

Zoning Administration 201 East Washington St. Syracuse, NY 13202 (315) 448-8640 Zoning@syr.gov

### **Summary of Certificate of Appropriateness Procedure**

The Certificate of Appropriateness procedure is summarized below. For complete details, see Sections 6.2 and 6.3.B of the Zoning Ordinance.

1	Pre-Application Conference	Required		
2	Application Submittal and Processing	Submit to Central Permit Office	Submittal and	
3	Staff Review and Action	Review by Secretary of the Board	Internal Review	
4	Scheduling and Notice of Public Hearings	Public hearing required by Landmark Preservation Board	Hearings and Decision-	
5	Review and Decision	Review and decision by Landmark Preservation Board	Making	
6	Post-Decision Actions and Limitations	Certificate of appropriateness expires after two years (unless extension granted)		

#### 1. Pre-Application Conference

• Opportunity for the applicant to meet with the Landmark Preservation Board and/or Zoning staff to review applicable submittal requirements, identify applicable procedures, and identify any issues associated with the proposed development

#### 2. Application Submittal and Processing

• Submit to the Central Permit Office along with applicable fees

#### 3. Staff Review and Action

• Applications are not considered complete until all required submittals are received

#### 4. Scheduling and Notice of Public Hearings

• Once an application is determined ready for a public hearing, it will be scheduled for the next available hearing date with the Landmark Preservation Board

#### 5. Review and Decision

- Decision shall be based only on the record of the public hearing and reduced to writing
- The Landmark Preservation Board shall have 45 days to make a decision following the opening of the public hearing, unless mutually decided otherwise

#### 6. Post-Decision Actions and Limitations

- The Secretary of the Board shall provide written notification via hand delivery, electronic mail, or first-class mail to the property owner and/or applicable parties
- Unless otherwise provided, an application approval shall be valid as authorization for the approved activity for a period of two years



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For Office Use Only
Zoning District:
Application Number: CA
Date:

### **Certificate of Appropriateness Application**

This application may be mailed or delivered to City Hall Commons Room 512, 201 E. Washington Street. If you wish to discuss the application with a member of our preservation staff, please call 315-448-8108 or email SLPB@syr.gov.

**General Project Information Property Address: Individual Protected Site** Property in a Preservation District Check all that apply: ☐ Demolition (partial or complete) including accessory structures: Complete Part 1 ☐ Alteration to the property including accessory structures: Complete Part 2 ☐ Alteration to the building interior (only for protected interiors): Complete Part 2 ☐ Painting/Cleaning: Complete Part 3 ☐ Window replacement: Complete Part 4 ☐ New construction including additions: Complete Part 5 ☐ Alteration to site: Complete Part 6 ☐ Signage: Complete Part 7 **Applicant Information:** Name: Address: Phone: Email: **Owner/Owner's Agent Certification** By signing this application below, I, as the owner of, or the agent of the owner, of the property under review give my endorsement of this application. Print owner name: Signature: Date: Mailing address: (The names, addresses, and signatures of all owners of the property are required. Please attach additional sheets as needed.)



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### **Part 1: Demolition**

Please submit the following supporting materials:
☐ Color images of the property documenting condition
<ul> <li>Structural condition report by qualified engineer, architect, contractor</li> </ul>
Demolition of property is being sought for: ☐ Complete demolition ☐ Partial demolition
Has an order for demolition of the structure been issued by the Division of Code Enforcement, Chief of Fire, or
another agency of the City of Syracuse? □ No □ Yes
If yes, please indicate the date when the demolition order was issued and the issuing department:
Explain the reasons for the proposed demolition:
Describe post-demolition plan:



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### **Part 2: Alteration**

Please submit the following supporting materials:
☐ Color images of the building and site of the proposed work
☐ Site plan and elevation drawings (drawn to scale) of the proposed alteration
inaterials list and manufacturer's product information for all new building materials
☐ Materials list and manufacturer's product information for all new building materials  Provide a detailed written description of the scope of work. Include location(s) of the work, dimensions and proposed materials, as appropriate. Attach additional sheets as necessary.
Does the proposed work cover, remove or replace existing materials or finishes?
☐ Yes:  If yes, please describe what will be covered, removed, or replaced and the reasons for the removal and/or replacement.



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# **Part 3: Cleaning/Painting**

Does the proposed painting project match the existing color scheme? Yes No fino, please complete the following:  Building Proposed color Brand Collection  Area/Feature Body Brand Collection  Frim Brand Collection  Collection	f no, please complete the following:  Building Proposed color Brand Collection  Area/Feature  Body  Frim  Sash  Door  Other:	Building compo	onents to be painted or o	cleaned are made of w	hat material(s)?	
Does the proposed painting project match the existing color scheme? Yes No fino, please complete the following:  Building Proposed color Brand Collection  Area/Feature Body Brand Collection  Frim Brand Collection  Collection	Does the proposed painting project match the existing color scheme? Yes No fino, please complete the following:  Building Proposed color Brand Collection  Area/Feature  Body Frim Sash  Door Other: Cleaning	Painting				
Building Proposed color Brand Collection Area/Feature  Body Frim Bash Door Other: Cleaning	Building Proposed color Brand Collection Area/Feature  Body Frim Bash Door Other: Cleaning		osed painting project ma	tch the existing color	cheme? Yes No	
Area/Feature Body Frim Bash Door Other:	Area/Feature Body Frim Sash Door Other:					
Body Frim Gash Door Other: Cleaning	Body Frim Boash Door Other: Cleaning		Proposed color	Brand	Collection	
Trim Sash Door Other: Cleaning	Frim Sash Door Other: Cleaning					
Sash Door Other: Cleaning	Sash Door Other: Cleaning	•				
Door Other: Cleaning	Door Other: Cleaning					
Other: Cleaning	Other:  Cleaning					
Cleaning	Cleaning					
		Other:				
		<b>Cleaning</b> Describe propo	osed cleaning process:			



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### **Part 4: Window Replacement**

Please submit the following supporting materials: ☐ Color images of the windows proposed to be replaced. The photographs must illustrate the conditions you seek to address. ☐ Each photograph should be numbered and keyed to a drawing (elevation) or image of the side of the property where the window is located. Are the windows original to the property? ☐ Yes ☐ No Approximate year of replacement ☐ Style(s) of existing windows: Number of each style ☐ Double-hung (bottom and top sash open) ☐ Single-hung (only one sash opens) ☐ Casement (sashes swing outward, hinges at sides) ☐ Hopper (swings inward, hinge at the bottom) ☐ Awning (swings outward, hinge at the top) ☐ Pivot (rotates open on a center pivot) ☐ Fixed (fixed glass into frame that does not open) □ Other: Total number of windows in property: \_\_\_\_\_ Existing window material(s): □ Wood ☐ Steel □ Lead □ Vinyl □ Other \_\_\_\_\_ Number of windows you propose to replace: \_ Does your property have storm windows? ☐No ☐ Yes If yes, are they interior or exterior and what is their material? Describe issues that you hope to address by replacing your windows. (See checklist of required support information for window replacement.)



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### **Part 5: New Construction or Addition**

Color images of the property and site of the proposed work  Property survey Site plan (drawn to scale) illustrating location and dimensions of proposed work Elevation drawings (drawn to scale) labeled with dimensions and including material notes  Materials list and manufacturer's product information for all new building materials
This application is for: ☐ Addition to existing structure ☐ Construction of new building
Provide a detailed written description of the proposed scope of work. Include location(s) of the work, dimensions, color scheme, and materials. Describe the proposed project including how the new construction is compatible in scale, massing and materials to the design of the existing structure and the character of the surrounding buildings (in an historic district). Attach additional sheets as necessary.



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### **Part 6: Alteration of Site**

Site alterations include demolition, alteration, or construction of decks, patios, garages, walks, steps, walls, fencing, gates, lighting, other structures and features.

Please submit the following supporting materials:  Color images of the property and site of the proposed work  Property survey showing location of proposed site alterations  Site plan (drawn to scale) illustrating location and dimensions of proposed work  Materials list and manufacturer's reference materials for all new materials
Provide a detailed written description of the scope of work. Include location(s) of the work, dimensions and proposed materials. Attach additional sheets as necessary.
Does the proposed site alteration result in the removal of site components such as trees, fencing, walkways, outbuildings, gates, and/or other elements? If yes, please explain:



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# Part 7: Signage

Please submit the following supporting materials:

- Color images of the property and site of the proposed signage
- Site plan (drawn to scale) illustrating location of proposed signage, as applicable
- Elevation and section drawings (drawn to scale) illustrating location and dimensions of the proposed signage and connection to building, as applicable
- Manufacturer's product materials

Sign 1	Type: Wall		Location:			
	Projecting Awning					
	Total Area (sq ft):	Width	:	Depth:	Projection from wall:	
	Material:			Mounting sty	e:	
	Lighted: Yes No		If yes, descr	ribe		
	Type: Wall		Location:			
	Projecting Awnir	ng				
Sign 2	Total Area (sq ft): Width:		:	Depth:	Projection from wall:	
	Material:			Mounting style:		
	Lighted: Yes No I		If yes, descr	lf yes, describe		
Sign 3	Type: Wall		Location:			
	Projecting Awning					
	Total Area (sq ft):	Width	:	Depth:	Projection from wall:	
	Material:			Mounting style:		
	Lighted: Yes No If yes, de		If yes, descr	cribe		



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# **Required Submittal Sheet**

Please submit one copy of each of the following:
□ <b>APPLICATION</b> – filled out completely, dated, and signed by applicant and owner as
instructed.
□ SUPPORTING INFORMATION/DOCUMENTATION – as noted under Parts 1-7 of the
application
□ <b>APPLICATION FEE</b> – TBD