

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

Office Use Date: 8/5/21 Case: SP-21-10 Zoning District: OA

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 |
| <input checked="" type="checkbox"/> Other (describe): Care Home | |

| <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>906 James Street</u> | <u>018.-02-07.0</u> | <u>Clinton Square Realty, LLC</u> | <u>12/15/2017</u> |
| 2) <u>918 James Street</u> | <u>018.-02-08.0</u> | <u>Clinton Square Realty, LLC</u> | <u>12/15/2017</u> |
| 3) <u>317 Green Street</u> | <u>018.-02-24.0</u> | <u>Clinton Square Realty, LLC</u> | <u>12/15/2017</u> |
| 4) <u>311 Green Street</u> | <u>018.-02-25.1</u> | <u>Triana Acquisitions, LLC</u> | <u>10/25/2012</u> |

* 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) Resubdivision 2) _____ 3) _____

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

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Demolition (full and partial): | _____ |
| <input checked="" type="checkbox"/> New Construction: | <u>Add Oxygen Tank Farm</u> |
| <input type="checkbox"/> Exterior (façade) Alterations: | _____ |
| <input checked="" type="checkbox"/> Site Changes: | <u>Parking, Add Oxygen Tank Farm</u> |

PROJECT INFORMATION (Briefly describe, as applicable.)

Business/Project Name: Bishop Rehabilitation and Nursing, 906 James Street
Current Land Use(s): Aged-home, Parking Lot
Proposed Land Use(s): Aged-home, Parking Lot, Oxygen Tank Farm
Total Number of Dwelling Units: _____
Days and Hours of Operation: _____
Total Number of Onsite Parking Spaces: 208 reduced to 198

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

Add Oxygen Tank Farm and parking modifications, resubdivide three parcels into one parcel and interior renovations.

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.**

| | | | | | |
|------------------|---------------------|----------|--------------------------------|-------|-----------------------------|
| Edward | Farberblum | Owner | Clinton Square Operations, LLC | | |
| First Name | Last Name | Title | Company | | |
| 918 James Street | | Syracuse | NY | 13203 | Phone: 516 356 5551 |
| Street Address | Apt / Suite / Other | City | St | Zip | Email: Farberblum@gmail.com |
| * Signature: | | | Date: 7/7/2021 | | |

| | | | | | |
|----------------|---------------------|-------|---------|-----|--------|
| 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)

| | | | | | |
|----------------|---------------------|-------|---------|-----|--------|
| 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: |

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

| | | | | | |
|------------------------|---------------------|---------------|------------------------------|-------|--------------------------------|
| Ed | Keplinger | RLA/ASLA | Keplinger Freeman Associates | | |
| First Name | Last Name | Title | Company | | |
| 6320 Fly Rd, Suite 109 | | East Syracuse | NY | 13057 | Phone: 315-445-7980 |
| Street Address | Apt / Suite / Other | City | St | Zip | Email: ek@keplingerfreeman.com |

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

MAP NOTES

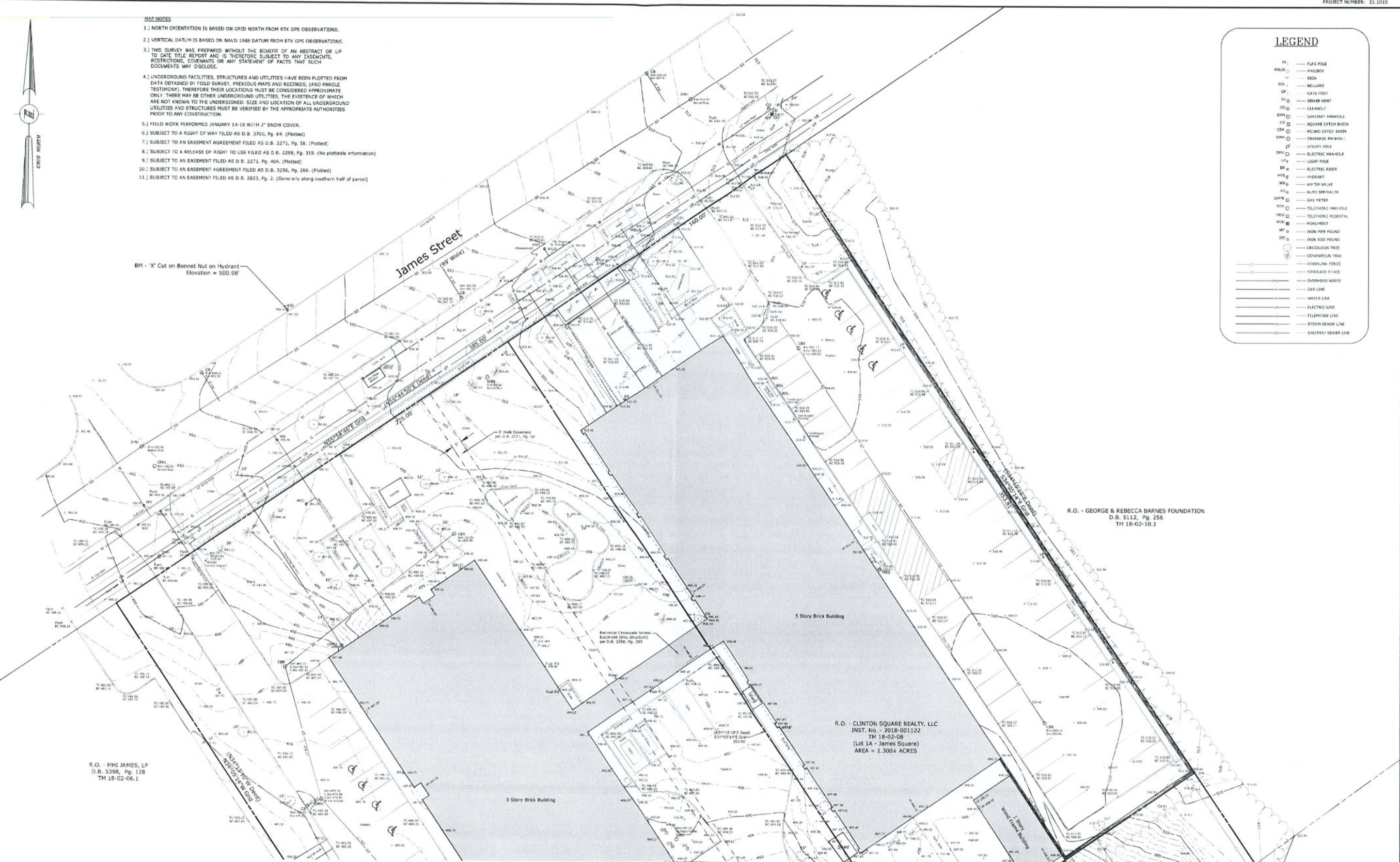
- 1.) NORTH ORIENTATION IS BASED ON GRID NORTH FROM RTK GPS OBSERVATIONS.
- 2.) VERTICAL DATUM IS BASED ON NAVD 1988 DATUM FROM RTK GPS OBSERVATIONS.
- 3.) THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF AN ABSTRACT OR LIP TO DATE TITLE REPORT AND IS THEREFORE SUBJECT TO ANY EASEMENTS, RESTRICTIONS, COVENANTS OR ANY STATEMENT OF FACTS THAT SUCH DOCUMENTS MAY DISCLOSE.
- 4.) UNDERGROUND FACILITIES, STRUCTURES AND UTILITIES HAVE BEEN PLOTTED FROM DATA OBTAINED BY FIELD SURVEY, PREVIOUS MAPS AND RECORDS, (AND PAROLE TESTIMONY). THEREFORE THEIR LOCATIONS MUST BE CONSIDERED APPROXIMATE ONLY. THERE MAY BE OTHER UNDERGROUND UTILITIES, THE EXISTENCE OF WHICH ARE NOT KNOWN TO THE UNDERSIGNED. SIZE AND LOCATION OF ALL UNDERGROUND UTILITIES AND STRUCTURES MUST BE VERIFIED BY THE APPROPRIATE AUTHORITIES PRIOR TO ANY CONSTRUCTION.
- 5.) FIELD WORK PERFORMED JANUARY 14-18 WITH 2" SNOW COVER.
- 6.) SUBJECT TO A RIGHT OF WAY FILED AS D.B. 3700, Pg. 84. (Plotted)
- 7.) SUBJECT TO AN EASEMENT AGREEMENT FILED AS D.B. 2271, Pg. 58. (Plotted)
- 8.) SUBJECT TO A RELEASE OF RIGHT TO USE FILED AS D.B. 2299, Pg. 319. (No Plottable Information)
- 9.) SUBJECT TO AN EASEMENT FILED AS D.B. 2271, Pg. 404. (Plotted)
- 10.) SUBJECT TO AN EASEMENT AGREEMENT FILED AS D.B. 3256, Pg. 269. (Plotted)
- 11.) SUBJECT TO AN EASEMENT FILED AS D.B. 2823, Pg. 2. (Generally along southern half of parcel)



LEGEND

| | |
|------|---------------------|
| FP | FLAG POLE |
| MBUS | MAILBOX |
| SB | SEIN |
| BL | BOLLARD |
| CF | GATE POST |
| SP | SHRUB VENT |
| CO | CLEANOUT |
| SMH | SANITARY MANHOLE |
| CB | SQUARE CATCH BASIN |
| CR | ROUND CATCH BASIN |
| DMH | DRAINAGE MANHOLE |
| UT | UTILITY POLE |
| EMH | ELECTRIC MANHOLE |
| LP | LIGHT POLE |
| EE | ELECTRIC ESSER |
| IND | INDICANT |
| WV | WATER VALVE |
| AS | AUTO SPRINKLER |
| GM | GAS METER |
| TMH | TELEPHONE MANHOLE |
| TFP | TELEPHONE PEDESTAL |
| MON | MONUMENT |
| IRP | IRON PIPE FOUND |
| IRRF | IRON ROD FOUND |
| DT | DECIDUOUS TREE |
| CT | CONIFEROUS TREE |
| CF | CHAINLINK FENCE |
| SK | SHOCKADE FENCE |
| OW | OVERHEAD WIRE |
| GL | GAS LINE |
| WL | WATER LINE |
| EL | ELECTRIC LINE |
| TL | TELEPHONE LINE |
| SSL | STEAM SEWER LINE |
| SL | SANITARY SEWER LINE |

BH - 'X' Cut on Bonnet Nut on Hydrant
Elevation = 500.98'



R.O. - MHI JAMES, LP
D.B. 5398, Pg. 128
TM 18-02-06.1

R.O. - GEORGE & REBECCA BARNES FOUNDATION
D.B. 5112, Pg. 256
TM 18-02-10.1

R.O. - CLINTON SQUARE REALTY, LLC
INST. No. - 2018-001122
TM 18-02-08
(Lot 1A - James Square)
AREA = 1.300± ACRES

MAP REFERENCES

- 1.) JAMES SQUARE RESUBDIVISION PREPARED BY JACK W. COTTRELL, L.S. DATED FEB. 12, 1964 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 6159.
- 2.) CITY BLOCK RESUBDIVISION BLOCK 460 PREPARED BY R.J. LIGHTON, L.S. DATED DEC. 23, 1981, AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 5995.
- 3.) FINAL PLAN CARRIAGE HOUSE FOUNDATION SUBDIVISION PREPARED BY RYAN SURVEY DATED APRIL 19, 2004 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 9924.
- 4.) RESUBDIVISION OF CARRIAGE HOUSE FOUNDATION SUBDIVISION PREPARED BY SAQUIN LAND SURVEYING, P.L.L.C. DATED SEPT. 7, 2010 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 11369.
- 5.) JAMES SQUARE RESUBDIVISION PREPARED BY JACK W. COTTRELL, L.S. DATED MARCH 30, 1981, REVISED APRIL 24, 1981 AND FILED IN THE ONONDAGA COUNTY CLERK'S OFFICE AS MAP 5950.

I CERTIFY THAT THIS SURVEY WAS PREPARED FROM AN ACTUAL FIELD SURVEY AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND HAS BEEN PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE OF THE N.Y.S. ASSOCIATION OF PROFESSIONAL LAND SURVEYORS.

DAVID M. SLISKI PLS # 50105 DATE 02/11/2021

| DATE | REVISIONS RECORD/DESCRIPTION | DRAFTER | CHECK | APPR. |
|----------|------------------------------|---------|-------|-------|
| 02/22/21 | Add easements | DMS | DMS | DMS |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TOPOGRAPHIC AND BOUNDARY SURVEY MAP
FOR THE PROPERTY KNOWN AS
BISHOP REHABILITATION AND NURSING CENTER
918 JAMES STREET

LOTS 1A & 2B AND PART OF LOT 3B OF CITY BLOCK 400
CITY OF SYRACUSE ONONDAGA COUNTY, NEW YORK

C.T. MALE ASSOCIATES
Engineering, Surveying, Architecture, Landscape Architecture & Geology, D.P.C.
50 CENTURY HILL DRIVE, LATHAM, NY 13150-7400
COBLESKILL, NY • GLENS FALLS, NY • POLYGRAPHIC, NY • JOHNSTOWN, NY
LITTLE FALLS, NY • RED HOOK, NY • SYRACUSE, NY

UNAUTHORIZED ALTERATION OR ADDITION TO THIS DOCUMENT IS A VIOLATION OF THE NEW YORK STATE EDUCATION LAW.
© 2021
C.T. MALE ASSOCIATES
APPROVED:
DRAFTED: JAD
CHECKED: DMS
PROJ. NO.: 21.1010
SCALE: 1" = 20 FT.
DATE: FEB. 12, 2021

SHEET 1 OF 2
DWG. NO: 21-0151

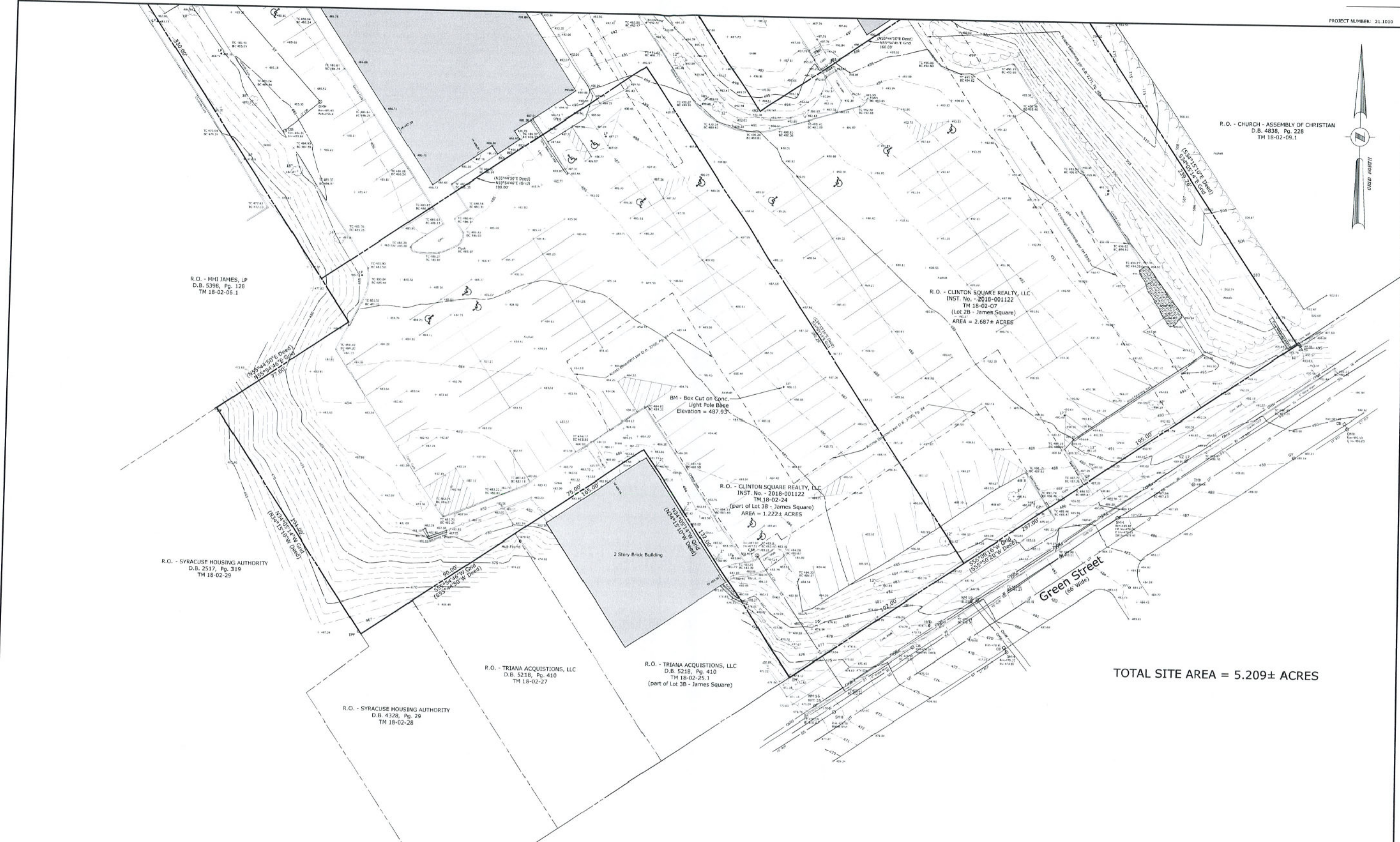


CAD DWG. FILE NAME: C:\Users\james\OneDrive\Bishop Rehabilitation Nursing Center.dwg

XREFS: NONE

PROJECT NUMBER: 21.1010

CAD DWG. FILE NAME: Bishop Nursing Home.dwg



TOTAL SITE AREA = 5.209± ACRES



I CERTIFY THAT THIS SURVEY WAS PREPARED FROM AN ACTUAL FIELD SURVEY AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND HAS BEEN PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE OF THE N.Y.S. ASSOCIATION OF PROFESSIONAL LAND SURVEYORS.

DAVID M. SLSKI P.L.S. # 50105 DATE 02/17/2021

| DATE | REVISIONS RECORD/DESCRIPTION | DRAFTER | CHECK | APPR. |
|----------|------------------------------|---------|-------|-------|
| 02/22/21 | Add easements | dms | dms | dms |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TOPOGRAPHIC AND BOUNDARY SURVEY MAP
FOR THE PROPERTY KNOWN AS
BISHOP REHABILITATION AND NURSING CENTER
918 JAMES STREET

LOTS 1A & 2B AND PART OF LOT 3B OF CITY BLOCK 400
CITY OF SYRACUSE ONONDAGA COUNTY, NEW YORK

© 2021
C.T. MALE ASSOCIATES

APPROVED:
DRAFTED: JAD
CHECKED: DMS
PROJ. NO.: 21.1010
SCALE: 1" = 20 FT.
DATE: FEB. 12, 2021

C.T. MALE ASSOCIATES
Engineering, Surveying, Architecture, Landscape Architecture & Geology, D.P.C.
50 CENTURY HILL DRIVE, LATHAM, NY 13150-7400
COBLESKILL, NY • GLENS FALLS, NY • ROUSHKESVILLE, NY • JOHNSTOWN, NY
LITTLE FALLS, NY • RED HOOK, NY • SYRACUSE, NY

SHEET 2 OF 2
DWG. NO: 21-0151

CAD DWG. FILE NAME: C:\Users\sls\Documents\Bishop Nursing Home\Bishop Nursing Home.dwg

ONLY COPIES OF THIS MAP SIGNED IN RED INK AND EMBOSSED WITH THE SEAL OF AN OFFICER OF C.T. MALE ASSOCIATES OR A DESIGNATED REPRESENTATIVE SHALL BE CONSIDERED TO BE A VALID TRUE COPY

GENERAL NOTES

1. TOPOGRAPHIC AND BOUNDARY SURVEY PREPARED BY C.T. MALE ASSOCIATES, SYRACUSE, NY DATED FEBRUARY 22, 2021.
OWNER AND ARCHITECT DO NOT CONFIRM THE COMPLETENESS OR ACCURACY OF SUCH INFORMATION. CONTRACTOR IS RESPONSIBLE FOR THOROUGH EXAMINATION AND VERIFICATION OF ALL EXISTING SURFACE AND SUBSURFACE CONDITIONS AFFECTING THE NATURE, SCOPE, COMPLEXITY AND COST OF THE CONTRACT WORK. ADDITIONAL INFORMATION ON EXISTING CONDITIONS HAS BEEN ADDED TO THE DRAWINGS BASED ON THE LANDSCAPE ARCHITECT'S OBSERVATIONS BUT IS NOT INTENDED TO AND DOES NOT ALTER THE SURVEY INFORMATION. REFER TO SURVEY NOTES FOR ADDITIONAL INFORMATION.

2. SAW CUT FOR PAVING REMOVALS. EXTEND REMOVAL LINES TO INCLUDE ANY ADJOINING BROKEN OR DETERIORATING PAVING. CAREFULLY REMOVE, STOCKPILE AND PROTECT ANY ITEMS NOTED FOR SALVAGE. ALL DESTRUCTION, REMOVAL, EXCESS SOILS TO BE PROPERLY REMOVED FROM SITE. STRIP AND STOCKPILE SUFFICIENT EXISTING ORGANIC TOPSOILS FOR REUSE. REPAIRING AS REQUIRED ON DISTURBED AND REGRADED AREAS TO BE ESTABLISHED AS LAIN AND FOR REPAIR OF DISTURBED EXISTING LAINS TO REMAIN. STOCKPILE ALL MATERIALS IN APPROVED LOCATIONS WITHOUT INTERFERING WITH OTHER CONTRACTOR WORK, SCHOOL, TRAFFIC OR DRAINAGE.

3. ALL FILL/BACKFILL OF EXCAVATIONS AND VOIDS RESULTING FROM REMOVALS AND RELATED WORK UNDER PROPOSED OR REPLACEMENT PAVING AREAS SHALL ONLY BE COARSE AGGREGATE FILL OR SUBBASE COURSE MATERIAL THOROUGHLY COMPACTED.

4. PROTECT ALL FACILITIES AND IMPROVEMENTS ON AND ADJOINING THE PROPERTY WHICH ARE NOT SPECIFICALLY IDENTIFIED FOR REMOVAL. VERIFY LOCATIONS AND DEPTHS OF ALL SUBSURFACE UTILITIES TO REMAIN PRIOR TO ANY ADJACENT REMOVAL AND EXCAVATION WORK.

5. ALL EXISTING FEATURES SHALL REMAIN UNLESS OTHERWISE NOTED. IF THE CONTRACTOR DAMAGES ANY OF THE EXISTING ON-SITE FACILITIES TO REMAIN (TREES, PAVEMENTS, UNDERGROUND UTILITIES, STRUCTURES, ETC.) WHETHER SHOWN ON THE PLANS OR NOT, THE CONTRACTOR SHALL REPAIR AND/OR REPLACE SUCH ITEMS AT HIS OWN EXPENSE AND ASSUME ALL RESPONSIBILITY FOR SUCH DAMAGE WITHOUT ANY ADDITIONAL COST TO THE OWNER. REPLACEMENT MATERIAL SHALL BE SAME QUALITY AND QUANTITY AS ORIGINAL.

6. THE CONTRACTOR SHALL CONFIRM EXISTING GRADES AND LOCATIONS OF ALL EXISTING FEATURES WITHIN THE CONTRACT LIMIT LINE. THE CONTRACTOR SHALL CONTACT THE LANDSCAPE ARCHITECT IMMEDIATELY SHOULD ANY DISCREPANCIES BE FOUND AT (315) 448-7960.

7. ADJUST RIMS OF UTILITY STRUCTURES TO REMAIN WITHIN AREAS OF GRADE CHANGES TO MEET PROPOSED LINES AND GRADES.
8. ALL NON-PAVED AREAS ARE TO BE LAIN UNLESS OTHERWISE NOTED.
9. CONTRACTOR SHALL BLEND NEW WORK SMOOTHLY AND EVENLY WITH EXISTING LAINS AND GRADES.
10. CONTRACTOR SHALL BE RESPONSIBLE FOR LAIN MAINTENANCE WITHIN THE CONTRACT LIMIT LINE. EXISTING LAINS SHALL BE MOVED AS MUCH AS PRACTICAL TO KEEP AREA FROM LOOKING UNSIGHTLY. ALL TRASH AND DEBRIS SHALL BE PICKED UP AND DISPOSED OF PROPERLY.

EXISTING CONDITIONS & SITE PREPARATION NOTES

- CONTRACT LIMIT LINE
- ASPHALT REMOVAL (SEE NOTE 3)
- CONCRETE REMOVAL (SEE NOTE 4)
- SAW CUT
- REMOVE EXISTING ASPHALT PAVEMENT SUBGRADE TO REPAIR/REPLACE AT NEAREST SCORE JOINT
- REMOVE EXISTING ASPHALT PAVEMENT TO REPAIR/REPLACE AT NEAREST SCORE JOINT
- REMOVE EXISTING CURB AND DISPOSE OF OFF SITE
- REMOVE EXISTING CURB AND DISPOSE OF OFF SITE
- REMOVE EXISTING ASPHALT AND PREPARE FOR NEW STRIPING TYPICAL
- STRIP TOPSOIL IN AREA WHERE DULK OXYGEN PAD AND RETAINING WALL ARE TO GO STOCKPILE FOR REUSE
- INSTALL 6" FT FENCE PER DETAIL (1.2)

- REMOVE CONCRETE PAVEMENT AND DISPOSE OF OFF SITE
- REMOVE VEGETATION INCLUDING STUMPS AND ROOTS AS REQUIRED FOR INSTALLATION OF PROPOSED AREA MATS
- REMOVE/RELOCATE A/C UNIT PER ARCHITECTURAL PLANS
- CONCRETE PAVEMENT CURB BENCHES AND LANDSCAPING TO REMAIN. PROTECT CONCRETE PAVEMENT FROM CONSTRUCTION EQUIPMENT WITH A DOUBLE LAYER OF PLYWOOD DURING CONSTRUCTION. CONTRACTOR SHALL BE RESPONSIBLE FOR ANY DAMAGE TO EXISTING ASPHALT AND ESTABLISH LAIN.
- SEAL COAT LPTS
- CLEAN AND PREPARE EXISTING ASPHALT FOR SEALCOAT
- CONTRACTOR ACCESS ROUTE

JOHN W. BAUMGARTEN ARCHITECT, P.C.
366 NORTH BRADWAY, SUITE 207
SYRACUSE, NY 13204-1753
PHONE: (315) 448-7960
FAX: (315) 448-7961
INTERNET: WWW.JWBARCH.COM

KEPLINGER FREEMAN ASSOCIATES
LANDSCAPE ARCHITECTURE & LAND PLANNING
405 W. BRADWAY, SUITE 207
SYRACUSE, NY 13204-1753
PHONE: (315) 448-7960

| REV. | DATE | BY | DESCRIPTION |
|--------|------|-----|----------------------------|
| 3/1/22 | JFK | EGK | ISSUE FOR BIDDING/RESPONSE |

| DATE | BY | DESCRIPTION |
|------|----|-------------|
|------|----|-------------|

CLIENT: BISHOP REHABILITATION

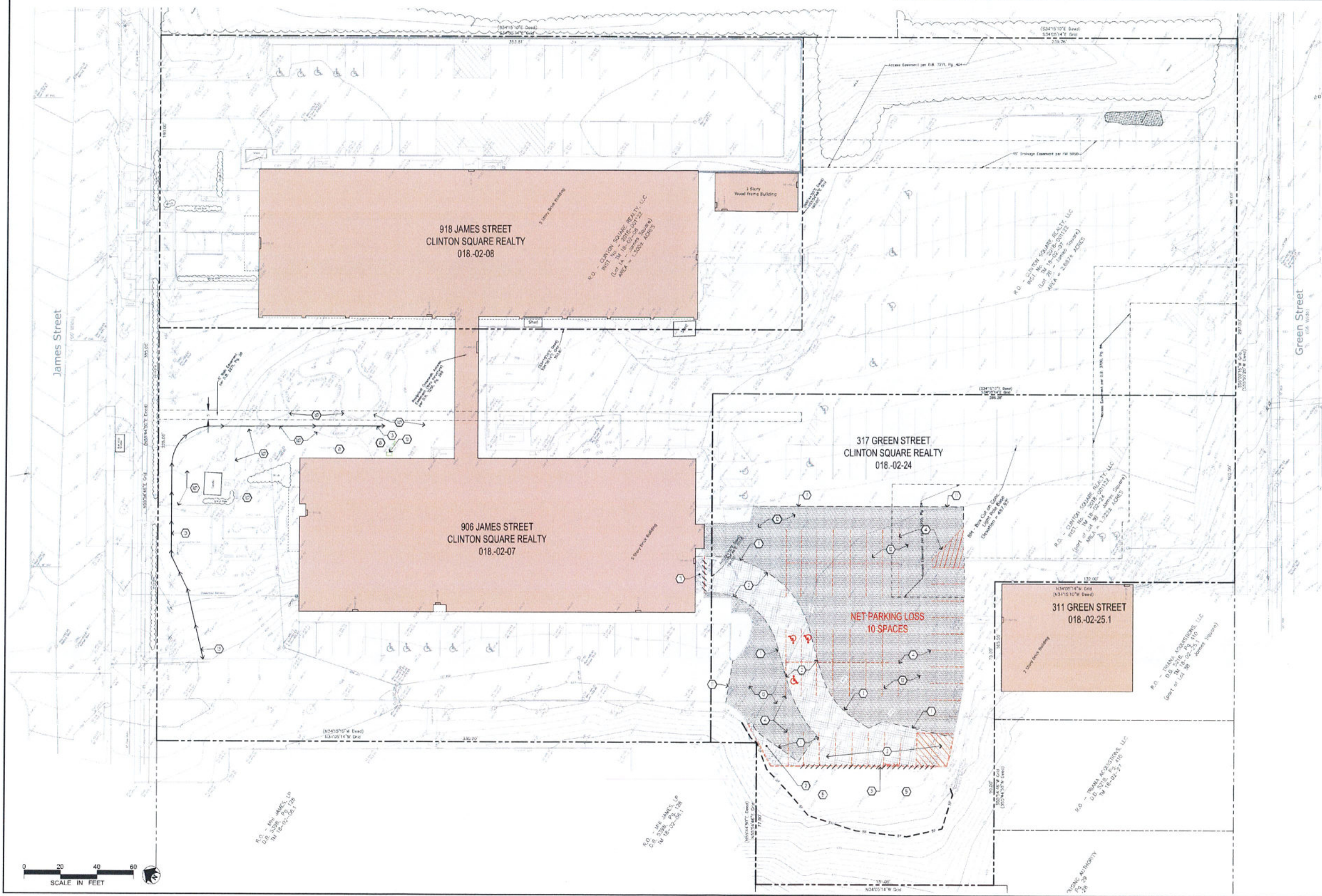
PROJECT: BISHOP REHAB #NURSING CENTER
906 JAMES STREET
SYRACUSE, NY

SHEET TITLE: SITE PREPARATION PLAN

DRAWING NUMBER: **LI.1**

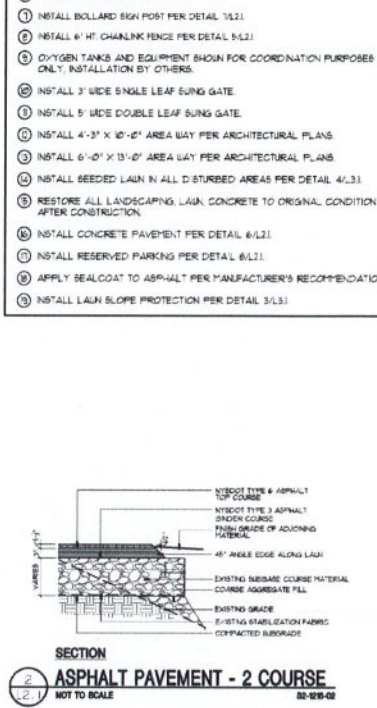
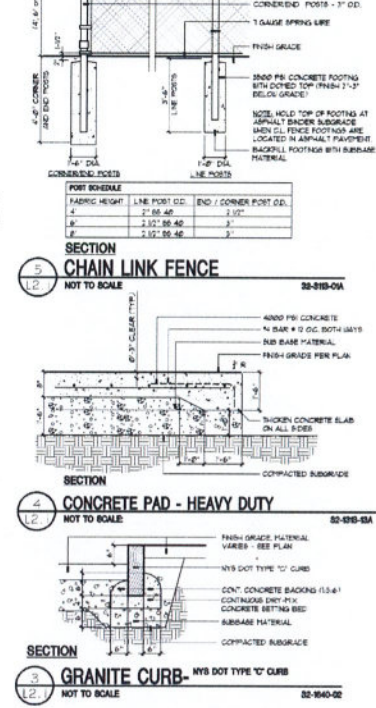
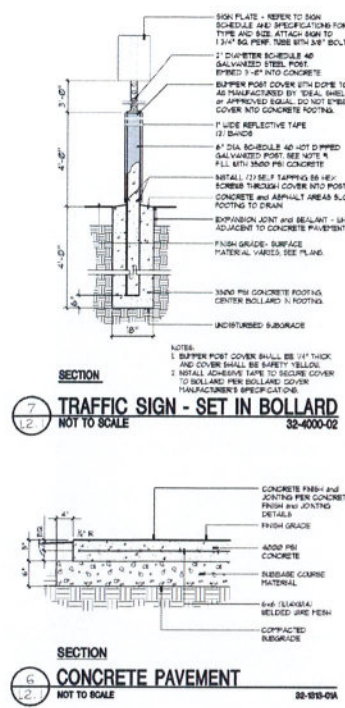
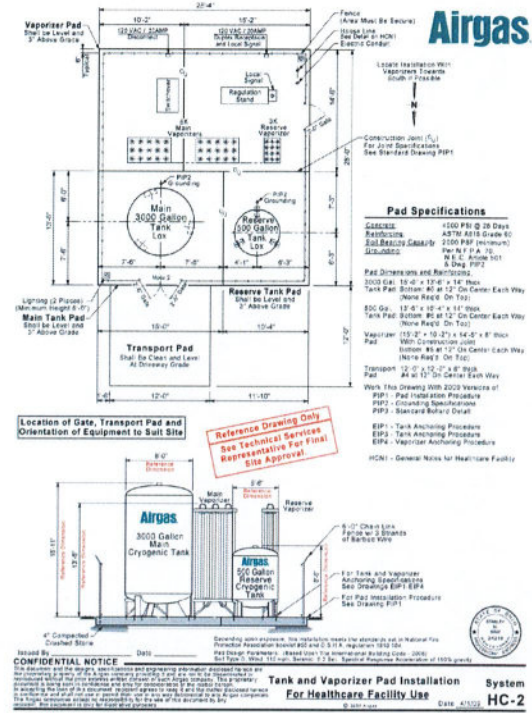
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| DESIGNED BY: [Blank] | CHECKED BY: [Blank] |
| SCALE: AS SHOWN | DRAWN BY: [Blank] |
| SHEET NUMBER: [Blank] | OF [Blank] |

FILE NO. M:\BISHOP REHAB\LI.1 - 37 - R.A. BAUMGARTEN ARCHITECT, P.C. 3/1/22



THESE DRAWINGS AND SPECIFICATIONS PREPARED FOR THE SPECIFIC PROJECT INDICATED. IS NO INSTRUMENT OF SERVICE. AND SHALL REMAIN THE SOLE PROPERTY OF JOHN W. BAUMGARTEN ARCHITECT, P.C. NO PARTS OF THESE DRAWINGS OR SPECIFICATIONS SHALL BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, WITHOUT THE WRITTEN CONSENT OF JOHN W. BAUMGARTEN ARCHITECT, P.C.

| EXISTING | PROPOSED | DESCRIPTION |
|----------|----------|--|
| --- | --- | CONTOUR |
| --- | --- | SPOT ELEVATION |
| --- | --- | CURB TAPERING |
| --- | --- | TOP/BOTTOM OF CURB |
| --- | --- | HIGH / LOW POINT |
| --- | --- | TEST PIT |
| --- | --- | BORING (SEE SPECIFICATIONS FOR BORING INFO) |
| GENERAL | | |
| --- | --- | FINISH |
| --- | --- | UTILITY POLE |
| --- | --- | WATER LINE |
| --- | --- | FIRE HYDRANT |
| --- | --- | FORCE MAIN SANITARY LINE |
| --- | --- | STORM PIPE |
| --- | --- | UNDERGROUND |
| --- | --- | SANITARY PIPE |
| --- | --- | OVERHEAD ELECTRIC |
| --- | --- | UNDERGROUND ELECTRIC |
| --- | --- | TELEPHONE |
| --- | --- | STORM STRUCTURE |
| --- | --- | MLET |
| --- | --- | CATCH BASIN/MANHOLE |
| --- | --- | CLEAN OUT |
| --- | --- | SANITARY MANHOLE |
| --- | --- | ASPHALT PAVEMENT-DRIVE |
| --- | --- | ASPHALT PAVEMENT-ROW |
| --- | --- | ASPHALT PAVEMENT-PARKING |
| --- | --- | CONCRETE PAVEMENT |
| --- | --- | OUTLET PROTECTION |
| --- | --- | TRAFFIC SIGN |
| --- | --- | TRAFFIC SIGN - SET IN BOLLARD |
| --- | --- | TRAFFIC SIGN - MOVABLE |
| --- | --- | LIGHT POLE (SEE ELECTRICAL PLANS FOR LIGHTING) |
| --- | --- | CURB |
| --- | --- | CURB FLUSH (IF REVEAL UNLESS OTHERWISE NOTED) |
| --- | --- | SILT FENCE |
| --- | --- | TRAILER |
| --- | --- | PLANT KEY |
| --- | --- | VEGETATION |



- SITE NOTES**
- MEET EXISTING LINE AND GRADE OF ADJOINING SURFACE
 - INSTALL ASPHALT PAVEMENT PARKING PER DETAIL 2(L2)
 - INSTALL HEAVY DUTY CONCRETE PAD PER DETAIL 4(L2)
 - INSTALL CONCRETE CURB PER DETAIL 3(L2)
 - 4" WIDE PAINTED LINES (TYP.)
 - PANT 4" WIDE LINES AT 45° + 2" OC (TYP.)
 - INSTALL BOLLARD SIGN POST PER DETAIL 1(L2)
 - INSTALL 6" HT CHAINLINK FENCE PER DETAIL 5(L2)
 - OXYGEN TANKS AND EQUIPMENT SHOWN FOR COORDINATION PURPOSES ONLY. INSTALLATION BY OTHERS.
 - INSTALL 3" WIDE SINGLE LEAF SUNG GATE
 - INSTALL 5" WIDE DOUBLE LEAF SUNG GATE
 - INSTALL 4'-3" X 10'-0" AREA WAY PER ARCHITECTURAL PLANS
 - INSTALL 6'-0" X 13'-0" AREA WAY PER ARCHITECTURAL PLANS
 - INSTALL SEEDED LAWN IN ALL DISTURBED AREAS PER DETAIL 4(L3)
 - RESTORE ALL LANDSCAPING, LAWN, CONCRETE TO ORIGINAL CONDITION AFTER CONSTRUCTION
 - INSTALL CONCRETE PAVEMENT PER DETAIL 6(L2)
 - INSTALL RESERVED PARKING PER DETAIL 6(L2)
 - APPLY SEALCOAT TO ASPHALT PER MANUFACTURER'S RECOMMENDATIONS
 - INSTALL LAWN SLOPE PROTECTION PER DETAIL 5(L3)

JOHN W. BAUMGARTEN ARCHITECT, P.C.
 365 NORTH BROADWAY, SUITE 207
 SYRACUSE, NY 13202-2333
 PHONE: (315) 435-0333
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| 1 | 11/12 | JFK | ISSUE FOR DISG-OI REVISIONS |

| DATE | BY | DESCRIPTION |
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CLIENT: BISHOP REHABILITATION

PROJECT: BISHOP REHAB #NURSING CENTER
 906 JAMES STREET
 SYRACUSE, NY

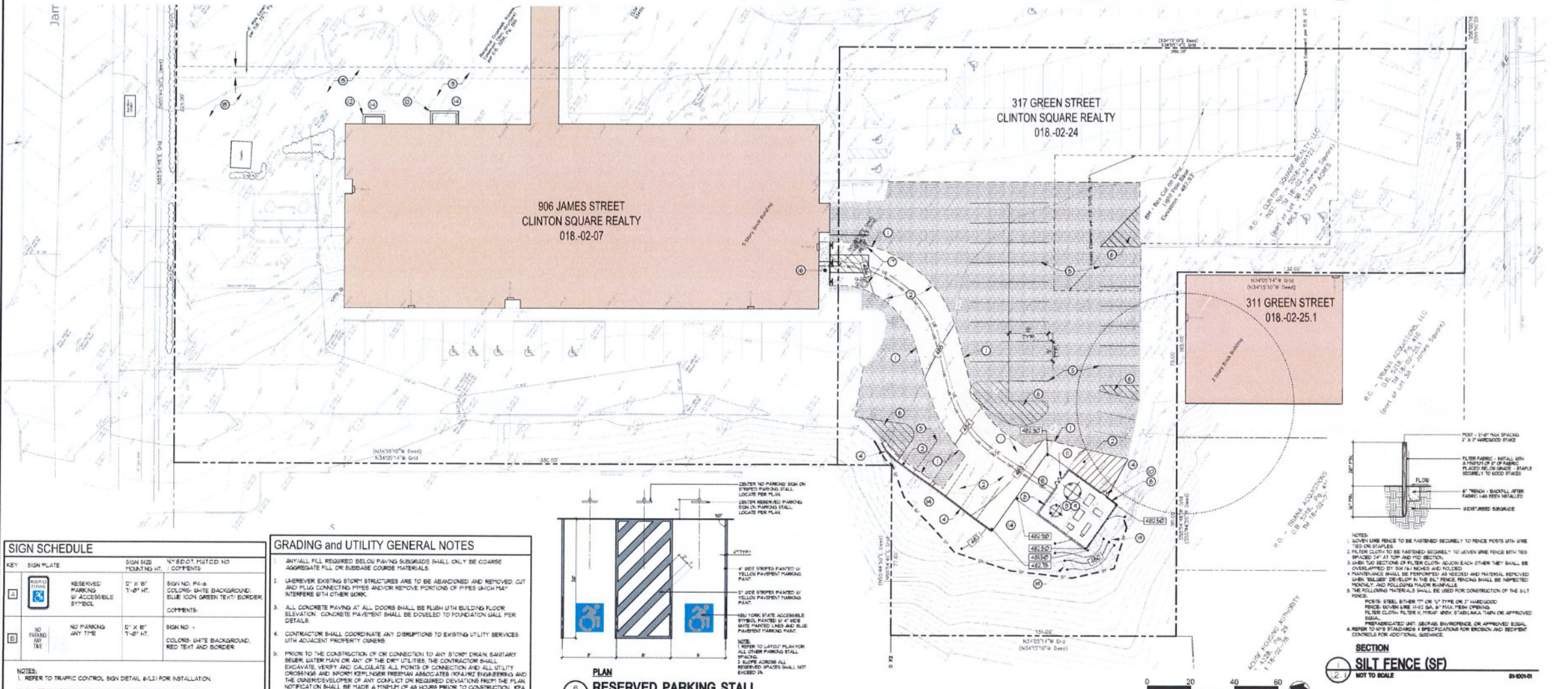
SHEET TITLE: SITE PLAN

DRAWING NUMBER: L2.1

SCALE AND SHEET SIZE: JOB NO. 18-137
 SCALE: AS SHOWN
 DRAWN BY: JPK
 CHECKED BY: EJK

SHEET NUMBER: OF 25

FILE NO. UNIFORM REHABILITATION: 18-137-816 JAMES STREET, SYRACUSE, NY 13208



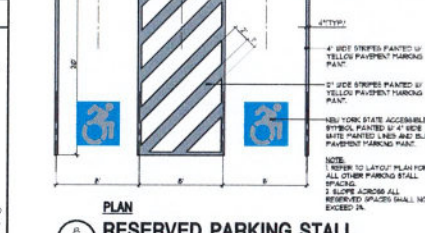
SIGN SCHEDULE

| KEY | SIGN PLATE | SIGN SIZE | POSTING HT. | NO. DOT MOUNTED NO. COMMENTS |
|-----|---------------------|-----------|-------------|--|
| 1 | RESERVED PARKING | 8' X 8' | 7'-0" HT. | SIGN NO. P4-6 COLORS: WHITE BACKGROUND, BLUE ICON GREEN TEXT, BORDER. |
| 2 | NO PARKING ANY TIME | 8' X 8' | 7'-0" HT. | SIGN NO. - COLORS: WHITE BACKGROUND, RED TEXT AND BORDER |

NOTES:
 1. REFER TO TRAFFIC CONTROL SIGN DETAIL 6(L2) FOR INSTALLATION
 2. ALL REGULATORY SIGNS SHALL CONFORM TO THE MOST CURRENT N.Y.S.D.O.T. MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES.

GRADING and UTILITY GENERAL NOTES

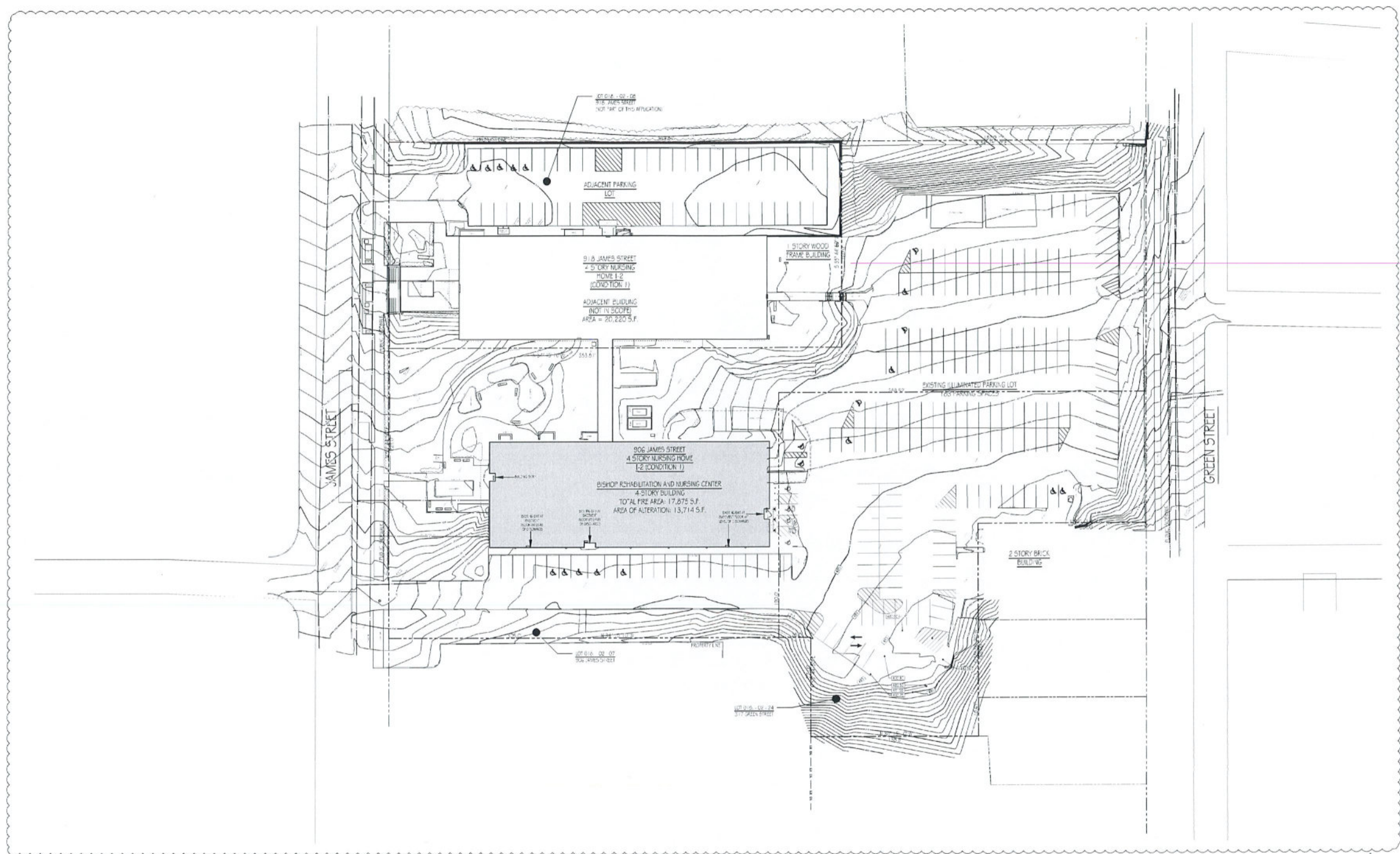
- ANYTIME FILL REQUIRED BELOW PAVING SUBGRADE SHALL ONLY BE COARSE AGGREGATE FILL OR SUBBASE COURSE MATERIALS
- WHENEVER EXISTING STRUCTURES ARE TO BE ABANDONED AND REMOVED CUT AND FILL CONNECTING PIPES AND/OR REMOVE PORTIONS OF PIPES WHICH MAY INTERFERE WITH OTHER WORK
- ALL CONCRETE PAVING AT ALL DOORS SHALL BE FLUSH WITH BUILDING FLOOR ELEVATION. CONCRETE PAVEMENT SHALL BE DOBBLED TO FOUNDATION WALL PER DETAILS
- CONTRACTOR SHALL COORDINATE ANY DISRUPTIONS TO EXISTING UTILITY SERVICES WITH ADJACENT PROPERTY OWNERS
- PRIOR TO THE CONSTRUCTION OF OR CONNECTION TO ANY STORM DRAIN SANITARY SEWER WATER MAIN OR ANY OF THE CITY UTILITIES THE CONTRACTOR SHALL EXCAVATE, VERIFY AND CALCULATE ALL POINTS OF CONNECTION AND ALL UTILITY CROSSINGS AND INVOY KEPLINGER FREEMAN ASSOCIATES (KFA) ENGINEERING AND THE CONSENTIVE SIGNER OF ANY CONFLICT OR REQUIRED DEVIATIONS FROM THE PLAN. NOTIFICATION SHALL BE MADE A MINIMUM OF 48 HOURS PRIOR TO CONSTRUCTION. KFA AND ITS CLIENTS SHALL BE HELD HARMLESS IN THE EVENT THAT THE CONTRACTOR FAILS TO MAKE SUCH NOTIFICATION.



FILE NO. UNIFORM REHABILITATION: 18-137-816 JAMES STREET, SYRACUSE, NY 13208

DSG-01

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1 EXISTING SITE PLAN
 SCALE: 1/32" = 1'-0"



- NOTES:**
1. NO PROPOSED CHANGES TO EXISTING BUILDING ENVELOPE OR SITE
 2. NO CHANGE TO EXISTING FLOOR AREA OR VOLUME

REVISIONS:

| REV. | DATE | BY | DESCRIPTION |
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| 1 | 03/20/02 | EX | ISSUE FOR DSG-01 RESUBM. 5524N |

ISSUES:

| DATE | BY | DESCRIPTION |
|----------|----|--------------------------------|
| 1/25/02 | MC | DSG-01 SUBMISSION |
| 03/20/02 | EX | ISSUE FOR DSG-01 RESUBM. 5524N |

CLIENT:
 BISHOP REHABILITATION

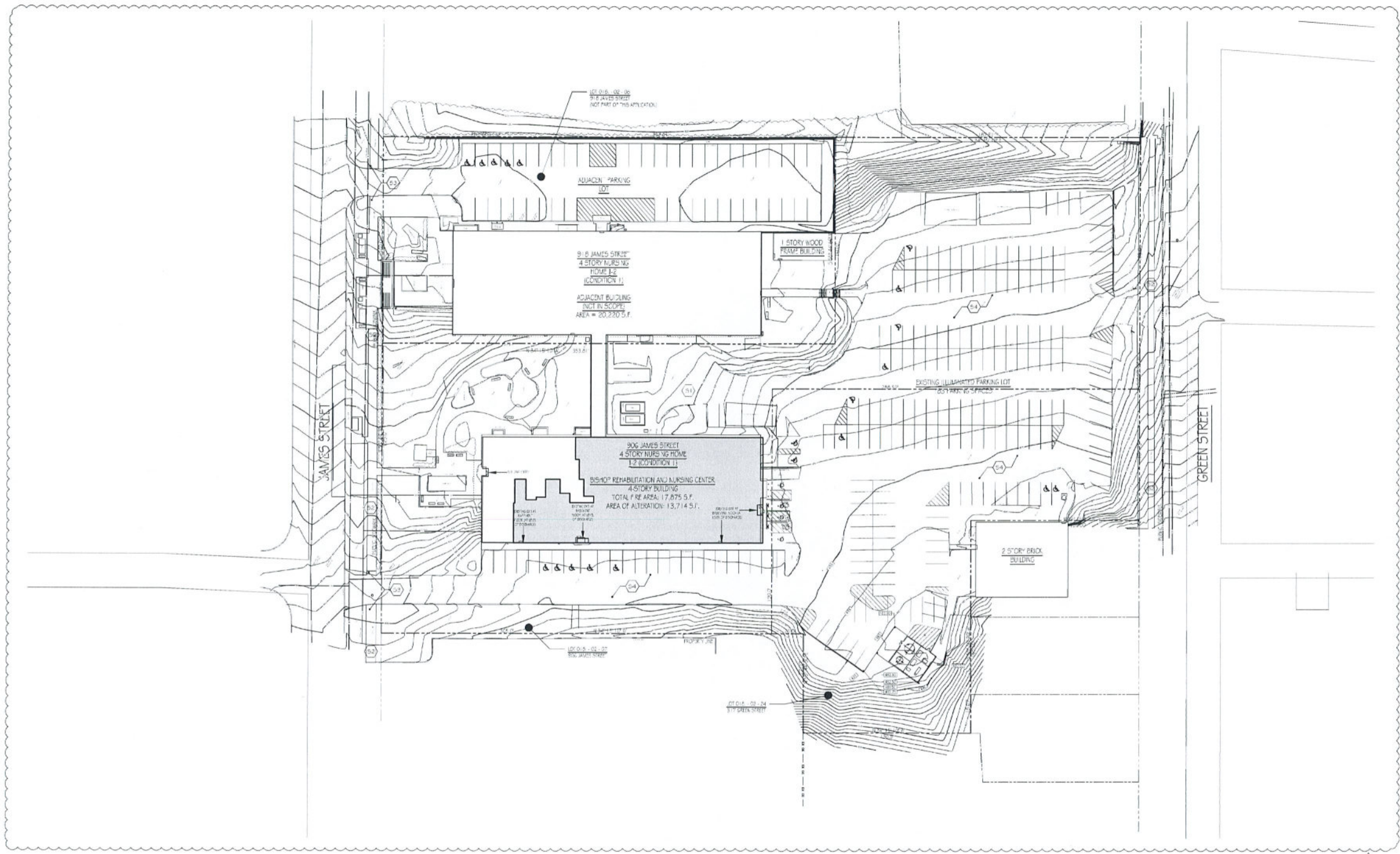
PROJECT:
 BISHOP REHAB & NURSING CENTER
 300 JAMES STREET
 SYRACUSE, NY

SHEET TITLE:
 EXISTING SITE PLAN

DRAWING NUMBER:
 A-001.00

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| SEAL AND SIGNATURE: | JOB NO.: 18-37 |
| | SCALE: AS SHOWN |
| | DRAWN BY: MC |
| | CHECKED BY: JS |
| SHEET NUMBER: 3 OF 12 | |

PLP NO. 61-051907-REHAB-TA-CM-B-37-318 JAMES STREET SYRACUSE, NY-CR-11-03



1 PROPOSED SITE PLAN
SCALE: 1/32" = 1'-0"

REVISIONS:

| REV. | DATE | BY | DESCRIPTION |
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| 03/05/01 | | EX | ISSUE FOR DSG-01 - RESUBM. SIGN |

ISSUES:

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| 02/22/02 | EX | ISSUE FOR DSG-01 - RESUBM. SIGN |

CLIENT:
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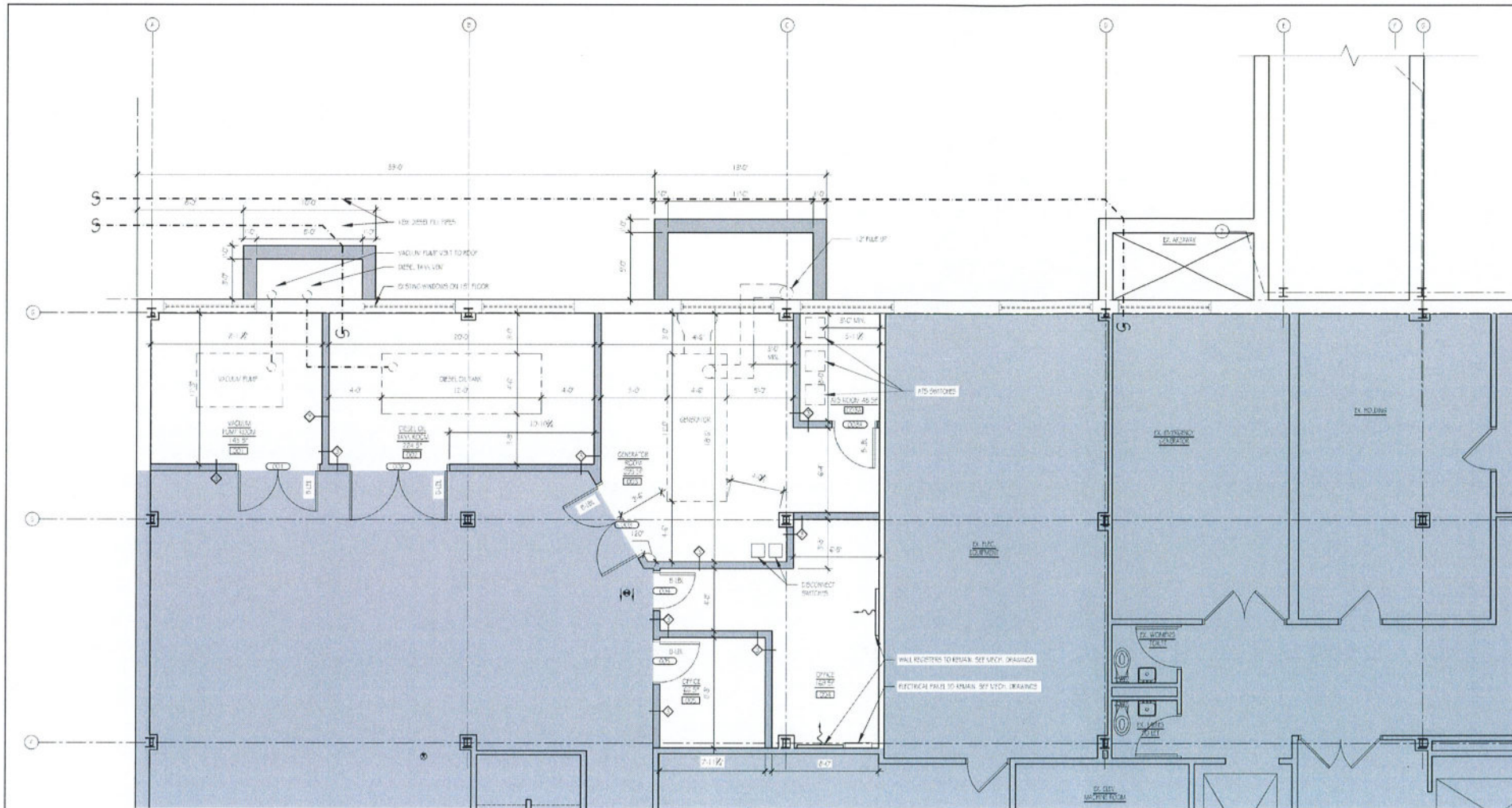
PROJECT:
BISHOP REHAB & NURSING CENTER
906 JAMES STREET
SYRACUSE, NY

SHEET TITLE:
PROPOSED SITE PLAN

DRAWING NUMBER:
A-020 .00

| | | |
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| SEAL AND SIGNATURE: | JOB NO.: | 9-137 |
| | SCALE: | AS SHOWN |
| | DRAWN BY: | EX |
| | CHECKED BY: | JE |

SHEET NUMBER:
4 OF 12
FILE NO. BISHOP REHABILITATION 9-137 - B.S. ALLEN STREET SYRACUSE, NY 13203-1105



1 PROPOSED BASEMENT PARTIAL FLOOR PLAN
SCALE: 1/4" = 1'-0"



LEGEND:

- DENOTES EXISTING CONSTRUCTION TO REMAIN
- DENOTES NEW PARTITION
- DENOTES NEW LOW WALL PARTITION
- ◇ DENOTES PARTITION TYPES. SEE DRAWING A-231 FOR TAG LOCATIONS AND SHEET A-700 FOR DETAILS. ALL WALLS TO BE TYPE 1 UNLESS OTHERWISE NOTED
- ⊕ DOOR TAG
- ⊗ ROOM NUMBER TAG
- ⊙ WINDOW TAG
- ⊞ RECESSED FIRE EXTINGUISHER CABINET
- NOT IN CONTRACT - SEE NOTE 03 ON DRAWING T-020

CONSTRUCTION PLAN GENERAL NOTES:

1. SEE T-310 FOR SYMBOLS, SCHEDULED FIXTURES, ABBREVIATIONS AND ADDITIONAL INFORMATION.
2. ALL NOTES WITH AN ALPHABETICAL PREFIX WHICH ARE REFERENCED ON THIS DRAWING ARE LOCATED ON DRAWING T-020.
3. REFERENCE ENLARGED DIMENSION PLANS A-232 AND A-233 FOR ADDITIONAL INFORMATION.
4. PATCH TO MATCH ALL EXISTING ITEMS DAMAGED OR DISTURBED DUE TO DEMOLITION AND NEW CONSTRUCTION. SEE NOTE M11.
5. DIMENSIONS
 - 5.1. ALL DIMENSIONS ARE APPROXIMATE. THEY ARE DERIVED FROM AS-BUILT DRAWINGS AND SURVEYS. GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS IN FIELD AND ALERT ARCHITECT OF ANY DISCREPANCIES.
 - 5.2. ALL DIMENSIONS ARE TO FINISHED SURFACE UNLESS OTHERWISE NOTED. "HOLD" DIMENSIONS INDICATE MIN. REQUIRED CLEARANCES. NOTIFY ARCHITECT IMMEDIATELY SHOULD ADDITIONAL CLARIFICATION BE REQUIRED.
6. FLOORS
 - 6.1. SEE A-600 FOR FLOOR & WALL BASE/FINISH SCHEDULE.
 - 6.2. SCUM COAT EXISTING FLOOR WITH APPROVED "DASH PATCH MATERIAL" TO ACHIEVE A LEVEL SURFACE UNLESS SELF-LEVELING UNDERLAYMENT IS REQUIRED BY FLOORING MANUFACTURER AS A CONDITION OF WARRANTY.
7. WALLS
 - 7.1. WHERE CERAMIC TILE IS THE SPECIFIED WALL FINISH, ALL PARTITIONS SHALL BE CONSTRUCTED WITH MOISTURE RESISTANT "GREEN BOARD" IN LIEU OF STANDARD GYPSUM BOARD.
 - 7.2. AT ALL "WET ROOMS" (SHOWER/BATHING ROOMS), USE TILE BACKER BOARD WHERE CERAMIC TILE IS SPECIFIED.
 - 7.3. ALL BELOW GRADE SPACES, USE MOISTURE RESISTANT BOARD.
 - 7.4. USE FIRE RATED GYPSUM BOARD AT ALL RATED WALLS, TYPE "X" AT WALLS & "FIRECODE-C" AT CEILING & SOFFITS.
 - 7.5. ALL SPACES WITHIN THE CONTRACT AREA TO RECEIVE NEW FINISHES, SEE FINISH SCHEDULE AND SPECIFICATIONS FOR ADDITIONAL INFORMATION.
 - 7.6. SCRAPE, CLEAN, PRIME AND PAINT ALL EXISTING TEAMS TO REMAIN I.E. INCREMENTAL UNITS, BASEBOARDS, ACCESS DOORS, ELECTRICAL PANELS, HOLLOW METAL DOORS AND FRAMES, ETC. WATER/TIGHT ASSEMBLY.
 - 7.7. SCUM COAT AND SAND ALL EXIST. PLASTER OVER SURFACES TO REMAIN WITHIN THE CONTRACT AREA. PREPARE SURFACES AS PROPER SUBSTRATE FOR SPECIFIED FINISH MATERIAL PER FINISH MANUFACTURER'S SPECIFICATIONS.
 - 7.8. AT SERVER & DATA ROOMS, PROVIDE 3/4" FIRE RATED PLYWOOD AS A SUBSTRATE BENEATH GYPSUM WALL BOARD.
 - 7.9. PROVIDE AND INSTALL HAND RAILS AND CRASH RAILS AT ALL CORRIDORS.
 - 7.10. PROVIDE AND INSTALL CORNER GUARDS AT ALL OUTSIDE CORNERS OF INTERSECTING WALLS, END GUARDS AT ALL KING WALLS.
8. FILL MASONRY OPENINGS BEING ABANDONED WITH SOLID LOAD BEARING CMU FOR FULL WIDTH DEPTH AND HEIGHT OF OPENING.
9. DOORS
 - 9.1. SEE A-810 FOR DOOR SCHEDULE & HARDWARE.
 - 9.2. AT ALL EXISTING DOORS TO REMAIN WITHIN CONTRACT AREA, CONTRACTOR TO PRIME AND PAINT DOORS AND FRAMES AND REPLACE ALL DAMAGED HARDWARE TO ENSURE PROPER OPERATION. SEE NOTES WITH A "J" PREFIX ON DRAWING T-011. ALL NEW HARDWARE TO BE ADA COMPLIANT.
10. MILLWORK
 - 10.1. SEE A-610 & A-730 FOR MILLWORK DETAILS.
 - 10.2. WHERE UPPER CABINETS ARE SPECIFIED, PROVIDE BACKING AS FOLLOWS: PROVIDE 4" WIDE 18 GA. CONTINUOUS STEEL PLATE SECURED TO FACE OF STUDS WITH 2 PANCAKE HEAD DRYWALL SCREWS. EXTEND OF PLATE MIN. OF ONE STUD PAST END OF CABINET. LOCATION OF BACKING PLATE AS REQUIRED BY CASEWORK MANUFACTURER. SEE DETAIL DA-720.
 - 10.3. ALL COAT CLOSETS SHALL BE PROVIDED WITH (1) SHELV & COAT ROD (TYP.) ALL OTHER STORAGE CLOSETS WITH MIN. OF (5) P. LAM. ADJUSTABLE MELAMINE SHELVES.
11. WINDOW & BORROWED LIGHTS
 - 11.1. GENERAL CONTRACTOR TO CLEAN, REPAIR OR REPLACE WHERE BROKEN AND RE-GLAZ. ALL EXISTING GLAZING AS REQUIRED TO ENSURE WATERTIGHT ASSEMBLY.
12. MECHANICAL ITEMS
 - 12.1. ALL EXPOSED PIPING TO BE PAINTED.
 - 12.2. PROVIDE ACCESS DOORS AT ALL MECH/PAP APPURTENANCES SUCH AS VALVES, FIRE DAMPERS, CLEANOUTS WHICH REQUIRE ACCESS FOR MAINTENANCE AND REPAIR. PROVIDE FIRE RATED ACCESS DOORS AT FIRE RATED PARTITIONS AND CEILING.
13. ELECTRICAL ITEMS
 - 13.1. ALL RECEPTION DESKS & OTHER WORKSTATIONS ARE TO RECEIVE COMBO VOICE/ DATA RECEPTACLE AND QUAD OUTLETS TYP. U.O.N (1 QUAD AND DATE DROP FOR EACH DESK/COUNTER STAFF POSITION). ALL DATA DROPS SHALL BE SIZED TO CARRY FOUR CAT-6A CABLES (1" DIAMETER MINIMUM CONDUIT SIZE).
 - 13.2. PROVIDE GFI OUTLETS AT ALL WET AREAS (WHERE WATER IS PRESENT). ALL RECEPTACLES WITHIN 6 FEET OF A PLUMBING FIXTURE SHALL BE GFI UNLESS OTHERWISE NOTED.
 - 13.3. ALL NEW OUTLETS TO BE HOSPITAL GRADE RECEPTACLES.
 14. ALL DATA, COMMUNICATION CABLE, CONTROL W. RING AND FIRE ALARM WIRING TO BE FLEURUM RATED WITHIN CEILING CAVITY.
15. PLUMBING ITEMS
 - 15.1. SUPPORT ALL PLUMBING & SANITARY LINES AS REQUIRED BY PLUMBING CODE.
 - 15.2. ALL CLINICAL AREA DRUG INACCESSIBLE BY STAFF (ONLY) TO RECEIVE 4" WHIST BLADE CONTROLS. TOILET LAVATORIES TO RECEIVE 4" WHIST BLADES.
16. FIRE RATING RELATED
 - 16.1. ALL PENETRATIONS THROUGH WALLS/ FLOORS ETC. SHALL BE FIRE STOPPED AND BACKSTOPPED WITH SUITABLE MATERIALS (SEE DRAWINGS 760, 761, 762 & 763) TO MAINTAIN RATED RATINGS. CONTACT ARCHITECT IMMEDIATELY SHOULD ADDITIONAL CLARIFICATION BE REQUIRED.
 - 16.2. PROVIDE MOTORIZED FIRE SMOKE DAMPERS AT ALL DUCTS PENETRATING SHAFTS, 2 HOUR PARTITIONS AND SMOKE BARRIERS.
17. FURNITURE
 - 17.1. ALL FREESTANDING MOVABLE FURNITURE AND/OR EQUIPMENT & I.C. (BY OTHERS) SEE A-400 & A-400 SERIES DRAWINGS.
18. SPRINKLER STANDPIPE
 - 18.1. PAINT SPRINKLER AND STANDPIPE PIPING IN ACCORDANCE WITH GOVERNING

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CLIENT: BISHOP REHABILITATION

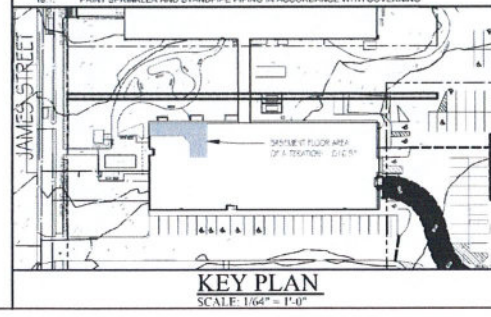
PROJECT: VENTILATOR UNITS
906 JAMES STREET
SYRACUSE, NY 13203

SHEET TITLE: PROPOSED BASEMENT PARTIAL FLOOR PLAN

DRAWING NUMBER: A-200.00

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| DATE AND SCALE: | ISS. NO. 1 OF 1 |
| SCALE: AS SHOWN | SCALE: AS SHOWN |
| DATE: 11/15/07 | DATE: 11/15/07 |
| BY: JWB | BY: JWB |

SHEET NUMBER: 1 OF 11
FILE NO.: BISHOP REHABILITATION S-37 - 915 JAMES STREET - SYRACUSE, NY 13203



KEY PLAN
SCALE: 1/64" = 1'-0"

| BUILDING INFORMATION | |
|----------------------|--|
| AREA OF WORK: | 2ND FLOOR |
| TOTAL FLOOR AREA: | 11,575 SF |
| NO. OF STORIES: | 4 |
| FULLY STRUKERLED: | YES |
| STAIRS: | YES |
| OCCUPANCY GROUP: | 1-2 (SUITABLE CONDITION) |
| WPA 200 TABLE 3-1: | TYPE I (220) |
| 2002 IBC TABLE 601: | TYPE II |
| WPA 100 TABLE 7-1: | TO COMPLY WITH CHAPTER 10 (HEALTHCARE OCCUPANCIES) |

- LEGEND:**
- = DEMOTES EXISTING CONSTRUCTION TO REMAIN
 - = DEMOTES NEW CONSTRUCTION
 - = DEMOTES LOW WALL
 - = AREA NOT IN CONTRACT
 - = 1. LUMINATED EXIT SIGN W/ BACKUP BATTERY
 - = ILLUMINATED EXIT SIGN W/ DIRECTIONAL ARROW AND BACKUP BATTERY
 - = TRAVEL DISTANCE (IN FEET)
 - = INDICATES DOOR EQUIPPED WITH EMERGENCY GLASS HARDWARE

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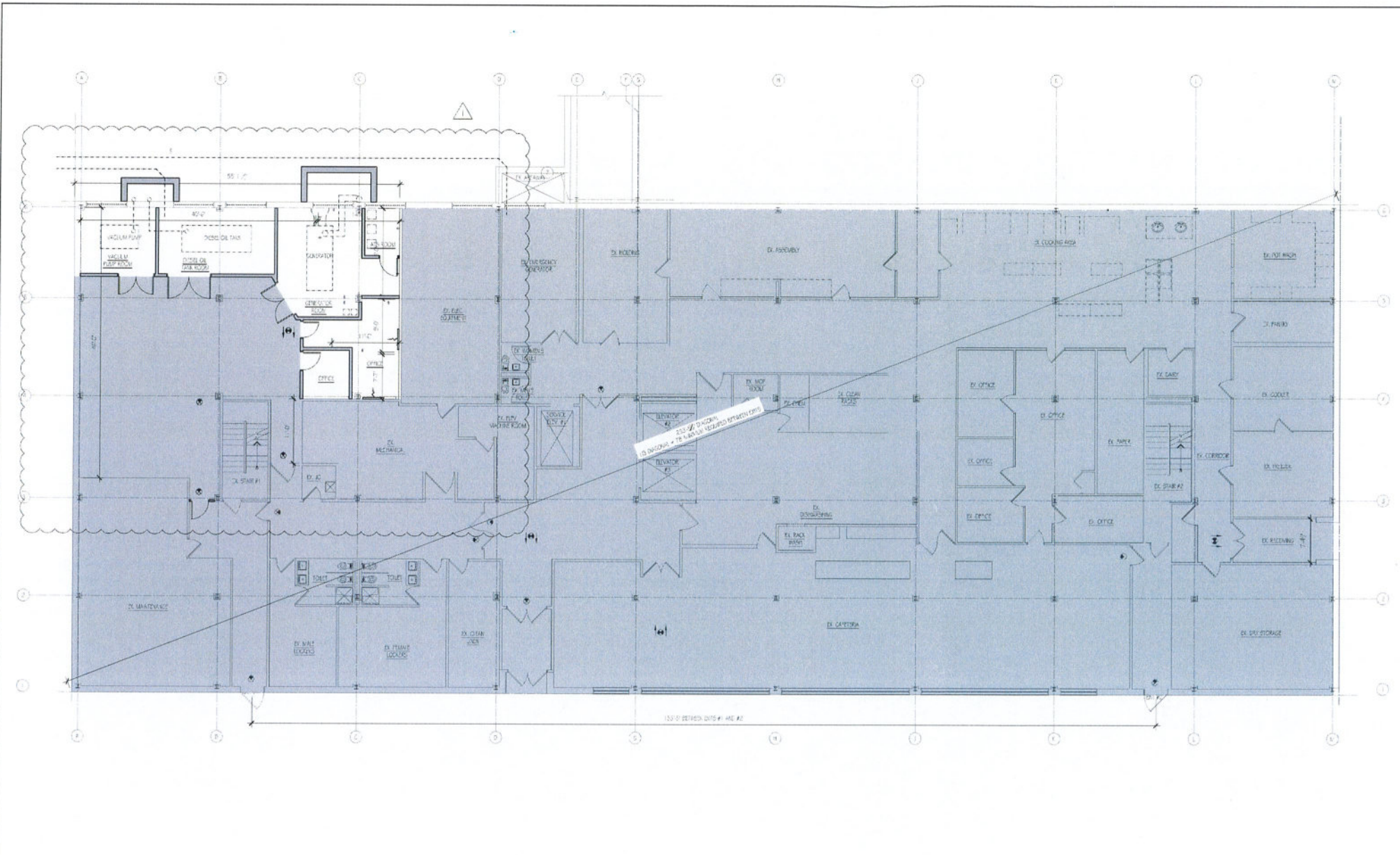
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| 1 | 03/20/07 | EX | ISSUE FOR DSG-01 - RESUBMIT DESIGN |

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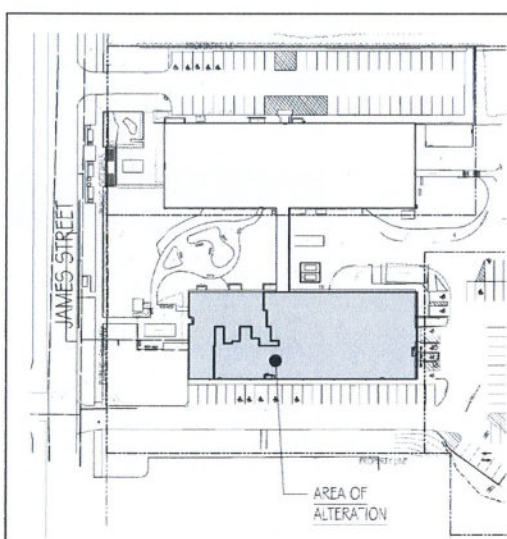
CLIENT: BISHOP REHABILITATION
 PROJECT: BISHOP REHAB & NURSING CENTER
 906 JAMES STREET
 SYRACUSE, NY

SHEET TITLE: PROPOSED BASEMENT FLOOR EGRESS PLAN
 DRAWING NUMBER: LS-100.00
 FILE NO.: BISHOP REHABILITATION B-37 - 915 JAMES STREET - SYRACUSE, NY 13203



1 PROPOSED BASEMENT FLOOR EGRESS PLAN
 SCALE: 1/8" = 1'-0"

NOTES:
 1. NO SCOPE OF WORK ON THIS FLOOR, SHOWN FOR REFERENCE ONLY TO SHOW LEVEL OF EXIT DISCHARGE TO GRADE AND BARRIER FREE ACCESS ONLY.



KEY PLAN
 SCALE: 1/64" = 1'-0"



| BUILDING INFORMATION | |
|---|-----------------------------------|
| AREA OF WORK: | 2ND FLOOR |
| TOTAL FIRE AREA: | 17,875 SF |
| HEIGHT: | 4 STORIES |
| FULLY SPRINKLED: | YES |
| STANDPIPE: | YES |
| OCCUPANCY GROUP: | I-2 (INST TUTORIAL) (CON'DT OR 1) |
| VFA 220 TABLE 3-1 TYPE I (222) | |
| 2020 NYSECC TABLE 40.1 TYPE B | |
| VFA 10 (20) 2 TO COMPLY WITH CHAPTER 10 NEW HEALTH CARE OCCUPANCIES | |

| LEGEND: | |
|---------|--|
| | = DENOTES EXISTING CONSTRUCTION TO REMAIN |
| | = DENOTES NEW CONSTRUCTION |
| | = DENOTES LOW WALL |
| | = AREA NOT IN CONTRACT |
| | = 2 HOUR FIRE RATING, UL DESIGN NO. U441 |
| | = 1 HOUR FIRE RATING, UL DESIGN NO. U425 |
| | = 4-HOUR RATED SMOKE BARRIER (SEE SMOKE COMPARTMENT DRAWINGS) UL DESIGN NO. U462 |
| | = NON-RATED SMOKE RESISTANT PARTITION (SEE SMOKE COMPARTMENT DRAWINGS) |
| | = OCCUPANCY GROUP |
| | = ILLUMINATED EXIT SIGN W/ BACKUP BATTERY |
| | = ILLUMINATED EXIT SIGN W/ DIRECTIONAL ARROW AND BACKUP BATTERY |
| | = TRAVEL DISTANCE (IN FEET) |
| | = INDICATES DOOR EQUIPPED WITH EMERGENCY EGRESS HARDWARE |

SMOKE COMPARTMENTATION NOTES

THESE REQUIREMENTS AND CHAPTER CODE REQUIREMENTS ARE THE SAME REGARDING SMOKE COMPARTMENTS.

PER 407.5 NYSECC 4-10 2.7, VFA 101 SMOKE BARRIERS SHALL BE PROVIDED TO SUBDIVIDE EACH STORY INTO AT LEAST 2 SMOKE COMPARTMENTS MEETING THE FOLLOWING REQUIREMENTS:

1. COMPARTMENT AREA SHALL NOT EXCEED 22,500 S.F.
2. MAXIMUM TRAVEL DISTANCE FROM ANY POINT IN A SMOKE COMPARTMENT TO THE SMOKE BARRIER DOORS SHALL NOT EXCEED 200 FEET.
3. A REFUGE AREA OF AT LEAST 30 SQ. FT. SHALL BE PROVIDED ON EACH SIDE OF THE SMOKE BARRIER (OR SLEEPING PORCH). THE AREA MAY BE THE AGGREGATE OF CORRIDORS, PATENT BATHS, TREATMENT ROOMS, LOUNGES, DINING ROOMS AND OTHER LOW HAZARD AREAS.
4. SMOKE BARRIER MUST HAVE A 1-HOUR FIRE RATING.

SMOKE COMPARTMENT COMPLIANCE

SMOKE COMPARTMENT "A" = 7,356 S.F. < 22,500 S.F. MAX. PERMITTED = 7,356 S.F. TRAVEL DISTANCE < 200 FT. MAX. (COMPLIES)

SMOKE COMPARTMENT "B" = 10,519 S.F. < 22,500 S.F. MAX. PERMITTED = 10,519 S.F. TRAVEL DISTANCE < 200 FT. MAX. (COMPLIES)

AREAS OF REFUGE (BUFFING AREAS)

NYSP 101.2(2) TABLE 7.3.1.2

REAL-RISK USE: (HALLWAY TREATMENT) AREAS = 120 S.F./PERSON FOR 10 7.3.3.1. SLEEPING AREAS = 30 S.F./PERSON

OCCUPANT LOAD COMPARTMENT A = 7,356 S.F. = 62 PERSONS / 120

OCCUPANT LOAD COMPARTMENT B = 10,519 S.F. = 88 PERSONS / 120

COMPARTMENT A = 62 PERSONS X 30 S.F./PERSON = 1,860 S.F. REQUIRED = 7,356 S.F. PROPOSED (COMPLIES)

COMPARTMENT B = 88 PERSONS X 30 S.F./PERSON = 2,640 S.F. REQ. REQ. = 10,519 S.F. PROPOSED (COMPLIES)

REVISIONS:

| REV. | DATE | BY | DESCRIPTION |
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| 1 | 03/06/01 | EX | ISSUE FOR DSG-01 RESUBMISSION |

ISSUES:

| DATE | BY | DESCRIPTION |
|----------|----|-------------------------------|
| 1/25/05 | MC | DSG-01 SUBMISSION |
| 03/20/01 | EX | ISSUE FOR DSG-01 RESUBMISSION |

CLIENT:

BISHOP REHABILITATION

PROJECT:

BISHOP REHAB & NURSING CENTER
906 JAMES STREET
SYRACUSE, NY

SHEET TITLE:

PROPOSED SECOND FLOOR SMOKE COMPARTMENT PLAN

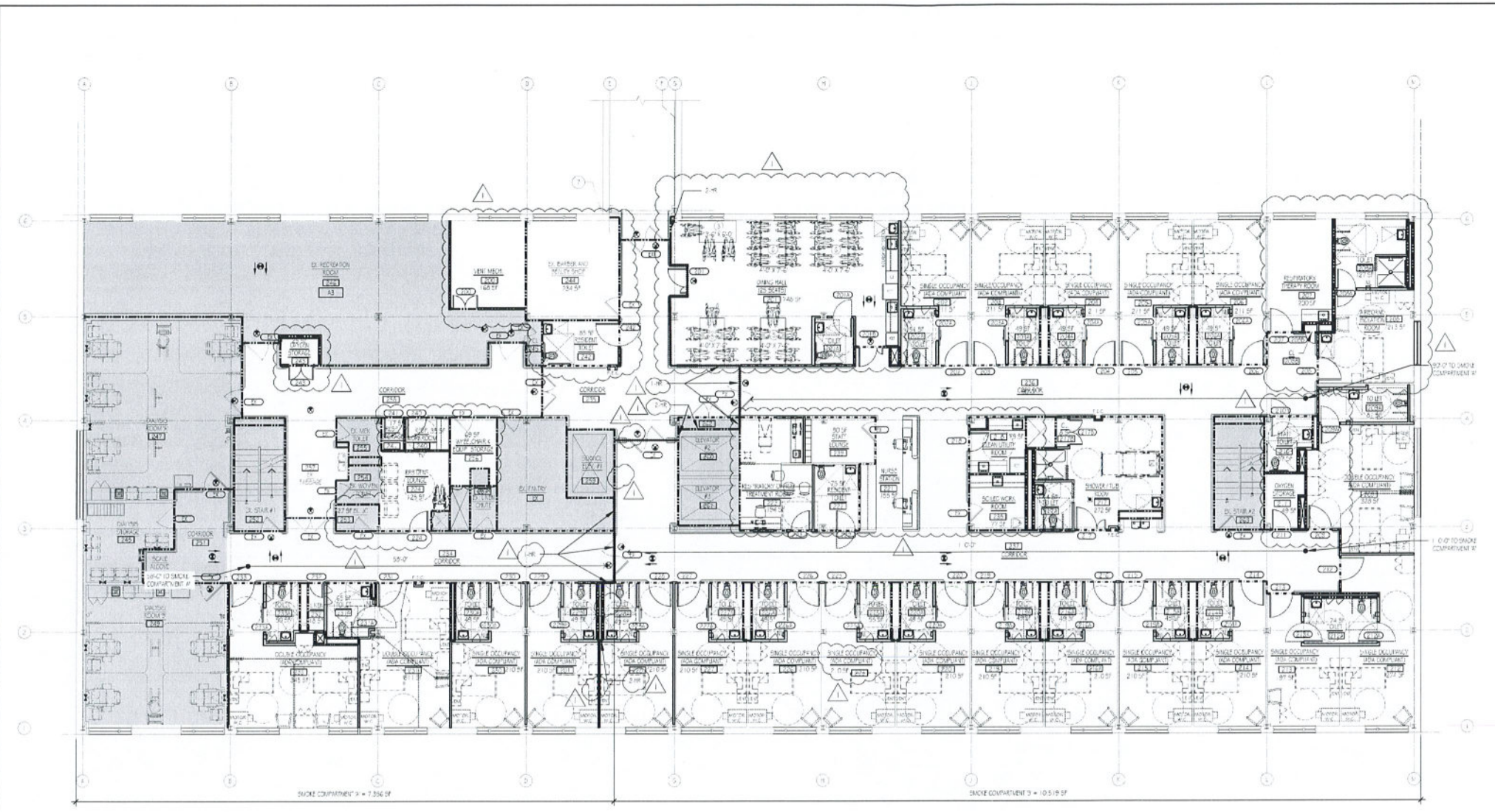
DRAWING NUMBER:

LS-202.00

| DESIGN AND SCALE: | DESIGN NO.: | DATE: |
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| | 9-137 | 03/06/01 |
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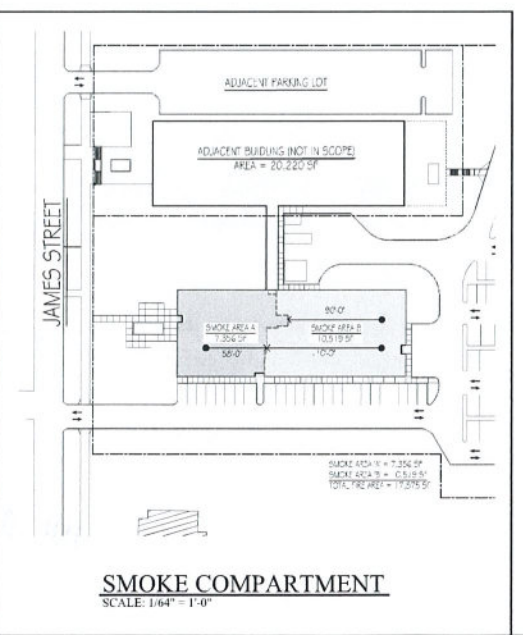
SHEET NUMBER: 9 OF 12

FILE NO. BISHOP REHABILITATION, 9-137-910, JAMES STREET, SYRACUSE, NY 13203

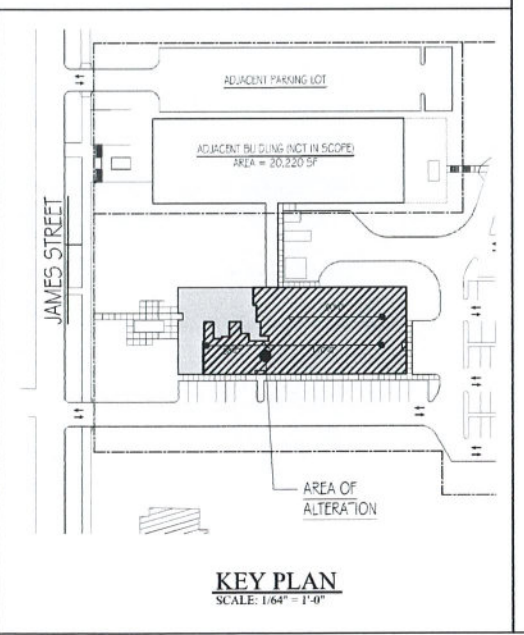


1 PROPOSED SECOND FLOOR SMOKE COMPARTMENT PLAN
SCALE: 1/8" = 1'-0"

- NOTES:**
1. ALL SPACES ARE OCCUPANCY GROUP I-2 (INSTITUTIONAL), UNLESS OTHERWISE NOTED.



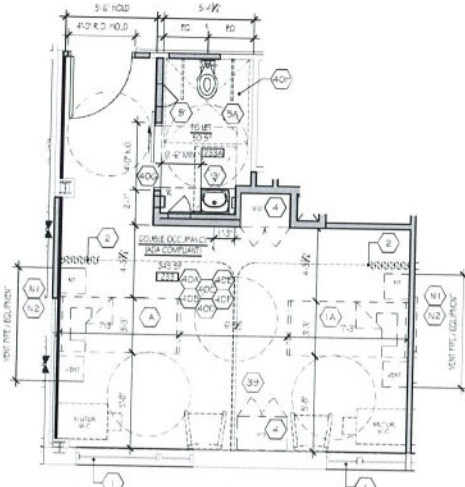
SMOKE COMPARTMENT
SCALE: 1/64" = 1'-0"



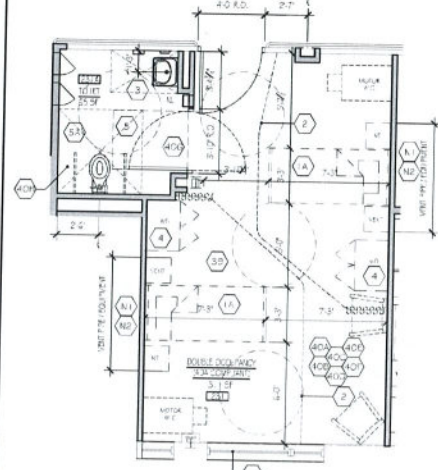
KEY PLAN
SCALE: 1/64" = 1'-0"

DSG-01

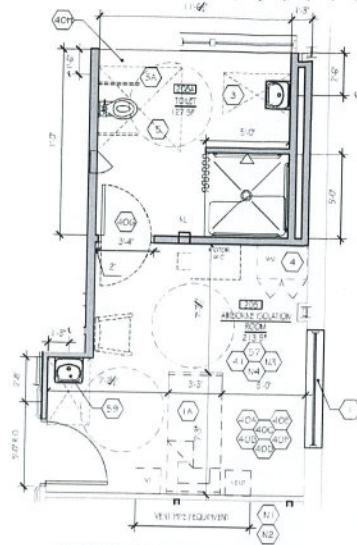
JOHN W. BAUMGARTEN ARCHITECT, P.C.
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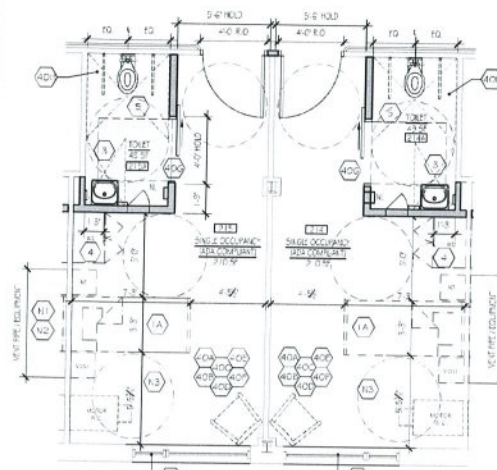
1 DOUBLE OCCUPANCY (ADA COMPLIANT) - LAYOUT 'A'
SCALE: 1/4" = 1'-0"



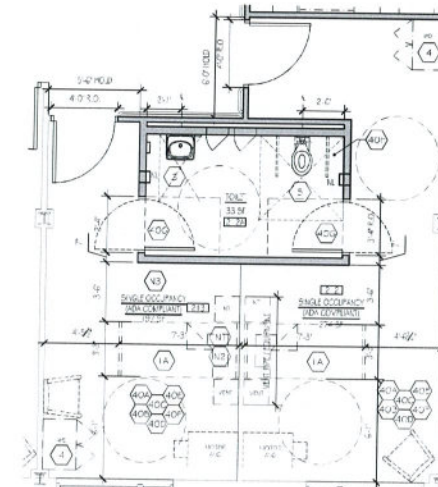
2 DOUBLE OCCUPANCY (ADA COMPLIANT) - LAYOUT 'B'
SCALE: 1/4" = 1'-0"



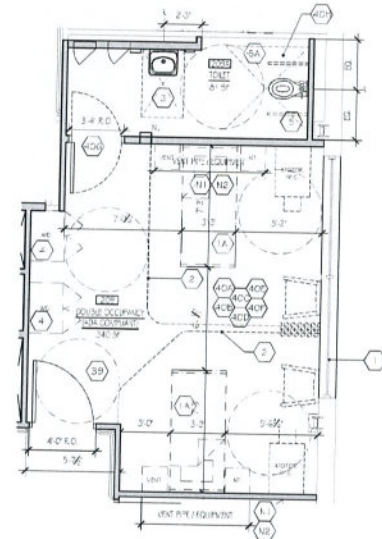
3 AIRBORNE ISOLATION ROOM
SCALE: 1/4" = 1'-0"
NOTE: ROOM IS SERVED BY A DEDICATED NEGATIVE AIR PRESSURE SYSTEM



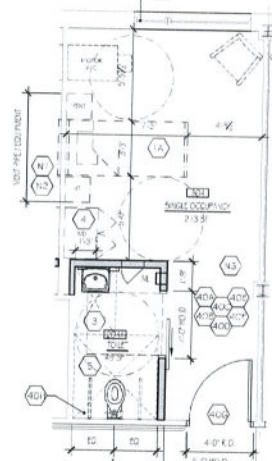
4 SINGLE OCCUPANCY (ADA) LAYOUT 'A' (TYPICAL)
SCALE: 1/4" = 1'-0"



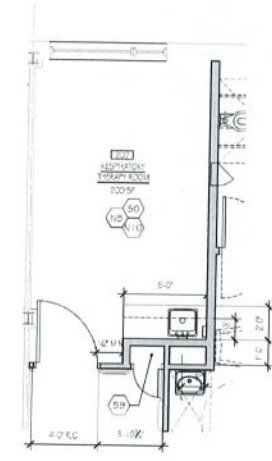
5 SINGLE OCCUPANCY (ADA) LAYOUT 'B' (TYPICAL)
SCALE: 1/4" = 1'-0"



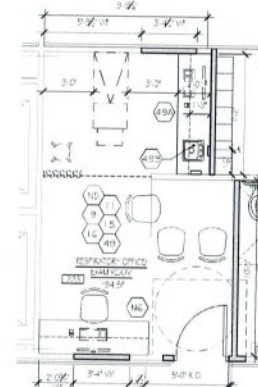
6 DOUBLE OCCUPANCY (ADA COMPLIANT) - LAYOUT 'C'
SCALE: 1/4" = 1'-0"



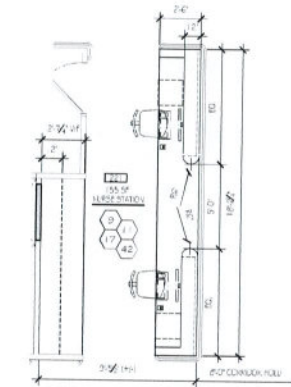
7 SINGLE OCCUPANCY (ADA) LAYOUT 'C' (TYPICAL)
SCALE: 1/4" = 1'-0"



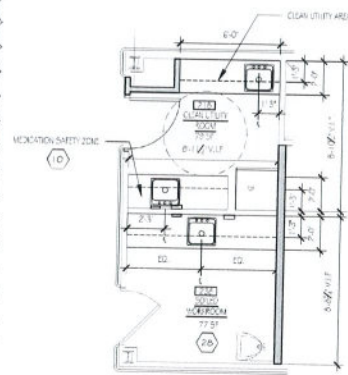
8 RESPIRATORY THERAPY ROOM
SCALE: 1/4" = 1'-0"



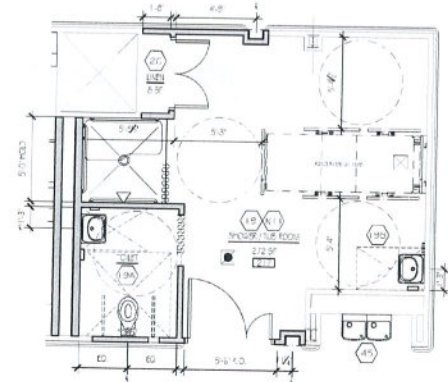
9 OFFICE/CONF. ROOM/EXAM TREATMENT ROOM
SCALE: 1/4" = 1'-0"



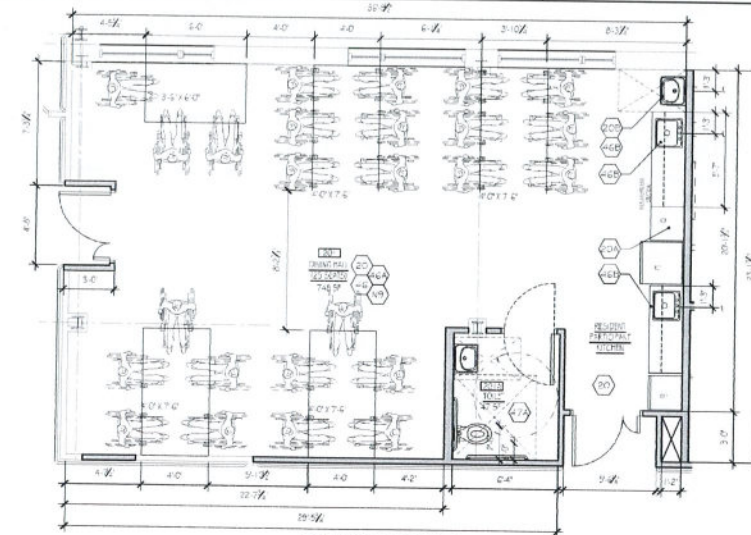
10 NURSE STATION
SCALE: 1/4" = 1'-0"



11 CLEAN WORK/MED ROOM & SOILED WORKROOM
SCALE: 1/4" = 1'-0"



12 SHOWER/TUB ROOM
SCALE: 1/4" = 1'-0"



13 DINING HALL
SCALE: 1/4" = 1'-0"

| REV. | DATE | BY | DESCRIPTION |
|----------|------|----|---------------------------------|
| 03/05/02 | EX | | ISSUE FOR DSG-01 - RESUBMISSION |

| DATE | BY | DESCRIPTION |
|----------|----|---------------------------------|
| 1/12/02 | HC | DSG-01 SUBMISSION |
| 03/05/02 | EX | ISSUE FOR DSG-01 - RESUBMISSION |

CLIENT: BISHOP REHABILITATION

PROJECT: BISHOP REHAB & NURSING CENTER
906 JAMES STREET
SYRACUSE, NY

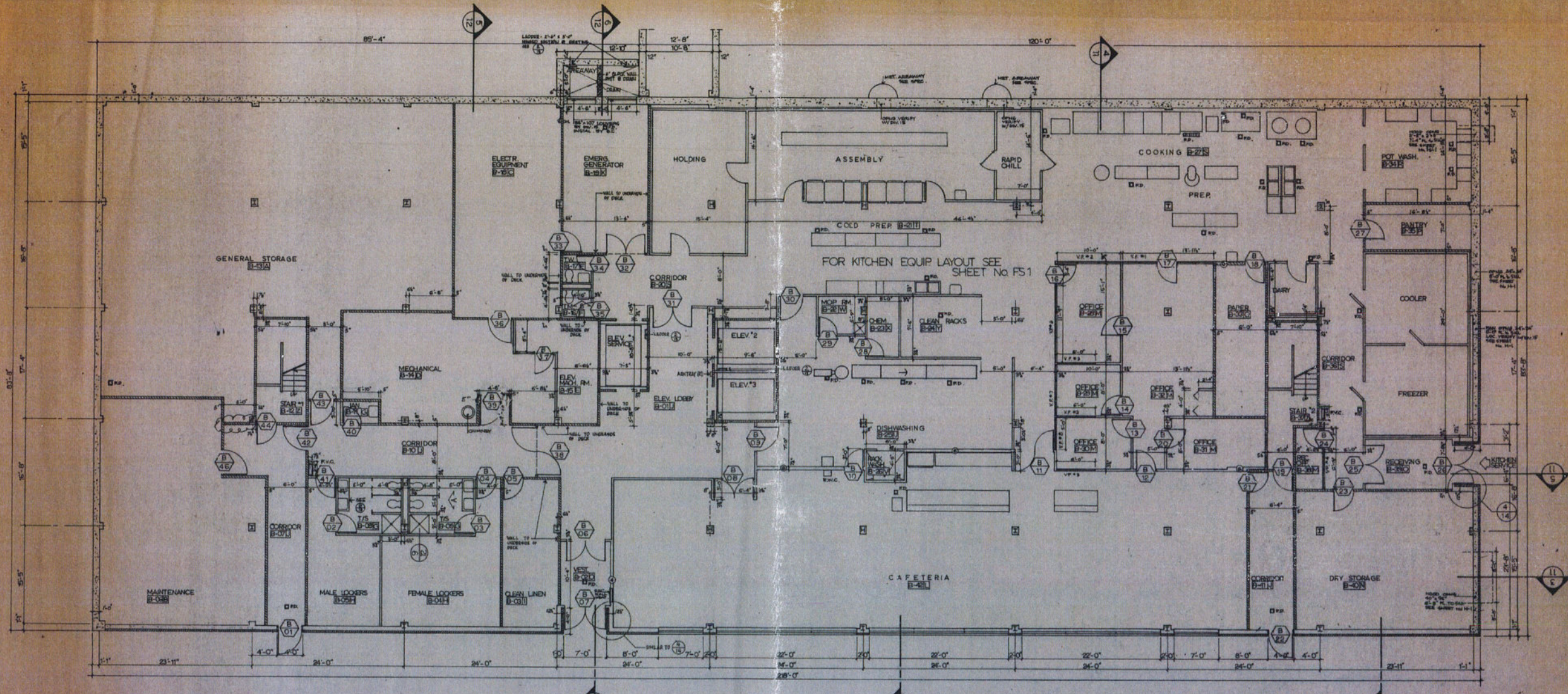
SHEET TITLE: FGI & NYCRR TITLE 10 COMPLIANCE ENLARGED PLANS

DRAWING NUMBER: FG-600.00

SCALE: 1/4" = 1'-0"

12 OF 12

FILE NO. 10-25-02-REHAB/TA/DR-5-137-915-010
SYRACUSE, NY/04/03/02

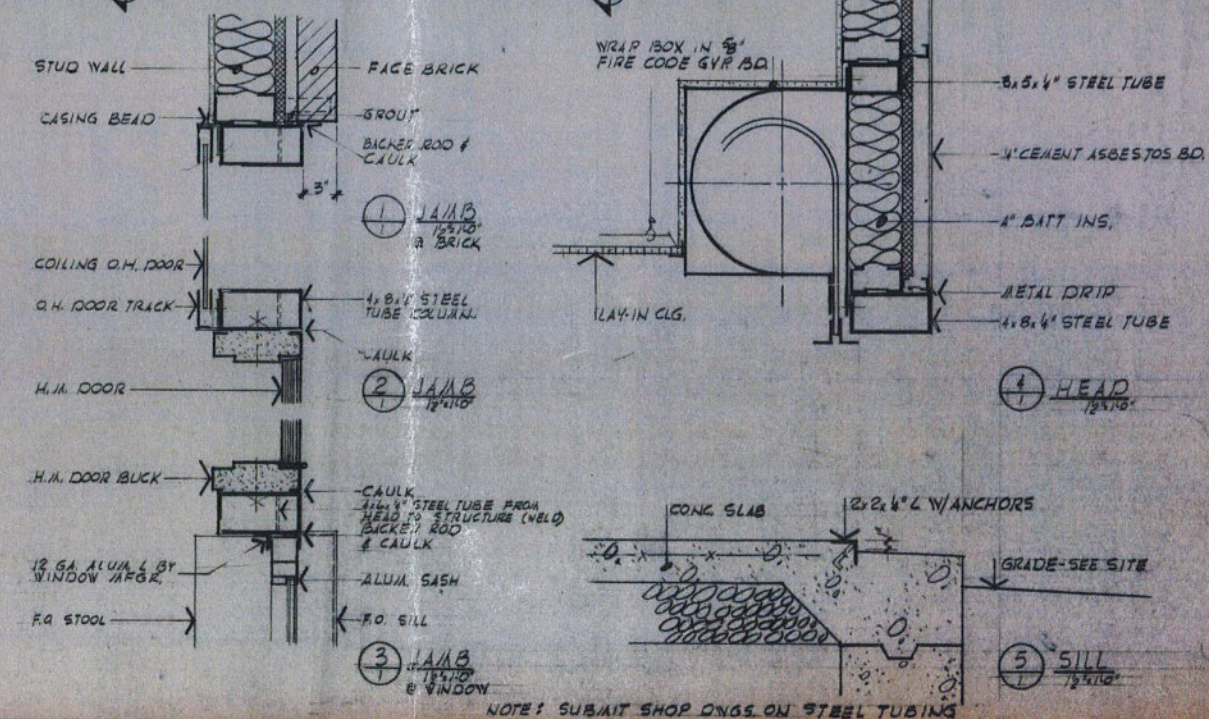


BASEMENT
SC. 1/8"=1'-0"

ROOM FINISH SCHEDULE

| TYPE | ROOM NAME | FLOORBASE | WALL | CEILING | REMARKS |
|------|-----------------------------------|-----------|-------------------------|---------|---------|
| A | GENERAL STORAGE | CONC. | VNL. GYP. P. ACT. | 8'-6" | |
| B | MAINTENANCE | CONC. | VNL. GYP. P. ACT. | 8'-6" | |
| C | ELECTRIC EQUIPMENT | CONC. | VNL. GYP. P. GYP. P. * | | |
| D | MECHANICAL | CONC. | GYP. P. GYP. P. * | | |
| E | ELEV. MACHINE ROOM | CONC. | GYP. P. GYP. P. * | | |
| F | TOILET | C.M.T. | G.C.T. G.C.T. | ACT. 2 | 9'-0" |
| G | TOILET / SHOWER & JANITORS CLOSET | C.M.T. | G.C.T. G.C.T. | GYP. P. | 8'-0" |
| H | LOCKER ROOM | S.V.F. | VINYL GYP. V.W.C. | ACT. | 8'-0" |
| I | CLEAN LINEN | S.V.F. | VINYL GYP. P. ACT. | 8'-0" | |
| J | CORRIDOR & ELEV. LOBBY | S.V.F. | VINYL GYP. CARR. ACT. | 7'-8" | |
| K | EMERG. GENERATOR | CONC. | VNL. GYP. P. GYP. P. * | | |
| L | CAFETERIA | S.V.F. | VINYL GYP. V.W.C. | ACT. | 8'-6" |
| M | OFFICE | S.V.F. | VINYL GYP. V.W.C. | ACT. | 9'-0" |
| N | DRY STORAGE | CONC. | VNL. GYP. P. GYP. P. * | | |
| O | RECEIVING & VESTIBULE | S.V.F. | VINYL GYP. CARR. ACT. | 8'-0" | |
| P | PANTRY | S.V.F. | VINYL GYP. P. ACT. | 9'-0" | |
| Q | PAPER | S.V.F. | VINYL GYP. P. ACT. | 9'-0" | |
| R | POT WASH | Q.T. | Q.T. G.C.T. | ACT. 2 | 9'-0" |
| S | COOKING PREPARATION & CORRIDOR | Q.T. | Q.T. G.C.T. | ACT. 2 | 9'-0" |
| T | COLD PREPARATION | Q.T. | Q.T. G.C.T. | ACT. 2 | 9'-0" |
| U | DISHWASHING | Q.T. | Q.T. G.C.T. | ACT. 2 | 9'-0" |
| V | RACK WASH | Q.T. | Q.T. G.C.T. | ACT. 2 | 9'-0" |
| W | MOP ROOM | Q.T. | Q.T. G.C.T. | ACT. 2 | 9'-0" |
| X | CHEMICAL | Q.T. | Q.T. G.C.T. | ACT. 2 | 9'-0" |
| Y | CLEAN RACK | Q.T. | Q.T. G.C.T. | ACT. 2 | 9'-0" |
| Z | STAIR | S.V.F. | VINYL GYP. P. GYP. P. * | | |

NOTE: HOLDING, ASSEMBLY, RAPID CHILL, DAIRY, COOLER & FREEZER UNITS TO BE PLACED ON QUARRY TILE FLOOR W/ ACT. 2 CEILING @ 9'-0" HT.
* CEILING TO UNDERSIDE OF STEEL, 3" V. SOUND INSULATION ABOVE CEILING EXCEPT @ STAIR.



GENERAL NOTE:
INSULATION AND GYPSUM BOARD SHOWN IN WALL SECTIONS SHALL BE FURNISHED THROUGHOUT BASEMENT AT EXTERIOR CONCRETE WALLS, EXCEPT AT ROOM B-19

NOTE: SUBMIT SHOP DNGS. ON STEEL TUBINGS

REV 28 APR 51
REV 20 MAY 51

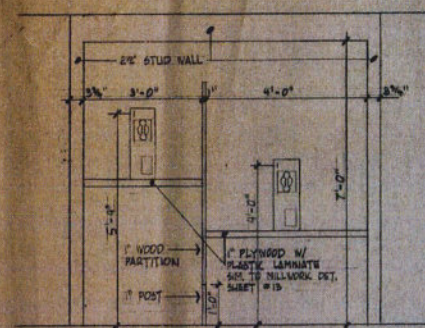
AS BUILT DWG.

FINNIGAN LYON AND COLBURN ARCHITECTS A.I.A.
455 SOUTH WARREN STREET SYRACUSE, N. Y. 13202

JAMES SQUARE NURSING HOME
SYRACUSE, N. Y.

BASEMENT FLOOR PLAN

1

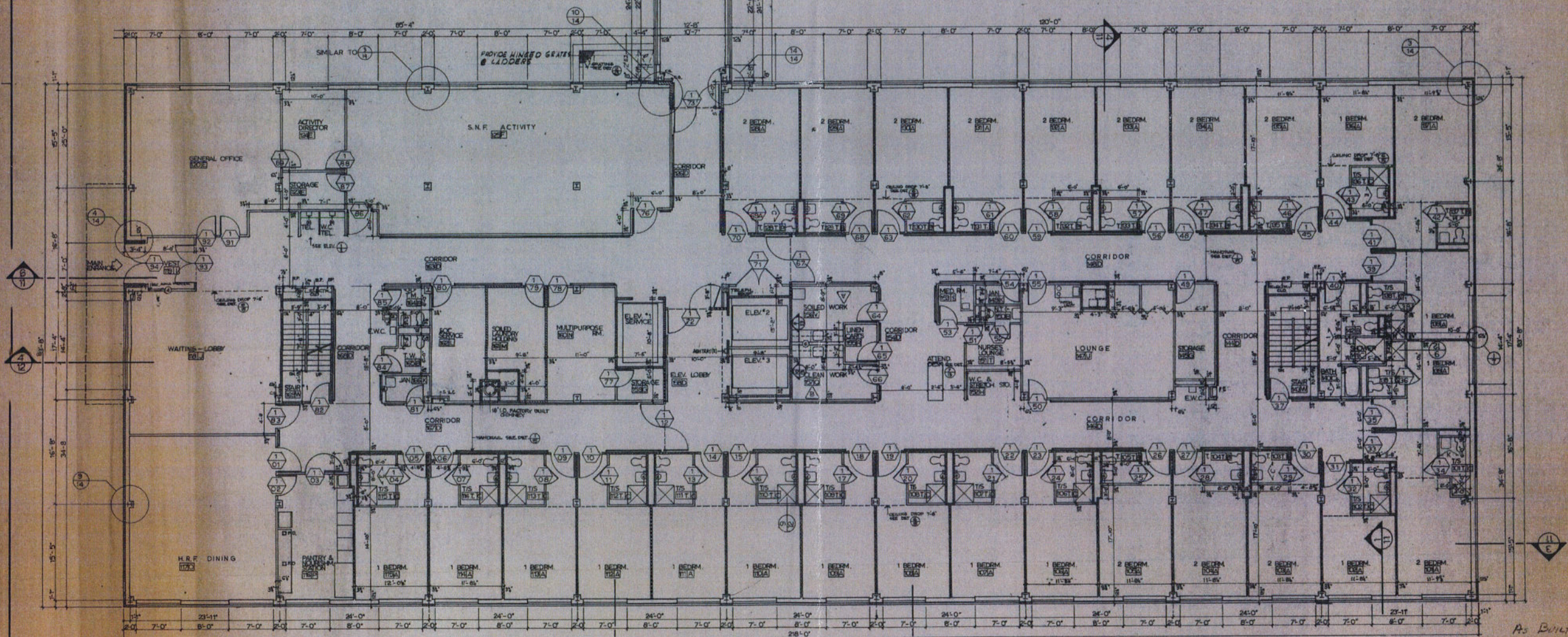


① TELEPHONE BOOTH ELEVATION
SCALE: 1/2" = 1'-0"

ROOM FINISH SCHEDULE

| TYPE | ROOM NAME | FLOORBASE | WALL | CEILING | REMARK | |
|------|--------------------------------------|---------------|----------|---------|--------|---|
| A | BEDROOM | S.V.F. VINYL | GYP. VWC | GYP. P | 8'-0" | |
| B | TOILET | C.M.T. G.C.T. | GYP. P | GYP. P | 7'-6" | SEE TOILET ELEVATION |
| C | SHOWER & BATHROOM | C.M.T. G.C.T. | GYP. P | GYP. P | 7'-6" | SEE TOILET ELEVATION |
| D | CORRIDOR ELEVATOR LOBBY & CONNECTION | S.V.F. VINYL | GYP. VWC | ACT. | 7'-6" | VWC & CONNECTION |
| E | OFFICES | S.V.F. VINYL | GYP. VWC | ACT. | 8'-0" | PAINT # RM 123 |
| F | S.N.F. ACTIVITY | S.V.F. VINYL | GYP. VWC | ACT. | 8'-6" | |
| G | STORAGE | S.V.F. VINYL | GYP. P | ACT. | 7'-6" | |
| H | WHEELCHAIR STORAGE | S.V.F. VINYL | GYP. VWC | ACT. | 7'-6" | |
| I | VESTIBULE | S.V.F. VINYL | GYP. VWC | ACT. | 8'-0" | |
| J | WAITING/LOBBY | S.V.F. VINYL | GYP. VWC | ACT. | 8'-6" | |
| K | JANITOR'S CLOSET | C.M.T. G.C.T. | G.C.T. | ACT. | 7'-6" | |
| L | SOCIAL SERVICE | S.V.F. VINYL | GYP. VWC | ACT. | 7'-6" | |
| M | SOILED HOLDING | C.M.T. G.C.T. | G.C.T. | ACT. | 7'-6" | |
| N | MULTI-PURPOSE | S.V.F. VINYL | GYP. VWC | ACT. | 7'-6" | |
| O | H.R.F. DINING | S.V.F. VINYL | GYP. VWC | ACT. | 8'-6" | |
| P | PANTRY & NOURISHMENT STATION | S.V.F. VINYL | GYP. VWC | ACT. | 8'-6" | |
| Q | CLEAN WORK | S.V.F. VINYL | GYP. VWC | ACT. | 7'-6" | |
| R | LINEN CART | S.V.F. VINYL | GYP. P | ACT. | 7'-6" | |
| S | MEDICATION ROOM | S.V.F. VINYL | GYP. VWC | ACT. | 7'-6" | |
| T | NURSE'S LOUNGE | S.V.F. VINYL | GYP. VWC | ACT. | 7'-6" | |
| U | LOUNGE | S.V.F. VINYL | GYP. VWC | ACT. | 7'-6" | |
| V | SOILED WORK | C.M.T. G.C.T. | GYP. P | ACT. | 7'-6" | |
| W | STAIR | S.V.F. VINYL | GYP. P | GYP. P | 8'-0" | S.V.F. & FLOOR LANDING ONLY PAINT TREADS & INTER. LANDING |

* CEILING TO UNDERSIDE OF STEEL
** CEILING DO NOT RAMP DOWN WITH FLOOR @ CONNECTION. HEIGHT CHANGES TO 8'-6"



FIRST FLOOR PLAN
SC. 1/8" = 1'-0"

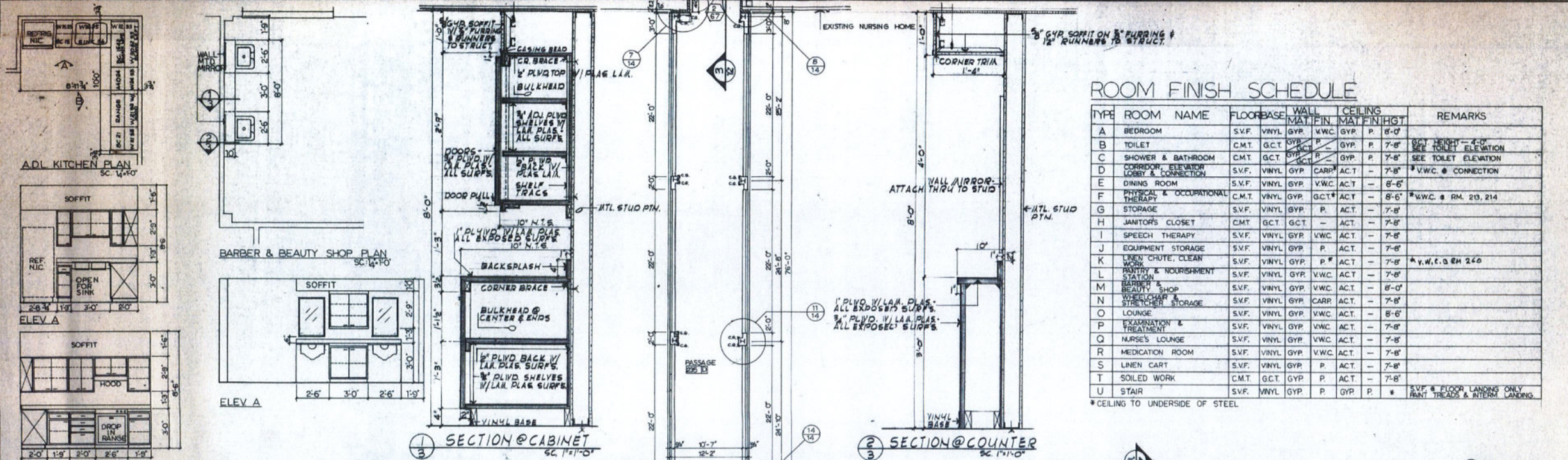
AS BUILT DRAWING 224 23AR 61

FINNEGAN LYON AND COLBURN ARCHITECTS A.I.A.
480 SOUTH WARREN STREET SYRACUSE, N.Y. 13204

JAMES SQUARE NURSING HOME
SYRACUSE, N.Y.

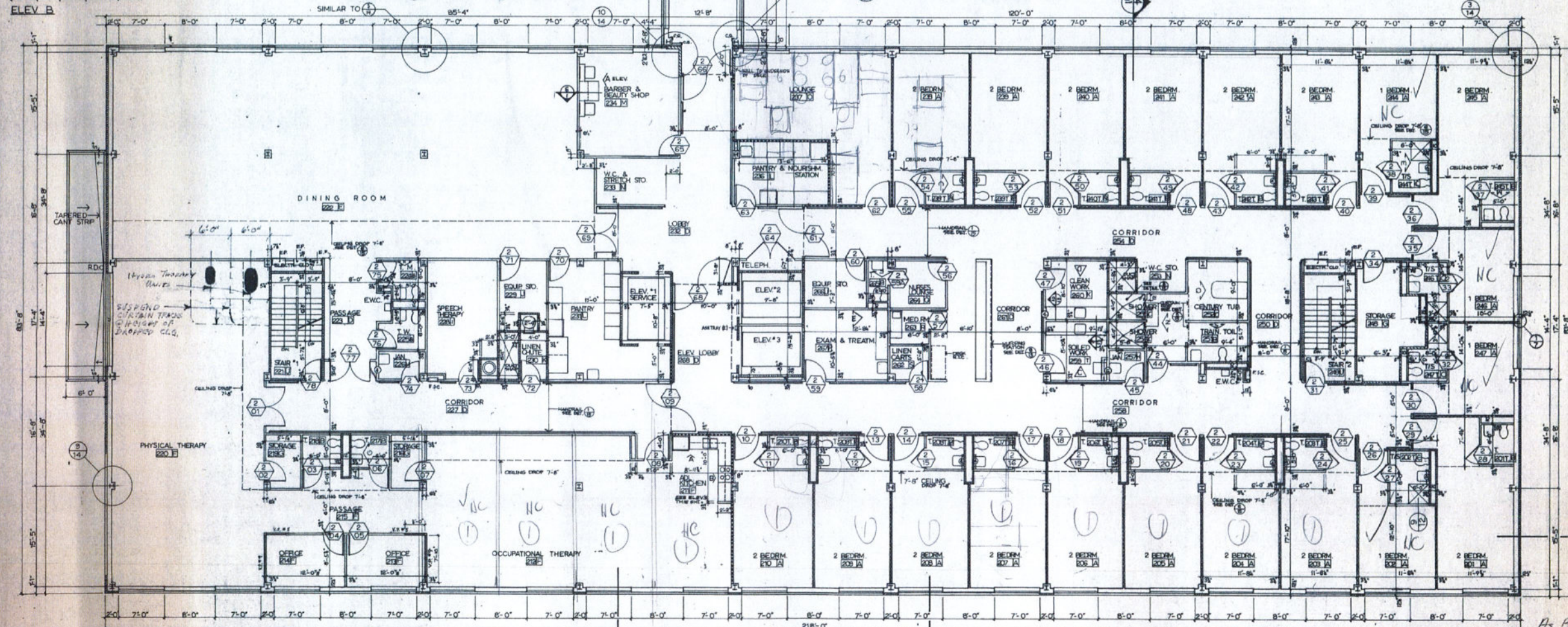
SCALE: 1/8" = 1'-0"
DATE: 3-9-61
JOB NO.: 522
DRAWN BY: E.T.D.
CHECKED BY: [Signature]

FIRST FLOOR PLAN 2



ROOM FINISH SCHEDULE

| TYPE | ROOM NAME | FLOOR | BASE | WALL | CEILING | REMARKS |
|------|---------------------------------------|--------|--------|-------------|---------|--|
| A | BEDROOM | S.V.F. | VINYL | GYP. VWC | GYP. P. | 8'-0" |
| B | TOILET | C.M.T. | G.C.T. | GYP. P. | GYP. P. | 7'-8" SEE TOILET ELEVATION |
| C | SHOWER & BATHROOM | C.M.T. | G.C.T. | GYP. P. | GYP. P. | 7'-8" SEE TOILET ELEVATION |
| D | CORRIDOR, ELEVATOR LOBBY & CONNECTION | S.V.F. | VINYL | GYP. CARP | ACT. | 7'-8" *V.W.C. CONNECTION |
| E | DINING ROOM | S.V.F. | VINYL | GYP. VWC | ACT. | 8'-6" |
| F | PHYSICAL & OCCUPATIONAL THERAPY | C.M.T. | VINYL | GYP. G.C.T. | ACT. | 8'-6" *V.W.C. # RM. 213, 214 |
| G | STORAGE | S.V.F. | VINYL | GYP. P. | ACT. | 7'-8" |
| H | JANITOR'S CLOSET | C.M.T. | G.C.T. | G.C.T. | ACT. | 7'-8" |
| I | SPEECH THERAPY | S.V.F. | VINYL | GYP. VWC | ACT. | 7'-8" |
| J | EQUIPMENT STORAGE | S.V.F. | VINYL | GYP. P. | ACT. | 7'-8" |
| K | LINEN CHUTE, CLEAN WORK | S.V.F. | VINYL | GYP. P. | ACT. | 7'-8" *V.W.C. @ RM 240 |
| L | PANTRY & NOURISHMENT STATION | S.V.F. | VINYL | GYP. VWC | ACT. | 7'-8" |
| M | BARBER & BEAUTY SHOP | S.V.F. | VINYL | GYP. VWC | ACT. | 8'-0" |
| N | SUBJECT STORAGE | S.V.F. | VINYL | GYP. CARP | ACT. | 7'-8" |
| O | LOUNGE | S.V.F. | VINYL | GYP. VWC | ACT. | 8'-6" |
| P | EXAMINATION & TREATMENT | S.V.F. | VINYL | GYP. VWC | ACT. | 7'-8" |
| Q | NURSE'S LOUNGE | S.V.F. | VINYL | GYP. VWC | ACT. | 7'-8" |
| R | MEDICATION ROOM | S.V.F. | VINYL | GYP. VWC | ACT. | 7'-8" |
| S | LINEN CART | S.V.F. | VINYL | GYP. P. | ACT. | 7'-8" |
| T | SOILED WORK | C.M.T. | G.C.T. | GYP. P. | ACT. | 7'-8" |
| U | STAIR | S.V.F. | VINYL | GYP. P. | GYP. P. | *S.V.F. & FLOOR LANDING ONLY PAINT THREADS & INTERM. LANDING |



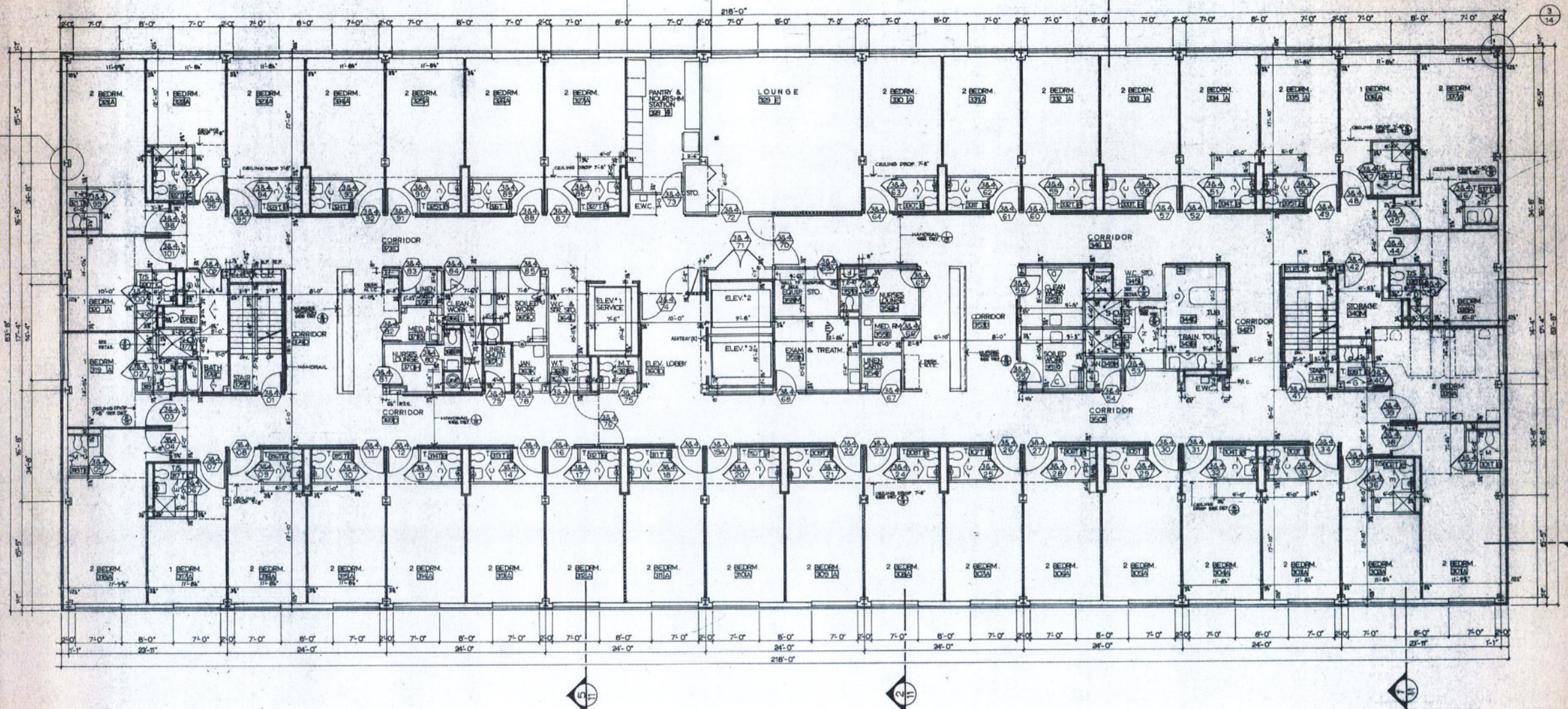
SECOND FLOOR PLAN
SC 18-1-0



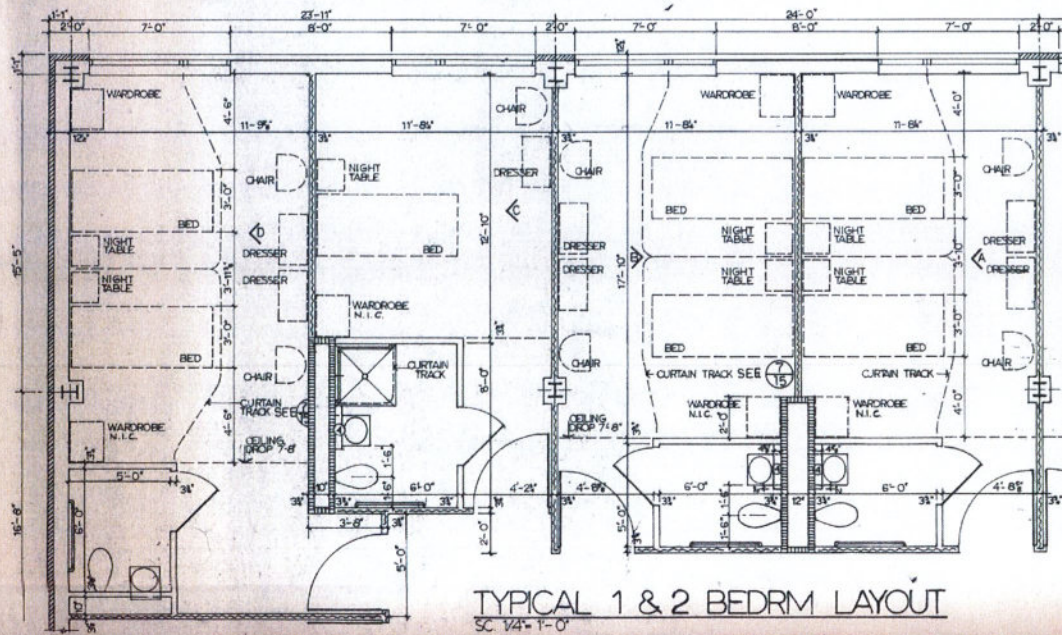
FINNEGAN LYON AND COLBURN ARCHITECTS A. I. A.
488 SOUTH WARREN STREET SYRACUSE, N. Y. 13202
JAMES SQUARE NURSING HOME
SYRACUSE, N. Y.
SCALE: 3/8"=1'-0"
DATE: 3-9-81
JOB NO.: 522
DRAWN BY: E.T.D.
TITLE: SECOND FLOOR PLAN
REV 28 APR 81
3

16 PM/TF/3
14
30

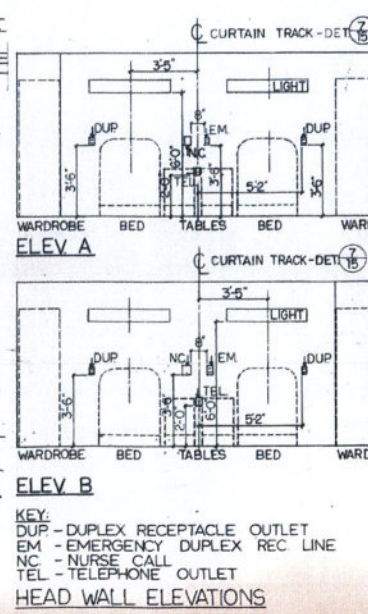
As BUILT DWG.



THIRD & FOURTH FLOOR PLAN
SC 1/8"=1'-0"



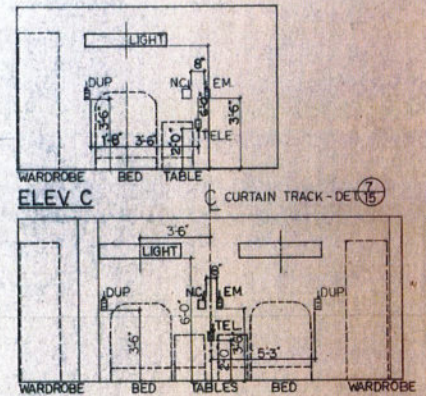
TYPICAL 1 & 2 BEDRM LAYOUT
SC 1/4"=1'-0"



KEY:
DUP - DUPLEX RECEPTACLE OUTLET
EM - EMERGENCY DUPLEX REC LINE
NC - NURSE CALL
TEL - TELEPHONE OUTLET
ELEV A
ELEV B
ELEV C
HEAD WALL ELEVATIONS

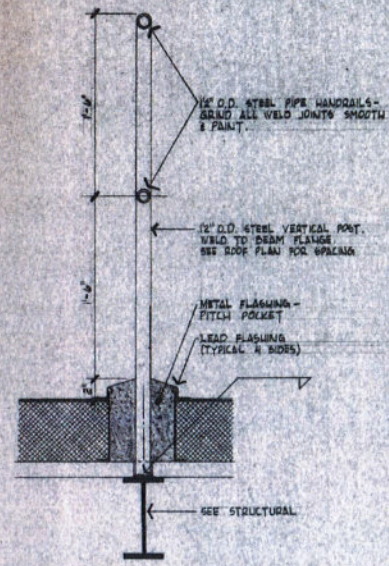
ROOM FINISH SCHEDULE

| TYPE | ROOM NAME | FLOOR | BASE | WALL | MAT | FIN | CEILING | FIN HGT | REMARK |
|------|--------------------------------|--------|--------|--------|--------|------|---------|---------|---|
| A | BEDROOM | S.V.F. | VINYL | GYP | V.W.C. | GYP | P | 8'-0" | |
| B | TOILET | C.M.T. | G.C.T. | GYP | P | GYP | P | 7'-6" | SCOT HEIGHT - 7'-0" SEE TOILET ELEVATION |
| C | SHOWER & BATHROOM | C.M.T. | G.C.T. | GYP | P | GYP | P | 7'-6" | SEE TOILET ELEVATION |
| D | CORRIDOR & ELEVATOR LOBBY | S.V.F. | VINYL | GYP | CARP. | ACT. | - | 7'-6" | |
| E | LOUNGE | S.V.F. | VINYL | GYP | V.W.C. | ACT. | - | 7'-6" | |
| F | LINEN CART | S.V.F. | VINYL | GYP | P | ACT. | - | 7'-6" | |
| G | MEDICATION RM & PANTRY | S.V.F. | VINYL | GYP | V.W.C. | ACT. | - | 7'-6" | |
| H | NURSE'S LOUNGE | S.V.F. | VINYL | GYP | V.W.C. | ACT. | - | 7'-6" | |
| I | CLEAN WORK | S.V.F. | VINYL | GYP | V.W.C. | ACT. | - | 7'-6" | |
| J | LINEN CHUTE | S.V.F. | VINYL | GYP | P | ACT. | - | 7'-6" | |
| K | JANITOR'S CLOSET | C.M.T. | G.C.T. | G.C.T. | - | ACT. | - | 7'-6" | |
| L | WHEELCHAIR & STRETCHER STORAGE | S.V.F. | VINYL | GYP | CARP. | ACT. | - | 7'-6" | |
| M | EQUIPMENT STORAGE | S.V.F. | VINYL | GYP | P | ACT. | - | 7'-6" | |
| N | EXAMINATION & TREATMENT | S.V.F. | VINYL | GYP | V.W.C. | ACT. | - | 7'-6" | |
| O | SOILED WORK | C.M.T. | G.C.T. | GYP | P | ACT. | - | 7'-6" | |
| P | STAIR | S.V.F. | VINYL | GYP | P | GYP | P | * | S.V.F. # FLOOR LANDING ONLY. PAINT TREADS & INTERM. LANDING |

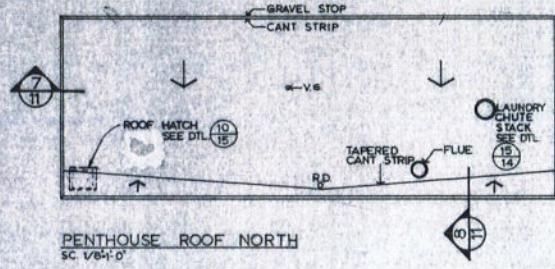


REV 29 APR 81
FINNEGAN LYON AND COLBURN ARCHITECTS A.I.A.
489 SOUTH WARREN STREET SYRACUSE, N. Y. 13202
SCALE: 1/8"=1'-0"
DATE: 3-9-81
JOB NO.: 522
DRAWN BY: E.T.D.
CHECKED BY:
TITLE: THIRD & FOURTH FLOOR
4

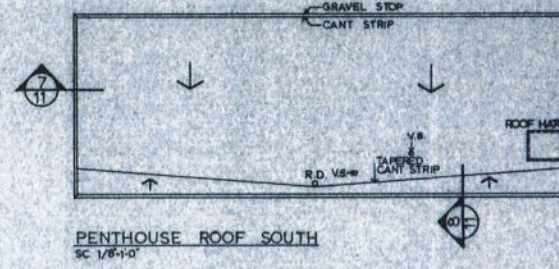
As BUILT DWG.



5 ROOF RAILING DETAIL
SCALE: 1/2" = 1'-0"



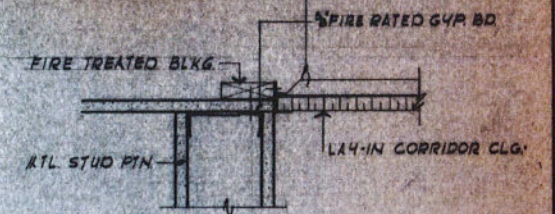
7 PENTHOUSE ROOF NORTH
SC 1/8"=1'-0"



11 PENTHOUSE ROOF SOUTH
SC 1/8"=1'-0"

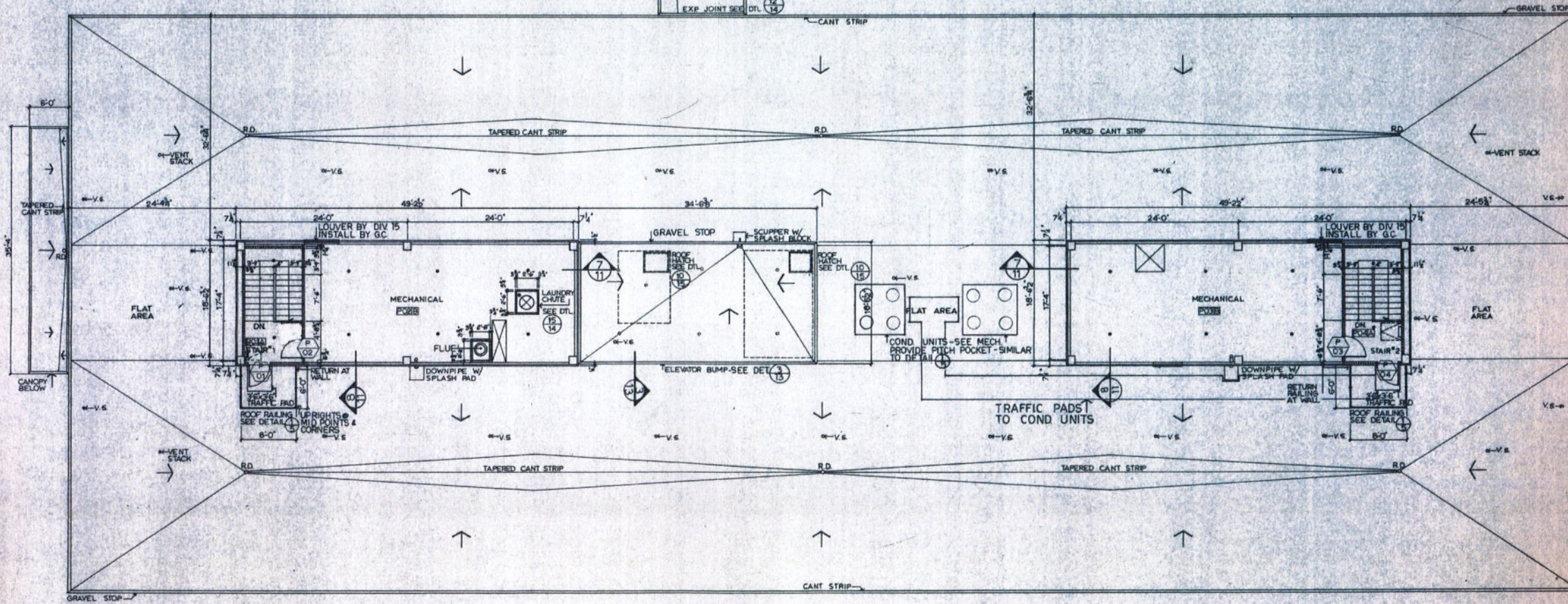
ROOM FINISH SCHEDULE

| TYPE | ROOM NAME | FLOOR/BASE | WALL | CILING | REMARKS |
|------|------------|------------|---------|----------------|---------|
| A | STAIR | CONC VINYL | GYP. P. | GYP. P. 13'-0" | |
| B | MECHANICAL | CONC VINYL | GYP. P. | GYP. P. 13'-0" | |



2 CEILING DROP DETAIL (OTHER CEILING CHANGES SC 3/4" = 1'-0" IN CORRIDOR, SIMILAR)

NOTE: MODIFY AS REQUIRED TO PROVIDE ADEQUATE ANCHORAGE AND PRESERVE FIRE RATING WHERE GYPSUM BD AND ACOUSTICAL TILE CEILING MEET PARTITION AT SAME HEIGHT.



1 PENTHOUSE & ROOF PLAN
SC 1/8"=1'-0"

As Built Dwg.



FINNEGAN LYON AND COLBURN ARCHITECTS A.L.A.
459 SOUTH WARREN STREET SYRACUSE, N.Y. 13202

JAMES SQUARE NURSING HOME
SYRACUSE, NY

DATE: 1/8/80
DATE: 3-9-81
JOB NO: 522
DRAWN BY: DAJ
SHEET NO: 5

6 1/4

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

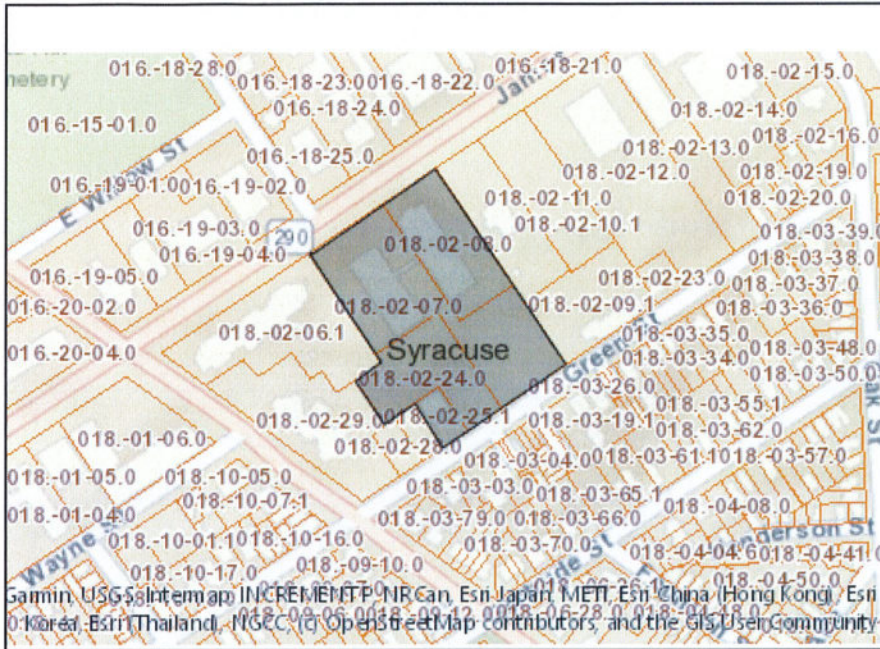
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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: Bishop Rehab and Nursing Center, 906 James Street | | | |
| Project Location (describe, and attach a location map): 906,918 James Street, 317 Green Street, Syracuse, NY 13203 | | | |
| Brief Description of Proposed Action: Add oxygen tank farm to property, parking modifications, resubdivision of three parcels into one parcel and interior renovations. | | | |
| Name of Applicant or Sponsor: Bishop Rehabilitation and Nursing | | Telephone: 315-474-1561 E-Mail: ek@keplingerfreeman.com | |
| Address: 918 James Street | | | |
| City/PO: Syracuse | | State: NY | Zip Code: 13203 |
| 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: | | | YES <input type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ .1 acres b. Total acreage to be physically disturbed? _____ .1 acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 5.5 acres | | | YES <input type="checkbox"/> |
| 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 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NO YES |
| 7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NO YES |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NO YES |
| b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NO YES |
| 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, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ | NO | YES |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Site modifications are minor. No changes in stormwater flow is expected. | | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____ | | |



Disclaimer: The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.



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|---|-----|
| Part 1 / Question 7 [Critical Environmental Area] | No |
| Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites] | No |
| Part 1 / Question 12b [Archeological Sites] | No |
| Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies] | No |
| Part 1 / Question 15 [Threatened or Endangered Animal] | No |
| Part 1 / Question 16 [100 Year Flood Plain] | No |
| Part 1 / Question 20 [Remediation Site] | Yes |