

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/Zoning.aspx

Office Use Date: 5/4/2021 Case: SP-21-09 Zoning District: BA

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

- 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): _____

<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>471-89 Westcott St</u>	<u>037.-22.-30.1</u>	<u>RS Westcott Holdings LLC</u>	<u>6/13/2007</u>
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

* As listed in the Department of Assessment property tax records at <http://syr.gov/Assessment.aspx> - 315-448-8280.

COMPANION ZONING APPLICATION(S) (List any related 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: Exterior Paint (Maintain current paint)
- Site Changes: Interior renovations - Flooring, Paint, counter construction

PROJECT INFORMATION (Briefly describe, as applicable.)

Business/Project Name: Clean Cuisine LLC

Current Land Use(s): Vacant (Dance studio)

Proposed Land Use(s): Restaurant (Acai Bowl / Smoothie)

Total Number of Dwelling Units: 0

Days and Hours of Operation: Sunday - Saturday (7 DAYS) 7am - 8pm

Max Total Employees per Shift: 5

Total Number of Onsite Parking Spaces: 0

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

A walk-in & order fast serve acai bowl / smoothie restaurant

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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:
	RS Westcott	Howard	LLC	315-532-2846

Street Address	Apt / Suite / Other	City	St	Zip	Email:
					James@7704e.com

* Signature: James Spirella / Member Date: 7-8-21

First Name	Last Name	Title	Company	Phone:
James	Spirella	Member	RS Westcott Howard LLC	315-532-2846

Street Address	Apt / Suite / Other	City	St	Zip	Email:
305 Vine Street	Suite 8	Liverpool NY			James@7704e.com

* Signature: James Spirella Date: 13088 7-8-21

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:
Danielle	Mercuri-Campolito	owner	Clean Useine	

Street Address	Apt / Suite / Other	City	St	Zip	Email:
411 Sycamore		Syracuse	NY	13214	Danielle@cleanuseine.com

First Name	Last Name	Title	Company	Phone:
Shane	Kelly	owner	Clean Useine	

Street Address	Apt / Suite / Other	City	St	Zip	Email:
838 Parkhouse	Path	Cicero	NY	13039	Shane@cleanuseine.com

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

First Name	Last Name	Title	Company	Phone:
	Mevec	Attorney	Mevec Law Firm, PLLC	

Street Address	Apt / Suite / Other	City	St	Zip	Email:
206 North Townsend	Street	Syracuse	NY	13203	(315) 476-6487

First Name	Last Name	Title	Company	Phone:

Street Address	Apt / Suite / Other	City	St	Zip	Email:

**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: 471-84 Westcott St Linear building or tenant space frontage/width (feet): _____

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 HxW (sq ft)
1	Proposed	Window	VINYL	None	Clean Cuisine	114"	18.5"	54"	6.9 SF

REQUIRED SUBMITTALS

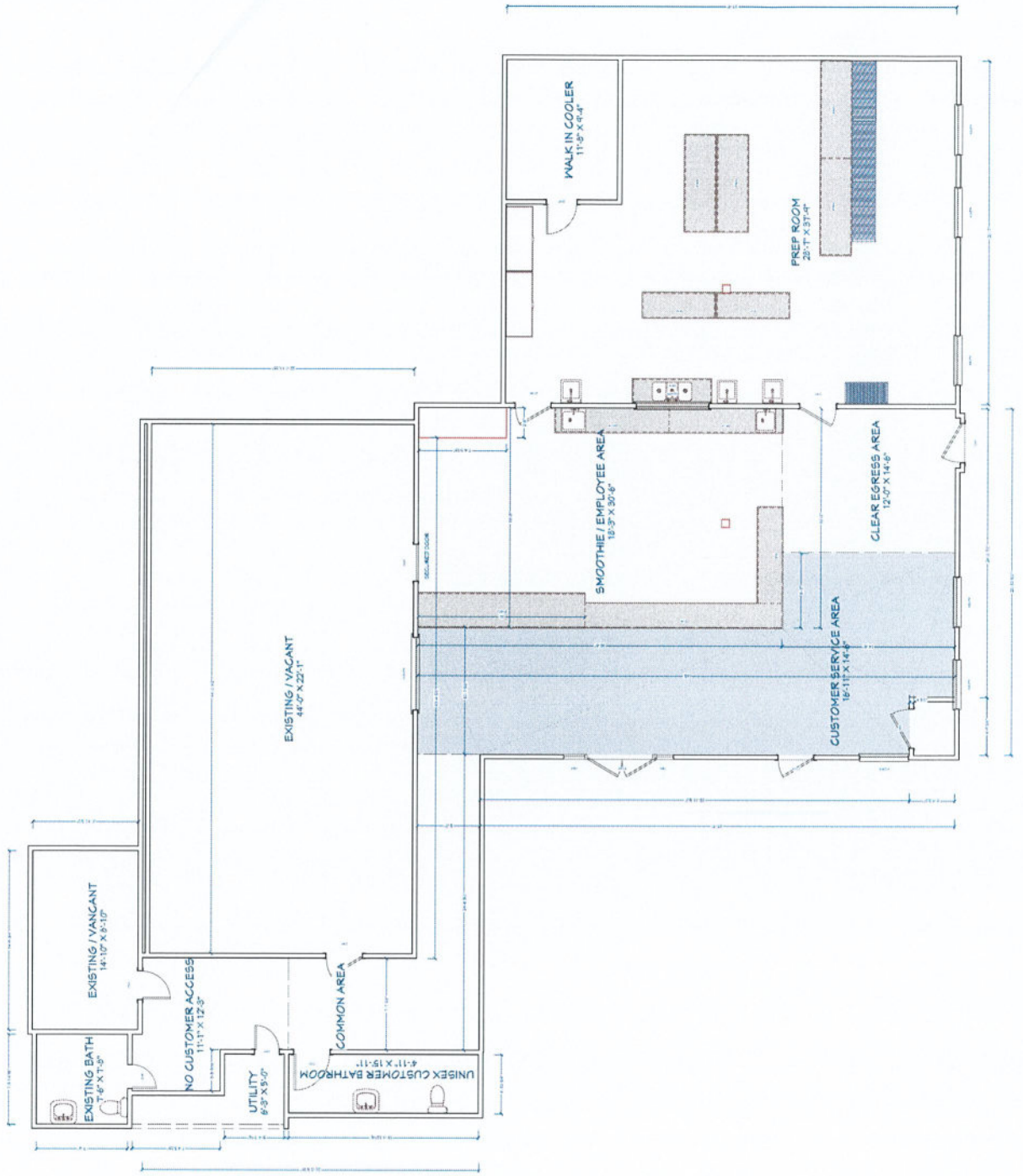
This Sign Submission Form with the required submittals below must be submitted in **HARD COPY, SINGLE-SIDED** and **NOT BOUND** as follows: **ONE (1) COPY** of this Sign Submission Form; and **ONE (1) FULL-SIZE and TO-SCALE PLAN SET** for review, and **ONE (1) REDUCED SET** (11x17 inches, or smaller) 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)
<i>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)</i>					
Central Business District (CBD -)	Wall, Ground, Projecting, Marquee	Street frontages <u>1st story only</u>	1 per <u>1st story</u> 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

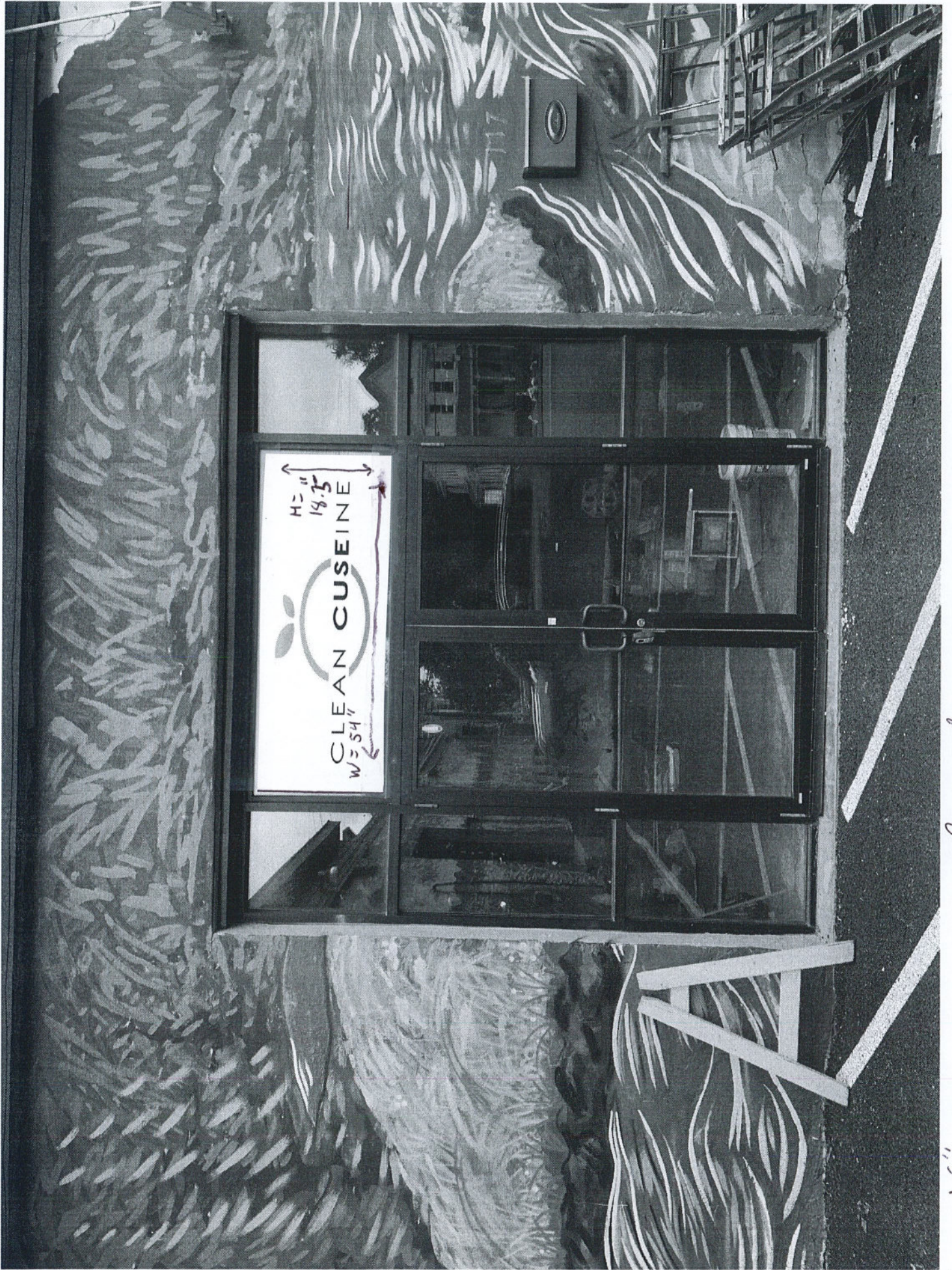


Prepared For:	Clean Cuisine 471-89 Klatscott St Syracuse, NY 13210	Date:	8/2/21
Prepared By:	Tim DeLavan P. 315-263-0461	Scale:	1/4" = 1'-0"



EXISTING signage

Scale 1mm = 1.5"



Proposed sign

1.5"



out side Front



Outside back



outside
side/back



outside
side



Sent from my iPhone

Outside
Side

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: <p style="text-align: center; font-size: 1.2em;">Clean Cuisine LLC</p>			
Project Location (describe, and attach a location map): <p style="font-size: 1.2em;">471 - 89 Westcott St, Syracuse NY</p>			
Brief Description of Proposed Action: <p style="font-size: 1.2em;">A walk-in and order/pick up area bowls, juices/smoothies</p>			
Name of Applicant or Sponsor: <p style="font-size: 1.2em;">RS Westcott Holdings LLC</p>		Telephone: 315-532-2846	
		E-Mail: James7704@aol.com	
Address: <p style="font-size: 1.2em;">305 Vine St</p>			
City/PO: <p style="font-size: 1.2em;">Liverpool</p>		State: <p style="font-size: 1.2em;">NY</p>	Zip Code: <p style="font-size: 1.2em;">13088</p>
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"/>
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: <p style="font-size: 1.2em;">City of Syracuse Planning Commission City of Syracuse Common Council</p>			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<u>4</u> acres	
b. Total acreage to be physically disturbed?		<u>4</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>4</u> acres	
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			

5. Is the proposed action,	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? 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 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? 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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 Spinella / Member</u> Date: <u>7-11-21</u> Signature: <u>James Spinella / Ref. Westcott Holdings LLC</u> Title: <u>Member</u>		