



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **V-03-BER-12-20**
Review Date **12/10/2020**

Municipality
Board Name
Applicant's Name
Referral Type
Variance(s)
Description:

BERGEN, V.
PLANNING BOARD
David & Anna Marie Barclay
Site Plan Review
Site Plan Review for a change of use from professional office space and art studio to medical office (acupuncture and physical therapy).

Location
Zoning District

10 S. Lake Ave. (NYS Rt. 19), Bergen
Central Commercial (C-2) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed change of use should pose no significant county-wide or inter-community impact.

Director

December 10, 2020

Date

If the County Planning Board disapproved the proposal, or recommends modifications, the referring agency shall NOT act contrary to the recommendations except by a vote of a majority plus one of all the members and after the adoption of a resolution setting forth the reasons for such contrary action. Within 30 days after the final action the referring agency shall file a report of final action with the County Planning Board. An action taken form is provided for this purpose and may be obtained from the Genesee County Planning Department.

SEND OR DELIVER TO:

GENESEE COUNTY DEPARTMENT OF PLANNING
3837 West Main Street Road
Batavia, NY 14020-9404
Phone: (585) 815-7901

DEPARTMENT USE ONLY:
GCDP Referral # V-03-BER-12-20



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
12/3/2020

Required According to:
GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N
(Please answer ALL questions as fully as possible)

1. REFERRING BOARD(S) INFORMATION

Board(s) Planning Board
Address PO Box 100 - 11 N Lake Ave
City, State, Zip Bergen, NY 14416
Phone (585) 494-1573 Ext.

2. APPLICANT INFORMATION

Name David : Anna Marie Barclay
Address 10 South Lake Avenue
City, State, Zip Bergen, NY 14416
Phone (585) 237-2674 Ext. Email ambarclye

MUNICIPALITY: City Town Village of Bergen villageofbergen.com

3. TYPE OF REFERRAL: (Check all applicable items)

- | | | |
|--|---|---|
| <input type="checkbox"/> Area Variance | <input type="checkbox"/> Zoning Map Change | <input type="checkbox"/> Subdivision Proposal |
| <input type="checkbox"/> Use Variance | <input type="checkbox"/> Zoning Text Amendments | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Comprehensive Plan/Update | <input type="checkbox"/> Final |
| <input checked="" type="checkbox"/> Site Plan Review | <input checked="" type="checkbox"/> Other: <u>Change of use</u> | |

4. LOCATION OF THE REAL PROPERTY PERTAINING TO THIS REFERRAL:

A. Full Address 10 South Lake Ave Bergen, NY 14416
B. Nearest intersecting road Buffalo St / Rt 19
C. Tax Map Parcel Number 3-1-45
D. Total area of the property 1630 sq ft Area of property to be disturbed 50% lower level
E. Present zoning district(s) _____

5. REFERRAL CASE INFORMATION:

A. Has this referral been previously reviewed by the Genesee County Planning Board?
 NO YES If yes, give date and action taken _____

B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law

C. Please describe the nature of this request site plan for acupuncture / physical therapy clinic on lower level. Current use office space, change to permitted medical facility (section 311)

6. ENCLOSURES - Please enclose copy(s) of all appropriate items in regard to this referral

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Local application | <input type="checkbox"/> Zoning text/map amendments | <input type="checkbox"/> New or updated comprehensive plan |
| <input checked="" type="checkbox"/> Site plan | <input type="checkbox"/> Location map or tax maps | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SEQR forms | <input type="checkbox"/> Agricultural data statement | |

7. CONTACT INFORMATION of the person representing the community in filling out this form (required information)

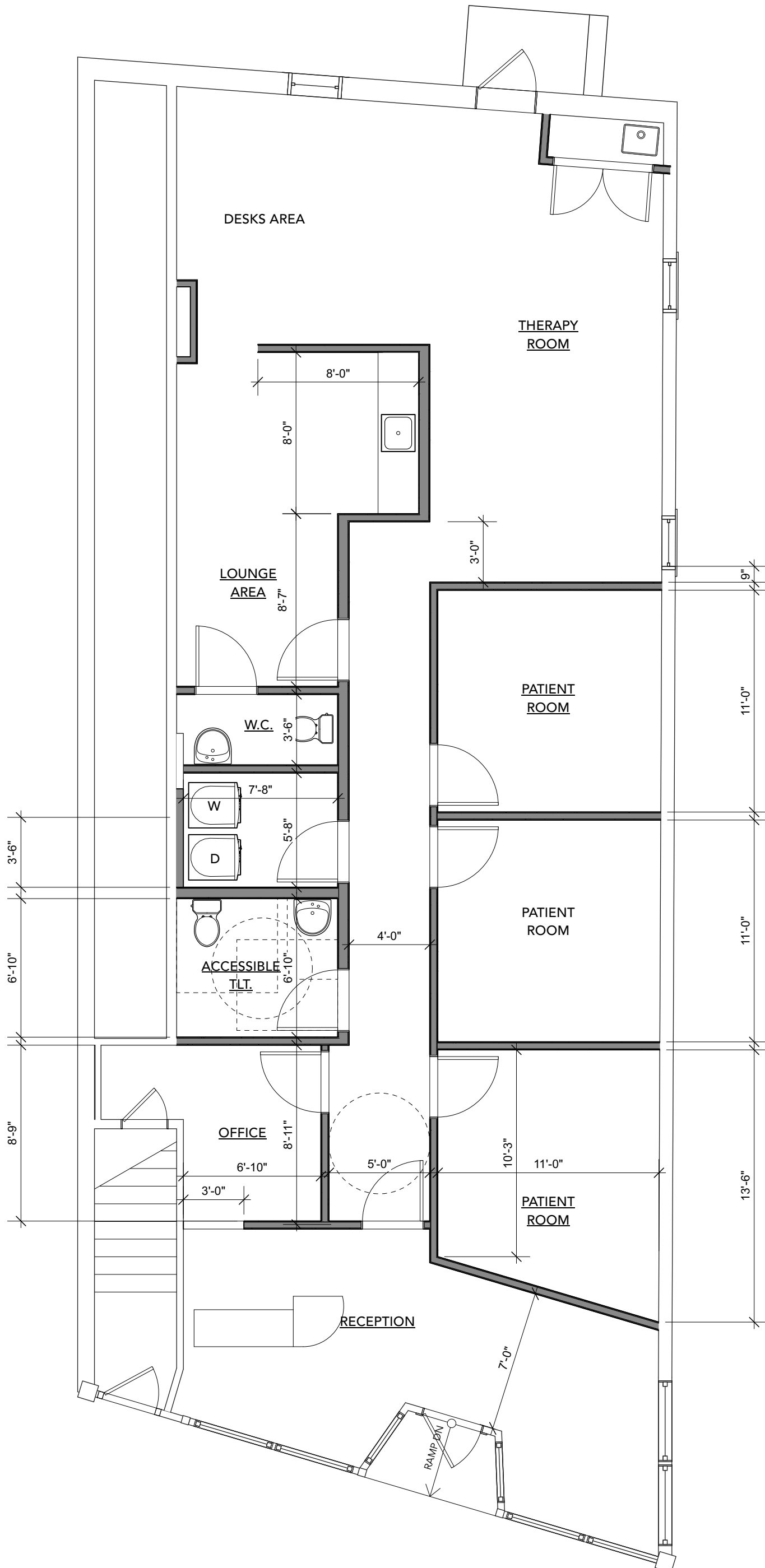
Name Bene Vurraro Title Chairperson Phone (585) 494-1573 Ext.
Address, City, State, Zip PO Box 100 - 11 N Lake Ave Bergen Email rvurraro@villageofbergen.com

APPLICATION FOR SITE PLAN REVIEW

VILLAGE OF BERGEN
PO BOX 100 - 11 NORTH LAKE AVENUE
BERGEN, NEW YORK 14416

Village of Bergen Office
585-494-1513
585-494-1730 Fax

Date: <u>12/2/20</u> <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Final	
Name of Proposed Development	
Applicant Name: <u>David + Jennifer Perry</u>	Plan prepared by: <u>AM Barclay</u>
Phone: <u>585-494-1979</u>	Phone: <u>585-237-2614</u>
Address: <u>10 S. Lake Ave.</u>	Address: <u>2 Borden St. Ave Ste 202</u>
City: <u>Bergen</u>	City: <u>Perry</u>
State: <u>NY</u> Zip: <u>14416</u>	State: <u>NY</u> Zip: <u>14530</u>
Owner Name (if different)	Ownership intentions (ie., purchase options)
Phone:	<u>Convert 1st floor to Acupuncture / Physical Therapy clinic</u>
Address:	
City: State: Zip:	
Proposed Zoning <u>Mixed use</u>	
Describe proposed use (include primary and secondary uses; ground floor use; height; and number of stories for each building):	
For residential buildings include: number of dwelling units by size (efficiency, one-bedroom, two-bedroom, three or more bedrooms) and number of parking spaces to be provided;	
For non-residential buildings include: total floor area and total sales area; number of automobile and truck parking spaces;	
(Other proposal structures (Use separate sheet if needed):	
<u>conversion of former church/office space to medical (acupuncture - physical therapy clinic).</u>	
PROPERTY INFORMATION	
Tax Map Identification	<u>3.-1.-45</u> Address: <u>10 S. Lake Ave. Bergen, NY 14416</u>
Total site area (sq feet or acres)	<u>1630 sq. ft.</u>
Current Zoning <u>Commercial</u>	<u>Commercial</u>
Current land use (agricultural, commercial, undeveloped etc)	<u>Commercial, residential</u>
Current condition (buildings, brush, etc)	<u>building</u>
Surrounding land character (urban, wetlands, etc)	<u>urban</u>
Anticipated construction time: <u>9 months</u>	Application submitted by: <u>AM Barclay</u> Date received: <u>12-2-20</u> <input type="checkbox"/> Site Plan Review fee \$200
Will development be staged?	
Estimated cost of improvement: <u>\$50,000</u>	
Anticipated increase in number of residents, shoppers, employees, etc: <u>4 employees</u>	



1 PROPOSED FIRST FLOOR
Scale: 3/16" = 1'-0"

V-03-BER-12-20



04/22/2018

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