



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-08-BAT-5-19**
Review Date **5/9/2019**

Municipality **BATAVIA, T.**
Board Name **PLANNING BOARD**
Applicant's Name **Joseph Dickinson**
Referral Type **Site Plan Review**
Variance(s)
Description: **Site Plan Review to replace an existing pavilion with a larger - 2,400 sq. ft. (40 x 60 ft.) pavilion at an existing ice cream shop (Lickity Splits).**
Location **5099 Clinton Street Rd. (NYS RT. 33), Batavia**
Zoning District **Commercial (C) District**

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed pavilion should pose no significant county-wide or inter-community impact.

Director

May 9, 2019

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 # T-08-BAT-5-19



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
5/1/2019

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) Town of Batavia Planning board
Address 3833 West Main St.
City, State, Zip Batavia, NY 14020
Phone (585) 343-1729 Ext. 208

2. APPLICANT INFORMATION

Name Joseph dickinson
Address 5099 Clinton St.
City, State, Zip Batavia, NY 14020
Phone (585) 343-9874 Ext. _____ Email pgtowing580@yahoo.com

MUNICIPALITY: City Town Village of Batavia

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 type="checkbox"/> Other: _____ | |

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

A. Full Address 5099 Clinton St.
B. Nearest intersecting road Stringham Dr.
C. Tax Map Parcel Number 9.-1-70
D. Total area of the property 3.3 A Area of property to be disturbed 2,400 sq/ft
E. Present zoning district(s) c

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 review

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 Bruce Gerould Title CEO Phone (585) 343-1729 Ext. 208
Address, City, State, Zip 3833 West Main St., Batavia NY 14020 Email _____

RECEIVED

APR 29 2019

Building and Zoning Application Permit No. 19-55

Town of Batavia 3833 West Main Rd. Batavia NY 14020 PH. 585-343-1729

Date 4 / 29 / 19 Zone _____ Flood Zone _____ Wellhead Protection _____ Corner Lot _____

New Construction Fence Pond Sign Alteration(s) Addition Demolition

Accessory Bldg. Mobile Home Fill Permit Home Occupation Land Separation Site Plan Approval

Special Use Permit Temporary Use Subdivision Zoning Variance Request Other Specify: BUILDING

Tax Map No. 182400 9-1-70

Owners Name HELEN & JOSEPH DICKINSON Phone No. (585) 343-9874

Address 238 EAST AVENUE BATAVIA, NY 14020 Project Road Width _____ ft

Applicants Name HELEN & JOE DICKINSON Project Address 5099 CLINTON ST. RD. BATAVIA, NY 14020

E Mail Address pqtowing580@yahoo.com Phone No (585) 343-9874

Description of Project: TAKE DOWN OLD PAVILION PUT UP NEW

Existing Use EATING AREA Proposed Use EATING AREA (SAME)

Estimated Cost Building 10,000.00 Plumbing N/A Mechanical N/A Miscellaneous _____

SEQR CLASSIFICATION Type 1 Type 2 Unlisted

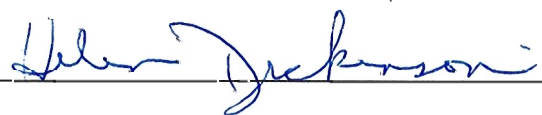
Review completed by Planning Board Zoning Board of Appeals

Permit Fee \$ 846. Application Date ____/____/____ Permit Expires On ____/____/____

Issuing Office _____ Date ____/____/____

IN SIGNING THIS DOCUMENT I HEARBY GIVE THE RIGHT OF AN ON SITE INSPECTION TO THE TOWN OF BATAVIA CODE ENFORCEMENT OFFICIAL OR THEIR DESIGNE. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PREFORMANCE OF CONSTRUCTION.

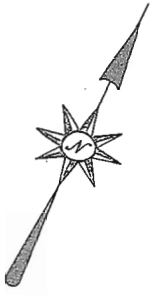
I, HELEN DICKINSON, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge.

 _____ Date 4/19/19

Signature of Owner or Authorized Agent

Date

DAVID S. LAMENDOLA
 GREGORY W. TOWNSEND
Licensed Land Surveyors
 435 East Main Street
 Batavia, New York 14020
 Phone (585) 344-1331
 Fax (585) 343-2691



R/O 2007 COUNTRY MEADOWS NY, LLC
 LIBER 867, PAGE 338

60°46'52"

294.34' Deed, 293.34' Mea.
 North Line Lot - 1

119°13'08"

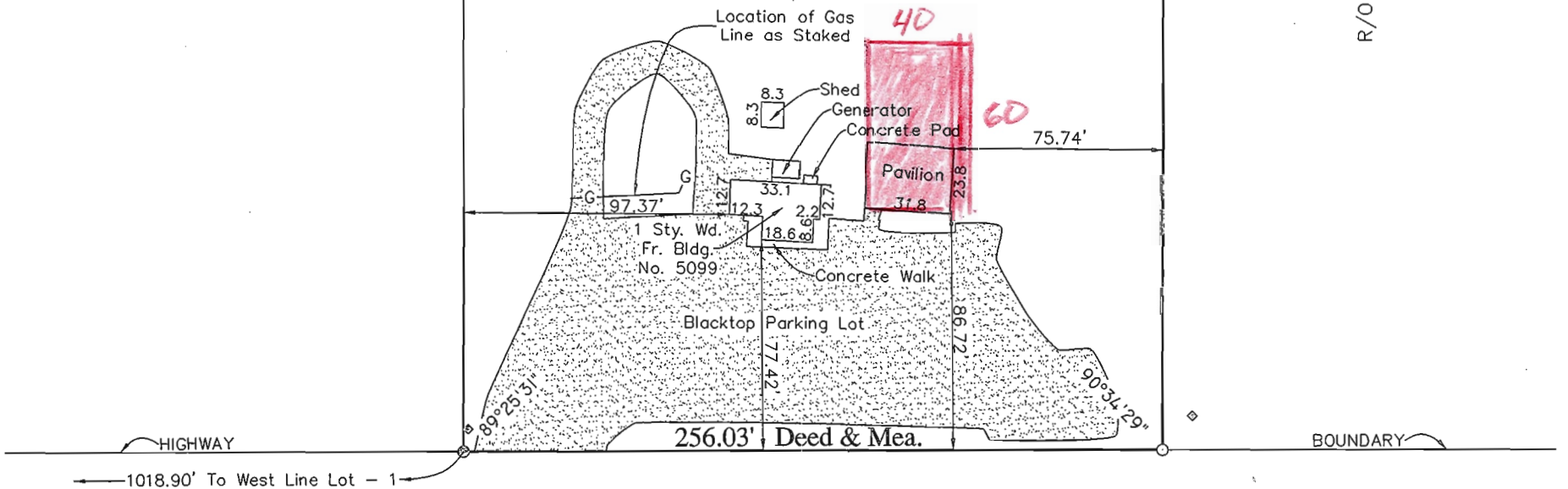
PARCEL SURVEYED
 CONTAINING
 3.287 +/- ACRES
 LIBE5R 879, PAGE 748

R/O GRANDMA'S LUVIN
 CARE, INC.
 LIBER 836, PAGE 214

630.7' Deed, 632.17' Mea.

485.76' Deed, 486.41' Mea.

R/O 2007 COUNTRY MEADOWS NY, LLC
 LIBER 867, PAGE 338



CLINTON STREET ROAD - - ROUTE 33 (66.0' R.O.W.) (BROCKPORT ROAD)

- LEGEND
- ⊙ EXISTING IRON PIN
 - SET IRON PIN
 - ◆ TELEPHONE CABLE MARKER

"UNAUTHORIZED ALTERATION OR ADDITIONS TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS A VIOLATION OF SECTION 7209, SUB-DIVISION 2, OF THE NEW YORK STATE EDUCATION LAW."

"ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY MARKED WITH AN ORIGINAL OF THE LAND SURVEYOR'S EMBOSSED SEAL SHALL BE CONSIDERED TO BE VALID TRUE COPIES."

"CERTIFICATIONS INDICATED HEREON SIGNIFY THAT THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE FOR LAND SURVEYORS ADOPTED BY THE NEW YORK STATE ASSOCIATION OF PROFESSIONAL LAND SURVEYORS. SAID CERTIFICATION SHALL RUN ONLY TO THE PERSON FOR WHOM THE SURVEY IS PREPARED, AND ON HIS/HER BEHALF TO THE TITLE COMPANY, GOVERNMENTAL AGENCY AND LENDING INSTITUTION LISTED HEREON, AND TO THE ASSIGNEES OF THE LENDING INSTITUTION. CERTIFICATION ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS."

BOUNDARY SURVEY SHOWING THE PROPERTY OF JOSEPH M. AND HELEN F. DICKINSON, BEING PART OF LOT NO. 1, SECTION 9, TOWNSHIP 12, RANGE 1 OF THE HOLLAND LAND COMPANY'S SURVEY. SITUATE IN THE TOWN OF BATAVIA, COUNTY OF GENESEE AND STATE OF NEW YORK

JULY 28, 2010 SCALE 1" = 60'
 JOB NO. 10-199

07/30/10

Gregory W. Townsend

DATE N.Y.S.R.L.S. No. 50249

T-08-BAT-5-19



© 2018 Pictometry

04/24/2018