</small> SCREW SPLINE: 26			

STANDARD FEATURES

- Two fabrication / erection options (screw spline, shear block)
- Open back and shear block door frames with transom bars and rubber weather stripping
- The same glazing gasket used for exterior and interior
- Accommodates from 3/16" to 3/8" glazing
- 2-way corner mullions (90° & 135°)
- 3-way corner mullions (T-mullions)
- 0° - 15° and 15° - 30° variable mullions
- Various height intermediate horizontals and sills
- Accessory line of perimeter anchors, pocket fillers, and door adaptors, etc.
- Anodized and painted finishes available

* Performance dependent on glass selection. Please contact your EFCO sales rep for project specific performance.