

Village of North Syracuse
600 South Bay Road
North Syracuse, NY 13212

CONTACT: CODE ENFORCEMENT OFFICER
PHONE No. (315) 458-4763

OFFICE USE
FEE: _____
DATE PAID: _____
RECEIPT: _____

APPLICATION FOR
SPECIAL USE PERMIT

PREPARATION: Prepare an Original and 15 Copies

FILING: File in Codes Office, together with payment filing fee, as provided by the Board of Trustees Fee Schedule, payable to the Village of North Syracuse (non-refundable).

DISTRIBUTION BY PLANNER:

ORIGINAL: Codes Department
Copies: Planning Commission Board
Copy: Planning Commission Secretary
Copy: Village Clerk
Copy: Village Attorney
Copy: Village Engineer
Copy: SOCPA, if applicable
Copy: Applicant

1. Applicant: Akina Sushi Syracuse, Inc. Case No.: _____
2. Address: 709 N. Main Street Date: _____
North Syracuse, NY 13212 Tel. No.: 315-477-1314
3. Attorney's name, address: Michael Fogel, Esq., Fogel & Brown, PC
120 Madison St, Suite 1620, Syracuse, NY 13202 Tel. No.: 315-399-4343
4. Application is hereby made for: Restaurant Special Use Permit.
5. Subject premises are located in a C-2 District.
6. The current use of the subject premises is Bear Road Plaza
formerly Key Bank building which is currently vacant.

7. The names and addresses of all adjoining owners and the current zoning classification of each adjoining parcel is as follows:

<u>Name</u>	<u>Address</u>	<u>Zoning</u>
North	see attached	
East		
South		
West		

8. The premises affected (are) ~~are not~~ located within 500 feet of any boundary line of the Village or any state or county highway or stream or drainage channel owned by the county or for which the county has established channel lines (if within 500 feet, application must be referred to SOCPA). (M)

9. A survey map (current within 6 months) made by a licensed land surveyor showing location and setbacks of all buildings or structures on the parcel in question shall be attached to this application, unless the Code Enforcement Officer certifies by signing below that the application does not involve any issues relative to lot size, dimensions, building locations (for instance, language interpretations). (M)

10. Survey Waived by: _____
Code Enforcement Officer's Signature

11. Provision of Zoning Ordinance:
Article III Section 240 Paragraph 12.B(4)

12. Use for which Special Permit is sought:
Restaurant - Akina Sushi & Hibachi

13. Note to Applicant:
Applicant must prove his own case. If adequate proof to entitlement is not furnished in this application or at the Hearing, then the application must be denied. HZ (Initial)

14. Applicant hereby consents to any appropriate action by the Village of North Syracuse, either revoking any approval which may be granted hereunder, or permits issued thereon, if it is established by competent evidence that any statements herein are false or that any conditions or restrictions imposed by the ZBA are hereafter violated. HZ (Initial)

Dated October 12, 20 23

Individual Signature: [Signature]

Corporate Name: Akira Sushi Syracuse Inc

By (Officer): Hong Zheng

Mailing Address of Applicant: 709 N. Main St
North Syracuse, NY 13212

Telephone No: 347-377-1314

State of New York, County of Erie

Ss: Individual Verification Hong Zheng

Being duly sworn, deposes and says that He/She is the applicant

In the within action; that He/She has read the foregoing application, and that Deponent believes it to be true to the best of His/Her knowledge and belief.

[Signature]
(Individual)

Sworn to before me this 12 day of October, 20 23

[Signature]
(Notary Public)

CHARLES FLOYD BOUNDY
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN ERIE COUNTY
COMMISSION EXPIRES 10/05/20 24
#01B06409665