

City of Syracuse  
Office of Zoning Administration

RESUBDIVISION / LOT ALTERATION APPLICATION

City Hall Commons - Room 500 \* 201 E. Washington Street \* Syracuse, NY 13202-1426  
315-448-8640 \* [zoning@syrgov.net](mailto:zoning@syrgov.net) \* [www.syrgov.net/Zoning.aspx](http://www.syrgov.net/Zoning.aspx)

Office Use Filing Date: Case: Zoning District:

**REQUESTED** (Check applicable and provide the subdivision name, existing and proposed number of lots, and total area.)

	Subdivision Name	Number of Lots	Total Area
<input checked="" type="checkbox"/> Resubdivision:	Sedgwick Rugby Tract	2	14,800 feet
<input type="checkbox"/> Lot Alteration:			

TAX ASSESSMENT ADDRESS(ES)	TAX MAP ID(S) (000.-00-00.0)	OWNER(S)	DATE ACQUIRED
1) 324 Rugby Rd	Lot 16	H & J DeBlasi	4/13/2006
2) 324 Rugby Rd	Lot 17		4/13/2006
3)			
4)			

↓ of Sedgwick Rugby Tract.

As listed in the Department of Assessment property tax records at <http://syrgov.net/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: new 2 car garage  
 Façade (Exterior) Alterations: \_\_\_\_\_  
 Site Changes: \_\_\_\_\_

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

Project Name: Garage  
Current Land Use(s): Shed  
Proposed Land Use(s): park 2 cars  
Number of Dwelling Units: \_\_\_\_\_  
Days and Hours of Operation: 0  
Number of Onsite Parking Spaces: \_\_\_\_\_

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

build a 20x26ft residential garage

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.**

First Name	Last Name	Title	Company	Phone:
James	Dublasi	334 Rugby Rd	Syr NY 13203	315 591 4011
Street Address	Apt / Suite / Other	City	St Zip	Email:

\* Signature: *James Dublasi* Date: 7-6-21  
 Email: *diblas1133@yahoo.com*

First Name	Last Name	Title	Company	Phone:
Heather	Dublasi	334 Rugby Rd	Syr NY 13203	315 591 4220
Street Address	Apt / Suite / Other	City	St Zip	Email:

\* Signature: *Heather D. Blasi* Date: 7-6-21  
 Email: *diblas1133@yahoo.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: \_\_\_\_\_

**\* 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)

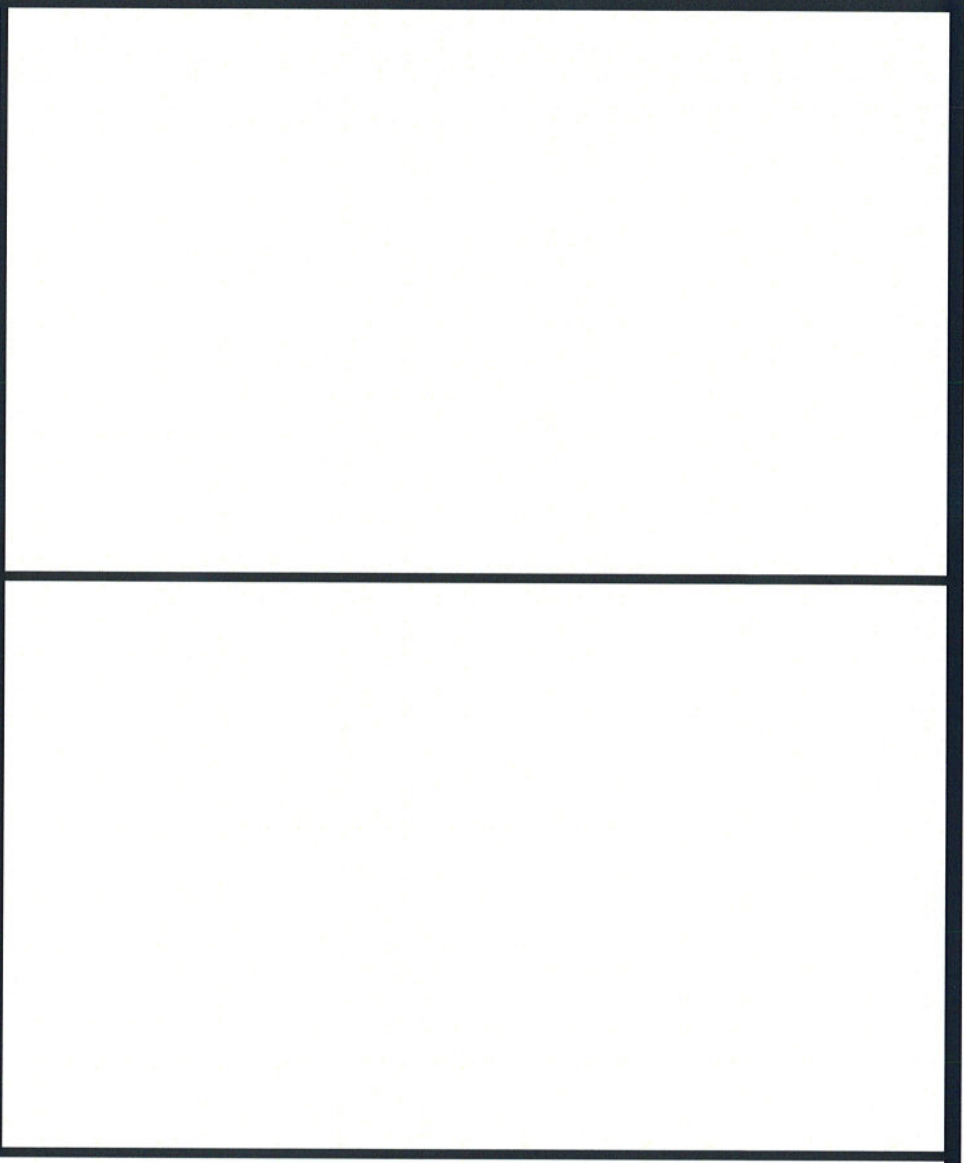
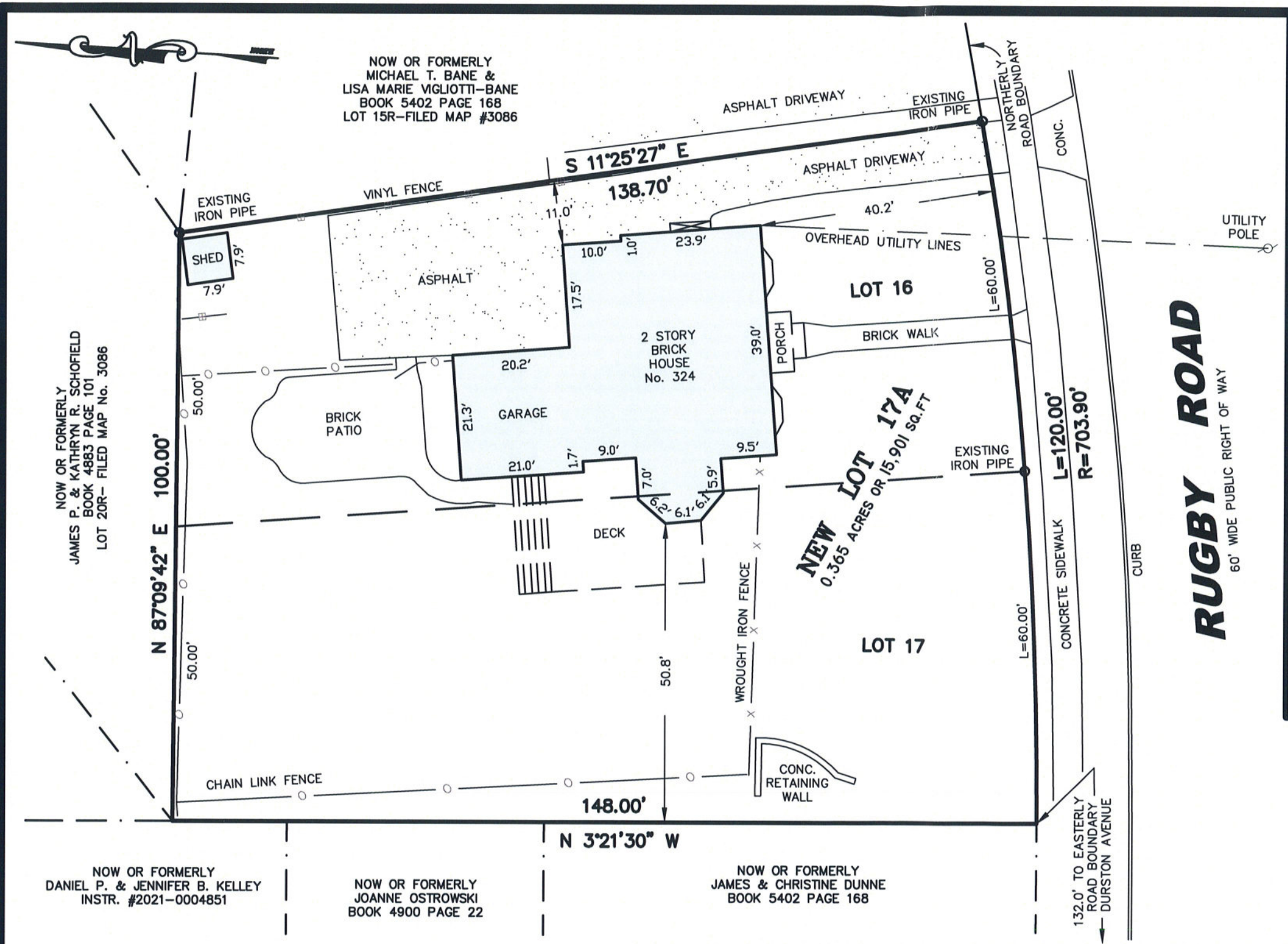
First Name	Last Name	Title	Company	Phone:
James	Dublasi			
Street Address	Apt / Suite / Other	City	St Zip	Email:

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

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

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

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



APPROVALS

**J. & H. DIBLASI RESUBDIVISION**  
PRELIMINARY PLAN

Only survey maps with the Land Surveyor's embossed seal are genuine true and correct copies of the surveyor's original work and opinion.

Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of section 7209, sub-division 2, of the New York State Education Law.

Certifications indicated hereon shall apply only to the persons for whom this survey was performed and on their behalf to the title insurance company governing agency and lending institution and to the assignees of the lending institution and/or subsequent owners.

This map may not be used in connection with a "Survey Affidavit" or similar document, statement or mechanism to obtain insurance for any subsequent or future grantees.

Survey prepared without the benefit of an abstract.

Location surveys do not include the staking of the property corners except as shown.

<p>8-A-25 116 SALINA STREET- SUITE 6 LIVERPOOL, NEW YORK 13088 315-451-3333 info@lehrlandsurveyors.com</p>	<p>I HEREBY CERTIFY THAT THIS IS AN ACCURATE MAP MADE FROM AN ACTUAL SURVEY.</p>	<p>RESUBDIVISION OF LOT 16 AND LOT 17 OF THE SEDWICK - RUGBY TRACT, FILED MARCH 19, 1929 AS MAP No. 2231 INTO NEW LOT 17A.</p>	
	<p>DOUGLAS R. LEHR NYSLS 49223</p>	<p>KNOWN AS No. 324 RUGBY ROAD, CITY OF SYRACUSE, COUNTY OF ONONDAGA, NY</p>	
<p>FIELD DATE: 7/13/2021</p>		<p>MAP DATE: 7/15/2021</p>	<p>SCALE: 1"=20'</p>
<p>REVISIONS:</p>		<p>DRAWING No. 21-E-142 *B*</p>	

## GENERAL CONSTRUCTION NOTES

- ALL WORK SHALL BE COMPLETED IN STRICT ACCORDANCE WITH THE 2020 INTERNATIONAL RESIDENTIAL CODE (IRC), PLUMBING CODE & ELECTRICAL CODES AND ALL OTHER FEDERAL, STATE AND LOCAL AGENCY REGULATIONS HAVING JURISDICTION OVER THIS PROJECT. IN THE EVENT OF ANY DISCREPANCIES BETWEEN AGENCY REQUIREMENTS, THE BUILDER SHALL OBSERVE THE MORE STRINGENT REQUIREMENT. THE BUILDER MUST VERIFY ALL EXISTING CONDITIONS AND CODES AND BE RESPONSIBLE FOR THEM.
- ALL WOOD CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE AMERICAN INSTITUTE OF TIMBER CONSTRUCTION'S TIMBER CONSTRUCTION MANUAL OF LATEST EDITION.
- ALL CONNECTIONS SHALL MEET THE FOLLOWING CRITERIA:**
  - ALL BOLTS SHALL BE ASTM A307. OVERSIZED WASHERS SHALL BE USED BETWEEN THE HEAD OF NUT AND THE WOOD MEMBER. ALL BOLTS AND FASTENERS IN CONTACT WITH PRESSURE TREATED WOOD MEMBER SHALL BE TREATED TO PREVENT CORROSION/REACTION WITH WOOD PRESERVATIVES USED.
  - ALL PRE-FABRICATED CONNECTORS AND COMPONENTS SHALL BE SIMPSON OR APPROVED EQUAL. ALL COMPONENTS SHALL BE TREATED TO PREVENT CORROSION/REACTION WITH WOOD PRESERVATIVE USED.
- ALL WOOD MEMBERS SHALL MEET THE FOLLOWING MINIMUM CRITERIA:**
  - A. DESIGN FOR GROUND SNOW LOAD OF 50 LB. PER SQ. FT.
  - B. UTILIZE WOOD CONFORMING TO THESE MINIMUM STANDARDS:  
F<sub>b</sub> = 1,200 PSI  
E = 1,400,000 PSI
  - C. ALL WOOD MEMBERS IN CONTACT WITH GROUND AND/OR CONCRETE SHALL BE PRESSURE TREATED FOR THE SPECIFIC USE (EXAMPLE: ALL POST SHALL TREATED FOR DIRECT GROUND CONTACT)
- STAIRS SHALL NOT BE LESS THAN 36 INCHES IN WIDTH CLEAR AT ALL POINTS ABOVE THE PERMITTED HANDRAIL. THE MAXIMUM RISER HEIGHT SHALL BE 7 3/4" (SEE 2015 IRC R311.7.5) WITHIN DWELLING UNITS AND MINIMUM TREAD DEPTH SHALL BE 10 INCHES. HANDRAILS SHALL BE PROVIDED ON AT LEAST ONE SIDE OF EACH STAIRWAY AND SHALL NOT BE LESS THAN 34 INCHES ABOVE THE TREAD NOSING AND NOT MORE THAN 38 INCHES ABOVE SUCH NOSING.
- BUILT UP JACKPOST OF EQUAL WIDTH SHALL BE PROVIDED UNDER ALL STRUCTURAL ROOF/FLOOR FRAMING (BEAMS - VALLEY/HIP/FLUSH) BEARING LOCATIONS. SOLID BLOCKING SHALL ALSO BE PROVIDED WITHIN THE FLOOR FRAMING TO TRANSFER LOADING TO THE FOUNDATION SYSTEM - SEE PLAN FOR LOCATIONS
- DRILLING, CUTTING AND NOTCHING OF STUDS SHALL BE PER 2020 IRC 602.6:  
1. NOTCHING. ANY STUD IN AN EXTERIOR WALL OR BEARING PARTITION SHALL BE PERMITTED TO BE CUT OR NOTCHED TO A DEPTH NOT EXCEEDING 25 PERCENT OF ITS WIDTH. STUDS IN NONBEARING PARTITIONS SHALL BE PERMITTED TO BE NOTCHED TO A DEPTH NOT TO EXCEED 40 PERCENT OF A SINGLE STUD WIDTH.
- SMOKE ALARMS SHALL BE INSTALLED IN THE FOLLOWING LOCATIONS AND SHALL BE INTERCONNECTED AND HARD WIRED WITH A PRIMARY SOURCE FROM THE BUILDING WIRING AND WHEN POWER IS INTERRUPTED, SHALL RECEIVE POWER FROM A BATTERY.
  - IN EACH SLEEPING ROOM
  - OUTSIDE OF EACH SEPARATE SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS
  - ON EACH ADDITIONAL STORY OF THE DWELLING INCLUDING BASEMENTS AND HABITABLE ATTICS AND NOT INCLUDING CRAWL SPACES AND UNINHABITABLE ATTICS. IN DWELLINGS OR DWELLING UNITS WITH SPLIT LEVELS AND WITHOUT AN INTERVENING DOOR BETWEEN THE ADJACENT LEVELS, A SMOKE ALARM INSTALLED ON THE UPPER LEVEL SHALL SUFFICE FOR THE ADJACENT LOWER LEVEL PROVIDED THAT THE LOWER LEVEL IS LESS THAN ONE FULL STORY BELOW THE UPPER LEVEL.
  - SMOKE ALARMS SHALL BE INSTALLED NOT LESS THAN 9 FEET (914 MM) HORIZONTALLY FROM THE DOOR OR OPENING OF A BATHROOM THAT CONTAINS A BATHUB OR SHOWER UNLESS THIS WOULD PREVENT PLACEMENT OF A SMOKE ALARM REQUIRED BY SECTION R314.3.
- CARBON MONOXIDE ALARMS SHALL BE INSTALLED PER IRC 315:**  
CARBON MONOXIDE ALARMS IN DWELLING UNITS SHALL BE INSTALLED OUTSIDE OF EACH SEPARATE SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS, WHERE A FUEL-BURNING APPLIANCE IS LOCATED WITHIN A BEDROOM OR ITS ATTACHED BATHROOM, A CARBON MONOXIDE ALARM SHALL BE INSTALLED WITHIN THE BEDROOM.
- EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE PROVIDED IN EACH BEDROOM. A MINIMUM OF 5.7 NET SQUARE FEET SHALL BE PROVIDED EXCEPT WHERE THE OPENING IS LOCATED AT GRADE LEVEL. GRADE FLOOR OPENINGS SHALL HAVE A MINIMUM OF 5.0 NET SQUARE FEET OF CLEAR OPENING.
- R310.1 EMERGENCY ESCAPE AND RESCUE OPENING REQUIRED.**  
BASEMENTS, HABITABLE ATTICS AND EVERY SLEEPING ROOM SHALL HAVE NOT LESS THAN ONE OPERABLE EMERGENCY ESCAPE AND RESCUE OPENING. WHERE BASEMENTS CONTAIN ONE OR MORE SLEEPING ROOMS, AN EMERGENCY ESCAPE AND RESCUE OPENING SHALL BE REQUIRED IN EACH SLEEPING ROOM. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL OPEN DIRECTLY INTO A PUBLIC WAY, OR TO A YARD OR COURT THAT OPENS TO A PUBLIC WAY.

## GENERAL FOUNDATION NOTES

- ALL WORK SHALL BE COMPLETED IN STRICT ACCORDANCE WITH THE 2020 INTERNATIONAL RESIDENTIAL CODE, PLUMBING CODE & ELECTRICAL CODES AND ALL OTHER FEDERAL, STATE AND LOCAL AGENCY REGULATIONS HAVING JURISDICTION OVER THIS PROJECT. IN THE EVENT OF ANY DISCREPANCIES BETWEEN AGENCY REQUIREMENTS, THE BUILDER SHALL OBSERVE THE MORE STRINGENT OF THEM.
- CONCRETE AND MASONRY FOUNDATION WALLS SHALL CONSTRUCTED IN ACCORDANCE W/ ACI 318 OR ACI 530/ASCE 5/TMS 402 AND/OR IN ACCORDANCE W/ 2020 IRC SECTION R404 AND ALL OTHER REFERENCED STANDARDS.
- PER 2020 IRC SECTION R406 FOUNDATIONS SHALL BE DAMPPROOFED. THE DAMPPROOFING SHALL EXTEND FROM THE BOTTOM OF THE FOOTING TO THE TOP OF FINISHED GRADE. MASONRY WALLS SHALL RECEIVE A MIN 3/8" PORTLAND CEMENT PARING ON THE EXTERIOR FACE AND SHALL BE DAMPPROOFED WITH A BITUMINOUS COATING OR ANY MATERIAL PERMITTED FOR WATERPROOFINGS IN 2020 IRC SECTION R406.1/R406.2.
- ALL CONCRETE FOOTING SHALL REST ON UNDISTURBED VIRGIN SUB-GRADE/SOIL OR COMPACTED FILL WITH NO LESS THAN 95% OF SOIL PROCTOR DENSITY AT A MINIMUM OF 4" BELOW FINISHED GRADE. CLEAR EXCAVATION OF ANY UNSUITABLE MATERIAL AND DEBRIS PRIOR TO INSTALLATION OF CONCRETE. CONCRETE FOR FOOTINGS SHALL HAVE A COMPRESSIVE STRENGTH OF 4,000 PSI WITH 6% AIR ENTRAINING ADMIXTURE @ 28 DAYS PER THE LATEST EDITION OF A.C.I. CODE 318-77. ALL REINFORCING BARS SHALL BE ASTM A-615, GRADE 60, DEFORMED UNLESS OTHERWISE NOTED. LAP ALL REINFORCING STEEL 36 BAR DIAMETERS MINIMUM. CONCRETE AGGREGATES SHALL CONFORM TO ASTM C-33 AND THE MAXIMUM AGGREGATE SIZE SHALL BE 3/4". ALL PLACEMENT OF CONCRETE SHALL BE ACCORDING TO A.C.I. 614-59 AND A.C.I. COLD AND HOT WEATHER CONDITIONS, MAINTAIN ALL CONCRETE FORMS IN PLACE FOR (3) DAYS MINIMUM PRIOR TO REMOVAL.
- ALL FOOTING EXCAVATIONS TO BE HAND CLEANED OF DEBRIS AND TAMPED WITH A VIBRATORY COMPACTOR PRIOR TO THE PLACEMENT/INSTALLATION OF CONCRETE.
- CONCRETE PROTECTION FOR REINFORCING STEEL SHALL BE AS FOLLOWS:  
FORMED WALLS = 1 1/2" COVER  
FORMED FOOTINGS = 3" COVER  
SLABS = 2" OVER WELDED FABRIC
- ALL LUMBER IN CONTACT WITH CONCRETE SHALL BE PRESSURE PRESERVATIVE TREATED AND LABELED INDICATING THEIR USE AND COMPLIANCE.
- RADON GAS EXCLUSION/EXEMPTION: IT IS THE RESPONSIBILITY OF THE OWNER TO TEST FOR THE PRESENCE OF RADON GAS. THE OWNER SHALL BE RESPONSIBLE FOR REMEDIATION IF RADON GAS IS DETECTED.

## GENERAL ROOFING NOTES

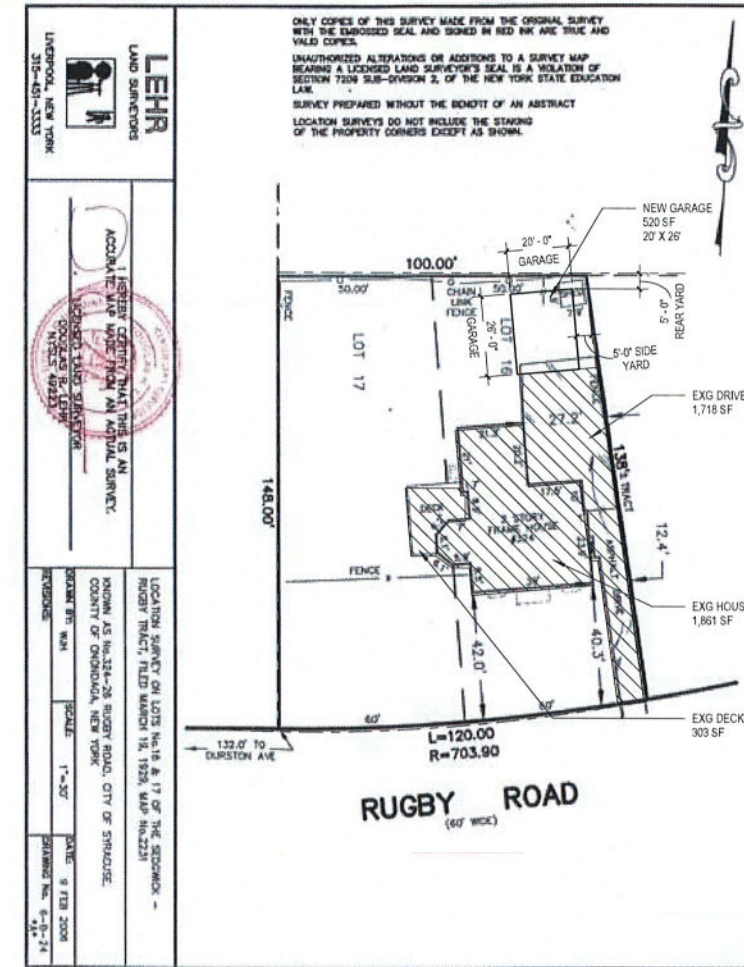
- ALL WORK SHALL BE PERFORMED IN STRICT ACCORDANCE W/ THE RESIDENTIAL CODE OF NEW YORK STATE AND ALL OTHER REFERENCED STANDARDS. LATEST EDITION
- ALL PLYWOOD/OSB ROOF DECKING SHALL BE A MINIMUM OF 5/8" NOMINAL THICKNESS AND RATED FOR EXTERIOR EXPOSURE. NAILING SCHEDULE SHALL BE PER RCNYS TABLE R602.3 (1) - UTILIZE 8d COMMON NAILS @ 12" OC
- REQUIREMENTS FOR ROOF COVERING SHALL BE AS FOLLOWS:**  
UNDERLAYMENT OF A MIN. OF 30# ASPHALT IMPREGNATED FELT PAPER SHALL BE APPLIED TO THE ENTIRE ROOF SURFACE SHINGLE FASHION, STARTING FROM THE EAVE. LAP JOINTS IN UNDERLAYMENT SHALL BE 2 INCHES AND END LAPS SHALL BE OFFSET BY 6 FEET.  
ICE PROTECTION SHALL BE PROVIDED USING A SELF-ADHERED POLYMER MODIFIED BITUMEN SHEET COMPLYING WITH ASTM D 1970. ICE PROTECTION SHALL EXTEND FROM THE EAVES TO A POINT AT LEAST 24 INCHES INSIDE THE EXTERIOR WALL LINE.  
ASPHALT SHINGLES SHALL HAVE SELF-SEAL STRIPS OR INTERLOCKING AND COMPLY WITH ASTM D 225 OR D 3462. FASTENERS SHALL BE GALVANIZED STEEL, STAINLESS STEEL OR COPPER ROOFING NAILS, A MINIMUM OF 12 GA. SHANK AND MINIMUM 3/8" DIA HEAD (ASTM F 1667). THE FASTENERS SHALL BE OF A LENGTH TO PENETRATE THROUGH THE ROOFING MATERIAL AND SHEATHING. SHINGLES SHALL HAVE A MINIMUM NUMBER OF FASTENERS AS REQUIRED BY THE MANUFACTURER OR AT LEAST 4 FASTENERS PER STRIP SHINGLE.
- FLASHING FOR ASPHALT SHINGLES SHALL BE PROVIDED AT VALLEYS, CRICKETS & SADDLES, SIDEWALLS AND BASE & CAP LOCATIONS. ALL FLASHING SHALL BE OF A CORROSION RESISTANT METAL OF A MINIMUM NOMINAL THICKNESS OF 0.019 INCH THICKNESS

## GENERAL ROOF FRAMING NOTES

- ALL WORK SHALL BE PERFORMED IN STRICT ACCORDANCE W/ THE RESIDENTIAL CODE OF NEW YORK STATE AND ALL OTHER REFERENCED STANDARDS. LATEST EDITION
- ALL PLYWOOD/OSB ROOF DECKING SHALL BE A MINIMUM OF 5/8" NOMINAL THICKNESS AND RATED FOR EXTERIOR EXPOSURE. NAILING SCHEDULE SHALL BE PER RCNYS TABLE R602.3 (1) - UTILIZE 8d COMMON NAILS @ 12" OC. ALL WOOD STRUCTURAL PANEL SHEATHING SHALL CONFORM TO DOC P51, DOC P52 OR WHEN MANUFACTURED IN CANADA, CSA D437 AND SHALL BE IDENTIFIED BY GRADE MARK OR CERTIFICATE OF INSPECTION BY AN APPROVED AGENCY
- PROVIDE SIMPSON H1 HURRICANE/LIFT LIFT TIE @ EVERY ROOF RAFTER/TRUSS BEARING LOCATION; FILL ALL NAIL HOLES W/ 8d x 1 1/2" NAILS TO TOP PLATE AND RAFTER/TRUSS PER RCNYS R602.11 AND TABLE R602.11. FASTEN RAFTERS TO TOP PLATE W/ 2 - 16d NAILS MINIMUM - DO NOT OVERNAIL.

## ROOF TRUSS NOTES & CRITERIA

- THE TRUSS MANUFACTURER SHALL DESIGN AND ENGINEER MEMBERS BASED UPON THE FOLLOWING CRITERIA:
  - DESIGN FOR GROUND SNOW LOADS OF 50 LB PER SQ. FT. PER FIGURE R301.2(5) PER RCNYS
  - UTILIZE WOOD CONFORMING TO THESE MINIMUM STANDARDS:  
F<sub>b</sub> = 1,200 PSI  
E = 1,400,000 PSI
- DESIGN TRUSS CONNECTORS TO DEVELOP FULL CAPACITY OF MEMBERS
- PER THE RESIDENTIAL BUILDING OF NEW YORK STATE (RCNYS), SECTION R602.11.4, THE TRUSS MANUFACTURER SHALL PROVIDE THE FOLLOWING FOR REVIEW AND APPROVAL:
  - TRUSS CONNECTOR DETAILS FOR FIELD ASSEMBLY FOR ALL TRUSSES OVER 12'-0" IN HEIGHT
  - SLOPE OR DEPTH, SPAN AND SPACING
  - LOCATION OF ALL JOINTS
  - REQUIRED BEARING WIDTHS
  - DESIGN LOADS: LIVE, DEAD, CONCENTRATED, POINT LOADS AND WIND & EARTHQUAKE LOADS
  - ADJUSTMENTS TO LUMBER & JOINT CONNECTOR DESIGN VALUES FOR CONDITIONS OF USE
  - EACH REACTION FORCE & DIRECTION
  - JOINT CONNECTOR TYPE
  - LUMBER SIZES, SPECIES AND GRADE
  - CONNECTOR REQUIREMENTS FOR: TRUSS TO TRUSS GIRDER, TRUSS TO TRUSS PLY AND FIELD SPLICES
  - CALCULATED DEFLECTION RATIOS AND LIVE LOAD DESCRIPTIONS
  - MAXIMUM AXIAL COMPRESSION FORCES
  - REQUIRED PERMANENT TRUSS MEMBER BRACING LOCATIONS



1 NEW SITE PLAN - GARAGE  
G-1 SCALE: 1" = 30'-0"

CITY OF SYRACUSE  
ZONING: RESIDENTIAL A-1  
LOT AREA: 15,971 SF

SIDE YARD SETBACK ACCESSORY:  
5'-0" PROVIDED (4'-0" MINIMUM)

REAR YARD SETBACK ACCESSORY:  
5'-0" PROVIDED (4'-0" MINIMUM)

PARKING COVERAGE: 30% MAX:  
EXG HOUSE: 1,861 SF  
NEW GARAGE: 520 SF  
2,381 SF / 15,971 SF = 14.9%

STRUCTURAL COVERAGE: 30% MAX:  
EXG HOUSE: 1,861 SF  
NEW GARAGE: 520 SF  
2,381 SF / 15,971 SF = 14.9%

PROJECT:

NEW GARAGE:  
**324 RUGBY ROAD**  
324 RUGBY ROAD  
SYRACUSE, NY 13203

ARCHITECT:

**DANIEL MANNING-ARCHITECT PLLC**  
The Syracuse Business Center  
225 Wilkinson Street - Suite 106 - Syracuse, NY 13204  
www.danielmanning-architect.com  
315.424.0141

IT IS A VIOLATION OF THE LAW FOR ANY PERSON UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT OR ENGINEER, TO ALTER THIS DOCUMENT IN ANY WAY. ANY ALTERATION SHALL BE FOLLOWED BY A REVISION NUMBER AND DATE OF EACH ALTERATION, AND A DESCRIPTION OF THE ALTERATION. THIS STATEMENT IS PLACED HEREIN AS REQUIRED.



PROJECT NORTH

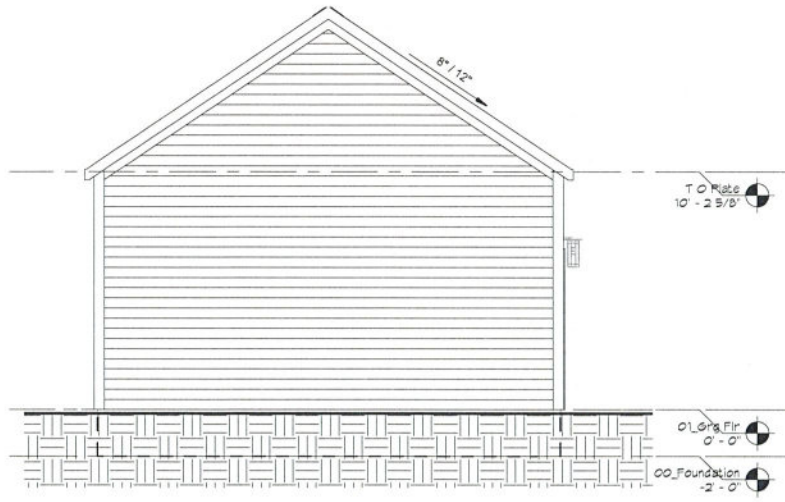


Revision  
No Date

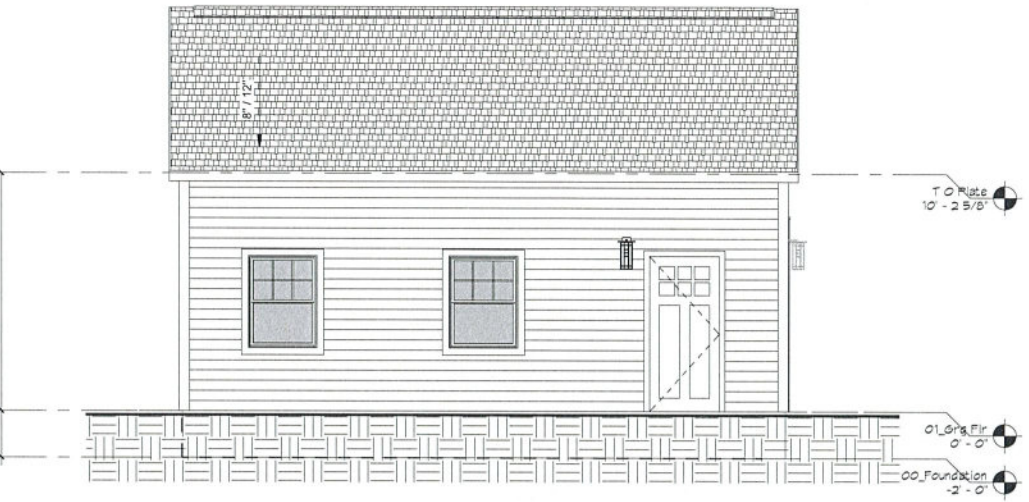
DATE: 03/24/21  
SCALE: As indicated  
DRAWN BY: A.J.K.  
JOB No.: 21-020

DRAWING DESCRIPTION  
GENERAL  
CONSTRUCTION  
NOTES

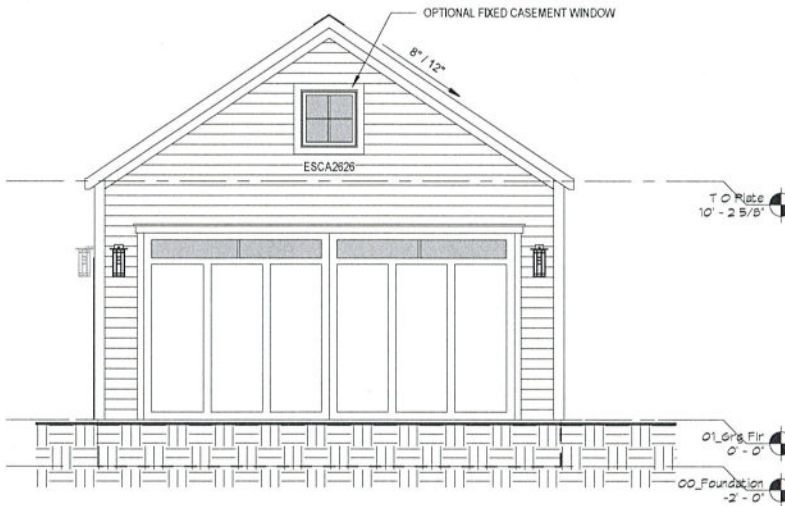
SHEET NUMBER  
**G-1**



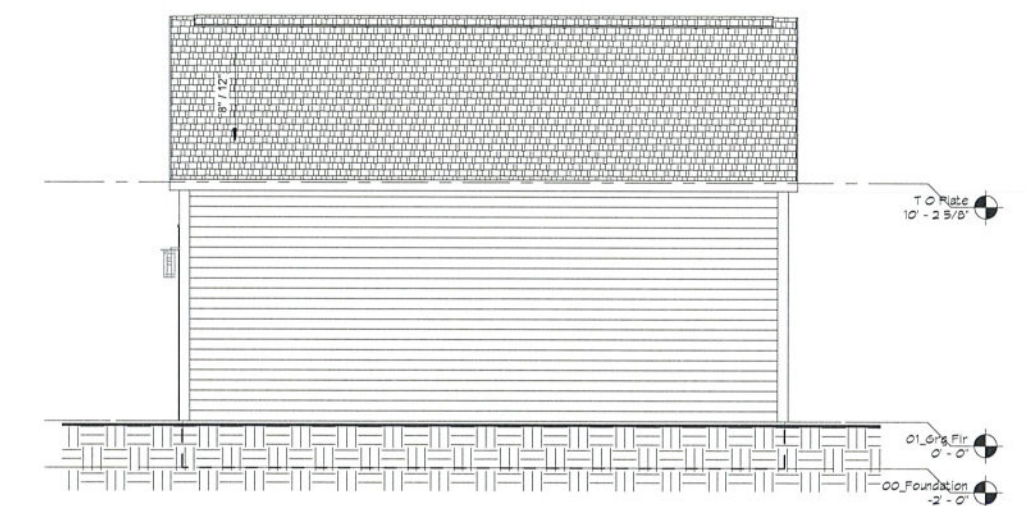
**1 REAR ELEVATION (NORTH)**  
SCALE: 1/4" = 1'-0"



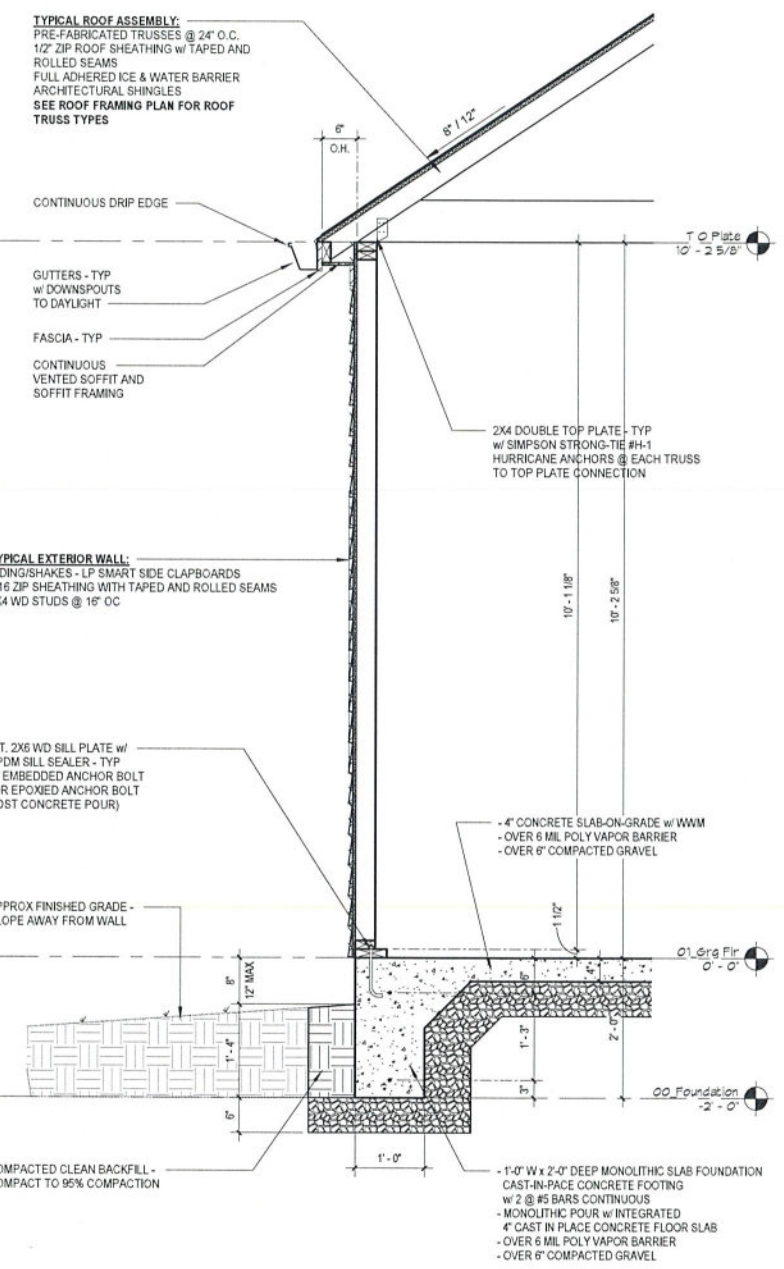
**2 SIDE ELEVATION (WEST)**  
SCALE: 1/4" = 1'-0"



**3 FRONT ELEVATION (SOUTH)**  
SCALE: 1/4" = 1'-0"



**4 SIDE ELEVATION (EAST)**  
SCALE: 1/4" = 1'-0"



**5 TYPICAL WALL SECTION**  
SCALE: 3/4" = 1'-0"

**TYPICAL ROOF ASSEMBLY:**  
PRE-FABRICATED TRUSSES @ 24" O.C.  
1/2" ZIP ROOF SHEATHING w/ TAPED AND ROLLED SEAMS  
FULL ADHERED ICE & WATER BARRIER  
ARCHITECTURAL SHINGLES  
SEE ROOF FRAMING PLAN FOR ROOF TRUSS TYPES

CONTINUOUS DRIP EDGE  
GUTTERS - TYP w/ DOWNSPOUTS TO DAYLIGHT  
FASCIA - TYP  
CONTINUOUS VENTED SOFFIT AND SOFFIT FRAMING

**TYPICAL EXTERIOR WALL:**  
SIDING/SHAKES - LP SMART SIDE CLAPBOARDS  
7/16 ZIP SHEATHING WITH TAPED AND ROLLED SEAMS  
2X4 WD STUDS @ 16" OC

P.T. 2X6 WD SILL PLATE w/ EPDM SILL SEALER - TYP w/ EMBEDDED ANCHOR BOLT (OR EPOXIED ANCHOR BOLT POST CONCRETE POUR)

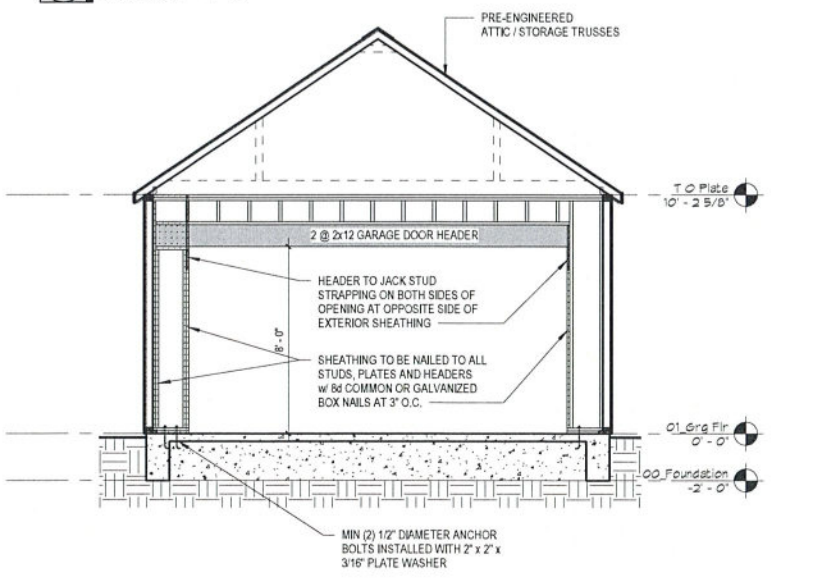
APPROX FINISHED GRADE - SLOPE AWAY FROM WALL

COMPACTED CLEAN BACKFILL - COMPACT TO 95% COMPACTION

2X4 DOUBLE TOP PLATE - TYP w/ SIMPSON STRONG-TIE #4-1 HURRICANE ANCHORS @ EACH TRUSS TO TOP PLATE CONNECTION

4" CONCRETE SLAB-ON-GRADE w/ WMM  
OVER 6 MIL POLY VAPOR BARRIER  
OVER 6" COMPACTED GRAVEL

1'-0" W x 2'-0" DEEP MONOLITHIC SLAB FOUNDATION  
CAST-IN-PLACE CONCRETE FOOTING w/ 2 @ #5 BARS CONTINUOUS  
MONOLITHIC POUR w/ INTEGRATED 4" CAST IN PLACE CONCRETE FLOOR SLAB  
OVER 6 MIL POLY VAPOR BARRIER  
OVER 6" COMPACTED GRAVEL



**6 GARAGE DOOR HEADER BRACING**  
SCALE: 1/4" = 1'-0"

PROJECT:  
**NEW GARAGE:**  
**324 RUGBY ROAD**  
SYRACUSE, NY 13203

ARCHITECT:  
**DANIEL MANNING-ARCHITECT PLLC**  
The Syracuse Business Center  
225 Wilkinson Street - Suite 105 - Syracuse, NY 13204  
www.danielmanning-architect.com  
315.424.0141



PROJECT NORTH

Revision	
No	Date

DATE: 03/24/21  
DRAWN BY: A.J.K.

SCALE: As indicated  
JOB No.: 21-020

DRAWING DESCRIPTION  
**ELEVATIONS**

SHEET NUMBER  
**A-2**

# 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: <b>Garage</b>			
Project Location (describe, and attach a location map): <b>324 Rugby Rd Syr, NY 13203</b>			
Brief Description of Proposed Action: <b>2 car residential garage, 20 x 26 feet</b>			
Name of Applicant or Sponsor: <b>James + Heather DeBlasi</b>		Telephone: <b>315 591 4220</b>	
		E-Mail: <b>diblasj123@</b>	
Address: <b>324 Rugby Rd</b>			
City/PO: <b>Syr, NY 13203</b>		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	YES
		<input checked="" type="checkbox"/>	<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	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?			
b. Total acreage to be physically disturbed? <b>.00119 .34</b>		<b>0</b> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<b>0.34</b> acres	<b>?</b>
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 type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<input 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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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: _____ _____ _____	<input checked="" type="checkbox"/>	<input 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"/> 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?	NO	YES
If 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)?	NO	YES
If Yes, explain the purpose and size of the impoundment: _____ _____	<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?	NO	YES
If Yes, describe: _____ _____	<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?	NO	YES
If Yes, describe: _____ _____	<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>Heather DeBlasi</u> Date: <u>7-5-21</u>		
Signature: <u>Heather D. Blasi</u> Title: <u>homeowner</u>		

*Heather DeBlasi*