

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](mailto:zoning@syr.gov) \* [www.syr.gov.net/Zoning.aspx](http://www.syr.gov.net/Zoning.aspx)

Office Use \_\_\_\_\_ Date: \_\_\_\_\_ Case: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**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): BUSINESS OFFICES

<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) <u>2118 E. GENESEE ST.</u>	<u>037.-21-02.0</u>	<u>LASALA LLC.</u>	<u>12/29/20</u>
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) PROJECT SITE REVIEW 3) \_\_\_\_\_

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

- Demolition** (full and partial): MINOR NON-STRUCTURAL WALL MODIFICATIONS.
- New Construction:** \_\_\_\_\_
- Exterior (façade) Alterations:** \_\_\_\_\_
- Site Changes:** \_\_\_\_\_

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

Business/Project Name: LASALA LLC.

Current Land Use(s): MIXED OCCUPANCY - BUSINESS / RESIDENTIAL

Proposed Land Use(s): SAME

Total Number of Dwelling Units: THREE (3)

Days and Hours of Operation: 24 HRS. / 7 DAYS A WEEK

Total Number of Onsite Parking Spaces: THIRTEEN (13)

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

- UPGRADE FINISHES IN EXISTING THREE (3) APARTMENTS ON THE SECOND LEVEL AND REMODEL FIRST FLOOR BUSINESS AREA UNITS. PROVIDE ADA COMPLIANT TOILET ROOMS, PROVIDE HORIZONTAL FIRE SEPARATION BETWEEN FIRST & SECOND FLOORS, UPGRADE ELECTRICAL & LIGHTING.



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.**

Jonathan LaSala	Member	Casala LLC
First Name	Title	Company
115 E Jefferson St Ste 300	Syracuse	NY 13202
Street Address	City	St Zip
* Signature: <i>Jonathan LaSala</i>		Date: 5/21/21
		Phone: 315-882-7531
		Email: JLaSala@AcropolisRealtyGroup.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)**

Jonathan LaSala	Member	Casala LLC
First Name	Title	Company
115 E Jefferson St Ste 300	Syracuse	NY 13202
Street Address	City	St Zip
* Signature:		Date:
		Phone: 315-882-7531
		Email: JLaSala@AcropolisRealtyGroup.com

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

ROBERT ABBOTT JR.	ARCHITECT	ROBERT C. ABBOTT JR. - ARCHITECT
First Name	Title	Company
2501 JAMES ST. - STE.# 110	SYRACUSE	N.Y. 13206
Street Address	City	St Zip
* Signature:		Date:
		Phone: (315) 437-1037
		Email: RCAJR.ARCHITECT@YAHOO.COM



# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project: <b>LA SALA LLC,</b>			
Project Location (describe, and attach a location map): <b>2118 E. GENESEE ST., SYRACUSE, N.Y.</b>			
Brief Description of Proposed Action: <b>- UPGRADE FINISHES IN EXISTING THREE (3) APARTMENTS ON THE SECOND LEVEL AND REMODEL FIRST FLOOR BUSINESS AREA UNITS. PROVIDE ADA COMPLIANT TOILET ROOMS, PROVIDE HORIZONTAL FIRE SEPARATION BETWEEN FIRST &amp; SECOND FLOORS, UPGRADE ELECTRICAL &amp; LIGHTING.</b>			
Name of Applicant or Sponsor: <b>ROBERT C. ABBOTT JR. - ARCHITECT</b>		Telephone: <b>(315) 437-1037</b>	
Address: <b>2501 JAMES ST. - STE. # 110</b>		E-Mail: <b>RCAJR.ARCHITECT@YAHOO.COM</b>	
City/PO: <b>SYRACUSE</b>		State: <b>N.Y.</b>	Zip Code: <b>13206</b>
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"/>
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: <b>BUILDING PERMIT FROM CITY OF SYRACUSE, N.Y.</b>			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? <b>.53</b> acres			
b. Total acreage to be physically disturbed? <b>0</b> acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <b>.53</b> 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,	NO	YES	N/A
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?	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?	NO	YES	
If Yes, identify: _____	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
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?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<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?	NO	YES	
	<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?	NO	YES	
	<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)? If Yes, briefly describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
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"/>
_____		
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: <u>ROBERT C. ABBOTT JR.</u> Date: <u>5/25/21</u>		
Signature: <u>[Signature]</u> Title: <u>ARCHITECT</u>		

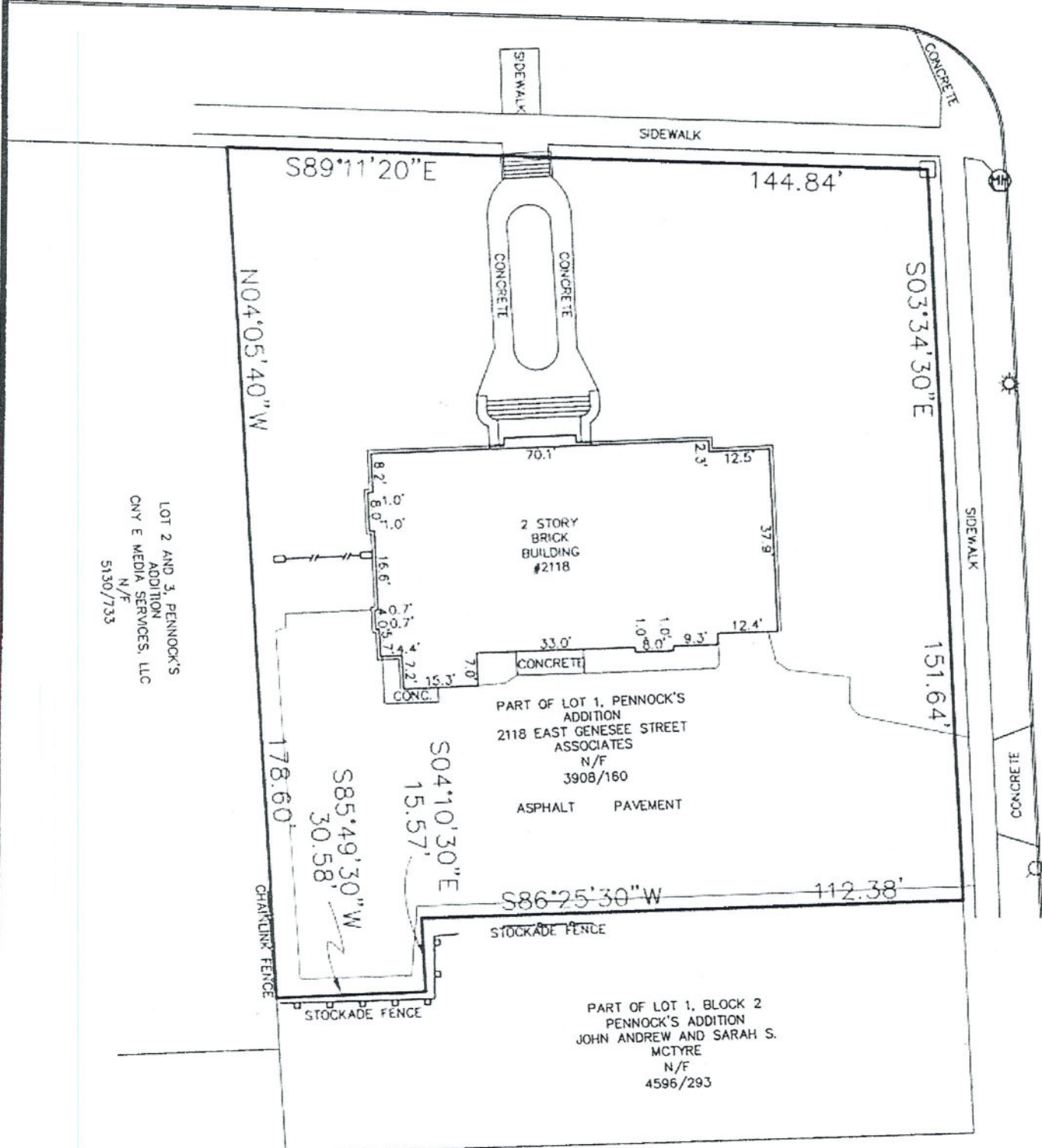


# EAST GENESEE STREET



STREET

ALLEN



LOT 2 AND 3, PENNOCK'S  
ADDITION  
ONY E MEDIA SERVICES, LLC  
N/F  
5130/733

Certified to:  
Casala, LLC  
Lakeview Funding LLC, its successors and/or assigns  
Morgenstern DeVoesick PLLC



To: Division of Code Enforcement

To: The City Of Syracuse Permitting Office

201 East Washington St.  
City Hall Commons Room 301  
Syracuse, New York 13202

To whom it may concern,

In preparation for the completion of the rehab project of 2118 East Genesee Street, the landlord (CaSala LLC) agrees not to allow use of the property for any commercial tenants on the ground floor until an updated certificate of occupancy has been issued to the landlord. The ground floor will be occupied and operated by commercial tenants; but will remain vacant until we have met all regulations and obtain all required documents.

Sincerely,

 5/19/21

Jonathan LaSala: Member  
CaSala LLC  
115 East Jefferson Street Suite 300  
Syracuse NY 13202

STATE OF NEW YORK            )  
COUNTY OF ONONDAGA       ) ss.:

On the 19<sup>th</sup> day of May in the year 2021 before me, the undersigned, personally appeared JONATHAN LASALA, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Notary Public

KEVIN M. POLE  
Notary Public, State of New York  
Qualified in Onondaga Co. No. 02P06076749  
My Commission Expires July 1, 2022



**STATE OF NEW YORK**  
**DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the  
Department of State, at the City of Albany, on  
November 18, 2020.

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

**ARTICLES OF ORGANIZATION  
OF  
Casala, LLC**

Under Section 203 of the Limited Liability Company Law

**FIRST:** The name of the limited liability company is:

**Casala, LLC**

**SECOND:** The county, within this state, in which the office of the limited liability company is to be located is ONONDAGA.

**THIRD:** The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

Casala, LLC  
115 East Jefferson St.  
Suite 300  
Syracuse, NY 13202

**FOURTH:** The limited liability company is to be managed by: ONE OR MORE MEMBERS.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Milena Vorndran (signature)

---

Milena Vorndran , ORGANIZER  
200 Delaware Avenue  
Suite 900  
Buffalo, NY 14202

**Filed by:**

Milena Vorndran, Paralegal - Bond, Schoeneck & King, PLLC  
200 Delaware Avenue  
Suite 900  
Buffalo, NY 14202



**BOND, SCHOENECK & KING, PLLC (42)**  
**DRAWDOWN**  
**CUSTOMER REF# 416870**

**FILED WITH THE NYS DEPARTMENT OF STATE ON: 11/18/2020**  
**FILE NUMBER: 201118010104; DOS ID: 5880654**

ONLINE FILING RECEIPT

ENTITY NAME: CASALA, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM. LLC)

COUNTY: ONON

FILED:11/18/2020 DURATION:\*\*\*\*\* CASH#:201118010104 FILE#:201118010104  
DOS ID:5880654

FILER:

EXIST DATE

MILENA VORNDRAN, PARALEGAL - BOND, SCHOENECK & KING, PLLC 11/18/2020  
200 DELAWARE AVENUE  
SUITE 900  
BUFFALO, NY 14202

ADDRESS FOR PROCESS:

CASALA, LLC  
115 EAST JEFFERSON ST.  
SUITE 300  
SYRACUSE, NY 13202

REGISTERED AGENT:



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the Biennial Statement is due will only be made via email. Please go to [www.email.ebiennial.dos.ny.gov](http://www.email.ebiennial.dos.ny.gov) to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: BOND, SCHOENECK & KING, PLLC-42  
SERVICE CODE: 42

FEE:	210.00	PAYMENTS	210.00
FILING:	200.00	CHARGE	0.00
TAX:	0.00	DRAWDOWN	210.00
PLAIN COPY:	0.00		
CERT COPY:	10.00		
CERT OF EXIST:	0.00		

416870

DOS-1025 (10/2020)

Authentication Number: 2011180131 To verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>



# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

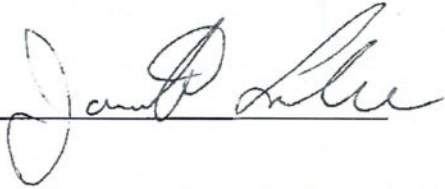
▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Casala, LLC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>115 East Jefferson St. Suite 300</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <b>Syracuse New York 13202</b>	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <b>Onondaga County New York</b>	
	7a Name of responsible party <b>Jonathan LaSala</b>	7b SSN, ITIN, or EIN <b>105-76-3081</b>
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members <b>1</b>	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ <b>Disregarded Entity</b>		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<input type="checkbox"/> Started new business (specify type) ▶ <b>Real Estate Holding Company</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. <b>November 18, 2020</b>		12 Closing month of accounting year <b>December</b>
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural <b>0</b>	Household <b>0</b>	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
16 Check <b>one</b> box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) <b>Real Estate Holding Company</b>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Real Estate Holding Company</b>		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶		

Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
Third Party Designee	Designee's name <b>Milena Vorndran - Bond, Schoeneck &amp; King, PLLC</b>	Designee's telephone number (include area code) ( <b>716</b> ) <b>416-7065</b>
	Address and ZIP code <b>200 Delaware Avenue, Suite 900, Buffalo, NY 14202</b>	Designee's fax number (include area code) ( <b>716</b> ) <b>416-7365</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶ <b>Jonathan LaSala</b> <b>Member</b>		( <b>315</b> ) <b>396-0493</b>
Signature ▶		Applicant's fax number (include area code) ( )
Date ▶ <b>11/19/20</b>		

Authorization for Third Party Designee to Obtain EIN

I, **Jonathan LaSala**, hereby authorize a representative of Bond, Schoeneck & King, PLLC ("BOND") to apply for and receive an Employer Identification Number ("EIN") on my behalf for **Casala, LLC**. I understand that the representative of Bond will be completing an online application to obtain the EIN and answering questions on my behalf. I also understand that the representative of Bond will be transmitting my Social Security Number electronically to the Internal Revenue Service.

Signed: 

Dated: 11/19/20













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2100 E, GENESEE ST.  
CNY E-MEDIA SERVICES LLC - OWNER

⊖





2121 E. GENESEE ST.  
J & J ASSOCIATES - OWNER

⑫





2201 E. GENESEE ST.  
SYLVIA W. NORTON - OWNER

(13)





2200 E. GENESEE ST.  
2200 E. GENESEE PROP LLC - OWNER

14





416 ALLEN ST.  
JOHN A. MCTYRE - OWNER

15





\* FOLD DOWN LADDER  
FOR ATTIC ACCESS,





**WARNOCK HERSEY**

LISTED FIRE DOOR  
1-1/2 HOUR RATING  
TEMP. RISE-30 MINS.-250° F. MAX.  
MIN. LATCH THROW - 1/2 INCH

DO NOT REMOVE  
OR COVER THIS  
LABEL

WHI-

193231

FOR INSTALLATION SINGLY OR IN PAIRS



Weyerhaeuser

MARSHFIELD,

\* RATED DOOR LABEL





\* SECOND LEVEL FLOOR  
JOIST CONSTRUCTION



## Wood Framed



30 Minutes Fire-Rated Construction		Loadbearing	Acoustical Performance		Reference
Construction Detail	Description	Test Number	STC	Test Number	Index
	<ul style="list-style-type: none"> <li>5/8" SHEETROCK UltraLight Panels FIRECODE 30</li> <li>2x4 wood studs 16" o.c.</li> <li>optional insulation</li> <li>optional RC-1 channel</li> </ul>	UL Des U407	45	<b>RAL-TL11-085</b> Based on R-11 fiberglass sound batt, RC-1 channel	A-54
	<ul style="list-style-type: none"> <li>5/8" SHEETROCK UltraLight Panels FIRECODE 30</li> <li>2x4 studs 16" o.c.</li> <li>optional insulation</li> <li>optional RC-1 channel</li> </ul>	UL Des U407	35	<b>RAL-TL11-087</b> Based on R-11 fiberglass sound batt	A-55
	<ul style="list-style-type: none"> <li>5/8" SHEETROCK UltraLight Panels FIRECODE 30</li> <li>2x4 wood studs 16" o.c.</li> <li>optional insulation</li> <li>optional RC-1 channel</li> </ul>	UL Des U407	52	<b>RAL-TL11-132</b> Based on R-11 fiberglass sound batt, RC-1 channel one side	A-56
<b>45 Minutes Fire-Rated Construction</b>		<b>Loadbearing</b>			
	<ul style="list-style-type: none"> <li>1/2" SHEETROCK FIRECODE C Core gypsum panels</li> <li>2 x 4 wood stud 16" o.c.</li> <li>joints finished</li> </ul>	UL Des U317			A-57
<b>1 Hour Fire-Rated Construction</b>					
	<ul style="list-style-type: none"> <li>1/2" IMPERIAL FIRECODE C Core gypsum Base, veneer finish only (not drywall)</li> <li>2 x 4 stud 16" o.c.</li> <li>joints finished</li> <li>1/16" veneer finish</li> </ul>	U of C 10-27-64			A-58
	<ul style="list-style-type: none"> <li>5/8" SHEETROCK FIRECODE Core panels, or 5/8" SHEETROCK UltraLight panels FIRECODE X or 5/8" FIBEROCK panels</li> <li>2 x 4 wood stud 16" or 24" o.c.</li> <li>optional insulation</li> </ul>	UL Des U305, U314	32	<b>RAL-TL11-129</b> Based on 5/8" SHEETROCK FIRECODE core panels, no sound batt	A-59
			33	<b>RAL-TL11-172</b> Based on 5/8" SHEETROCK UltraLight Panels Firecode X, no sound batt	
			34	<b>RAL-TL11-173, RAL-TL11-130</b> Based on 5/8" SHEETROCK FIRECODE core panels or 5/8" SHEETROCK UltraLight Panels FIRECODE X with R-11 fiberglass sound batt	
			37	<b>RAL-TL11-081, RAL-TL11-084</b> Based on double layer one side 5/8" SHEETROCK FIRECODE core panels or 5/8" SHEETROCK UltraLight Panels FIRECODE X with R-11 fiberglass sound batt	
	<ul style="list-style-type: none"> <li>1/2" SHEETROCK FIRECODE C Core gypsum panels</li> <li>2 x 4 16" o.c.</li> <li>base layer 1/4" SHEETROCK gypsum panels</li> <li>face layer joints finished</li> </ul>	GA-WP-3341	45	<b>RAL-TL-69-52</b>	A-60
			53	<b>USG-221-ST-G-H</b> Based on 5/8" lamin face layers and 1-1/2" mineral wool batt	



## Steel Framed



30 Minute Fire-Rated Construction		Non-Loadbearing	Acoustical Performance		Reference
Construction Detail	Description	Test Number	STC	Test Number	Index
	<ul style="list-style-type: none"> <li>• 5/8" SHEETROCK UltraLight Panels FIRECODE 30</li> <li>- 3-5/8" 25 gauge steel studs 24" o.c.</li> <li>- Optional insulation</li> <li>• Optional RC-1 channel</li> </ul>	<b>UL Des U407</b>	44	<b>RAL-TL11-078</b> Based on R-11 Fiberglass Sound Bat	<b>A-1</b>
			45	<b>RAL-TL11-127</b> Based on 3" Mineral Wool Insulation	
			48	<b>RAL-TL11-089</b> Based on R-11 Fiberglass sound bat, RC-1 channel or equivalent, one side	
			49	<b>RAL-TL11-079</b> Based on double layer one side, R-11 fiberglass sound bat	
<b>1 Hour Fire-Rated Construction</b>		<b>Non-Loadbearing</b>			
	<ul style="list-style-type: none"> <li>• 5/8" SHEETROCK FIRECODE Core gypsum panels, or 5/8" SHEETROCK UltraLight FIRECODE X panels or 5/8" FIBERGLASS panels</li> <li>- 3-1/2" 25 gauge steel studs 24" o.c.</li> <li>- optional insulation</li> <li>- optional RC-1 channel</li> </ul>	<b>UL Des U419</b>	40	<b>USG-860808</b> Based on 5/8" SHEETROCK FIRECODE Core panels	<b>A-2</b>
			48	<b>RAL-TL-11-068</b> Based on 5/8" SHEETROCK FIRECODE Core panels or 5/8" SHEETROCK UltraLight FIRECODE X panels, R-11 fiberglass sound bat	
			49	<b>SA-870-717</b> Based on 5/8" SHEETROCK FIRECODE Core panels, 3" mineral fiber insulation	
			52	<b>RAL-TL-11-071</b> Based on 5/8" SHEETROCK UltraLight FIRECODE X panels, R-11 fiberglass sound bat, RC-1 channel	
			53	<b>RAL-TL-11-076</b> Based on 5/8" SHEETROCK FIRECODE panels, R-11 fiberglass sound bat, RC-1 channel	
			54	<b>RAL-TL-11-076</b> Based on 5/8" SHEETROCK FIRECODE panels, 3" mineral fiber insulation, RC-1 channel	
			52	<b>STC-120310</b> Based on 5/8" SHEETROCK FIRECODE panels, 4" 20 gauge steel studs 12" o.c., 3" mineral wool insulation, RC-1 channel	
			52	<b>STC-120306</b> Based on 5/8" Sheetrock Firecode panels, 4" 20 gauge steel studs 16" o.c., 3-1/2" glass fiber insulation, RC-1 channel	
			54	<b>STC-120307</b> Based on 5/8" SHEETROCK FIRECODE panels, 4" 20 gauge steel studs 16" o.c., 4" mineral wool insulation, RC-1 channel	
			53	<b>STC-120308</b> Based on 5/8" SHEETROCK FIRECODE panels, 4" 20 gauge steel studs 16" o.c., 3" mineral wool insulation, RC-1 channel	

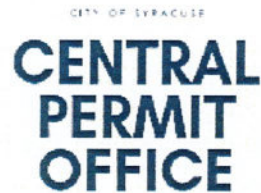


# Permit Intake Meeting

City of Syracuse | Central Permit Office

17 MAY 2021 / 2:30 PM

WEBEX CONFERENCE



NEED AFTER-HOURS OR 24/7 ASSISTANCE?

VISIT OUR ZONING AND PERMITTING DISCOVERY CENTER

PERMITS.SYRGOV.NET

## Attendees

Eli Niyihakuye; Tim Cushman; Curtis Harris; Gail Swistak; Jeff Harrop

## Project

- Applicant: Robert Abbot
- Address: 2118 Genesee St

## Notes/Action Items

### Building & Fire

- Verify the type of construction. (TYPE III B)
- Provide UL ratings for the walls. (ATTACHED)
- Ensure all doors are properly rated. (INDICATED ON PLANS)
- Ensure the stairway is properly rated. (INDICATED ON PLANS)
- Indicate where the FDC is located on the plans. (INDICATED ON PLANS)
- Show the location and size of the access to the attic. (INDICATED ON 2<sup>ND</sup> FLR. FLOOR)
- Provide a notarized letter from the owner stating that the 1st floor will not be occupied until a *Certificate of Occupancy* is obtained. (ATTACHED)
- To avoid further delays, please ensure that owner information is provided as a secondary contact, if not determined to be the primary contact.

### Zoning

- Submit a complete [Special Permit Application](#) for office use.
- All requirements are included in the application.
  - Please complete a [Short Environmental Assessment Form](#) as part of your application requirements.
- Please be aware that incomplete submissions will be returned.
- Zoning approval is required prior to permit issuance.



- If you have any questions or concerns, please contact the *Zoning Office* directly at (315) 448-8640 or [zoning@syrgov.net](mailto:zoning@syrgov.net).
- Ensure to comply with the parking requirements.

## Next Steps

- Please submit updated plans via [goPost](#) to the *Central Permit Office*, so that an application may be initiated for your project:
  - Please see attached guide on digital plan review submission.
  - Objectives for review are as follows:

Commercial Reno/Rem/Change of Occ.	6 Weeks*
Commercial New Building/Site Work	8 Weeks*
*Review times are subject to change due to adverse comments and consequential review cycles.	

- All Zoning submissions (including updated submissions) must be submitted to the Zoning Office directly.