



GENESEE COUNTY PLANNING BOARD
ZONING REFERRALS NOTICE OF FINAL
ACTION

GCDP Referral ID V-04-OAK-9-14
Review Date 9/11/2014

Municipality OAKFIELD, V.
Board Name PLANNING BOARD
Applicant's Name Amy Pizzi Dance Images
Referral Type Site Plan Review
Variance(s) _____
Description: Site Plan Review to operate a dance studio in an existing mixed-use building.

Location 33 Main St. (NYS Rt. 63), Oakfield
Zoning District Central Commercial (C-2) District

PLANNING BOARD DECISION

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modification is that if the applicant intends to use the parking in the rear of the building, the applicant obtain or show proof of legal access to that area. With this required modification, the proposed dance studio should pose no significant county-wide or inter-community impact.

Director

9/11/14

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 at 344-2580 x5466, or online at <http://www.co.genesee.ny.us/> under Forms and Permits for Towns and Villages.

SEND OR DELIVER TO:

GENESEE COUNTY DEPARTMENT OF PLANNING
3837 West Main Street Road
Batavia, N.Y. 14020-9404
Phone: (585) 344-2580 Ext. 5467

DEPARTMENT USE ONLY:	
G.C.D.P. Referral #	<u>V-04-OAK-9-14</u>
Date Received	<u>9/3/14</u>



**GENESEE COUNTY
PLANNING BOARD REFERRAL**

RECEIVED

SEP 03 2014

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

1. REFERRING BOARD(S) INFORMATION

Board(s) Village of Oakfield, Plan. Brd.
Address 37 Main Street
Oakfield, NY 14125

2. APPLICANT INFORMATION

Name Amy Pizzi Dance Images
Address 59 Vernon Avenue, Batavia 14020
Phone 716-343-3162 Email amy.pizzi@yahoo.com

MUNICIPALITY: City Town Village of Village of Oakfield

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. Address 33 Main Street, Oakfield, NY 14125
- B. Nearest intersecting road Maple Avenue and Webber Avenue
- C. Tax Map Parcel Number 2.-1-26
- D. Total area of the property 0.16 acres Area of property to be disturbed _____
- E. Present zoning district(s) C-2 Commercial District

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 A site plan for the operation of a Dance Studio.

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

- | | | |
|---|--|--|
| <input 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"/> Other: _____ |
| <input type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | |
| <input checked="" type="checkbox"/> SEQR forms | <input type="checkbox"/> Agricultural data statement | |

*** If possible, please provide a reduced version or digital copy of any supporting documentation larger than 11 x 17 in.
Digital copies may be sent via email to planning@co.genesee.ny.us ***

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

Name Andrew Maguire Title Clerk/Treasurer Phone 585-948-5862
Address 37 Main Street, Oakfield, NY 14125 Email ivillage@rochester.rr.com

APPLICATION FOR ZONING AND/OR BUILDING PERMIT

APPLICATION NUMBER: 19-14

VILLAGE OF OAKFIELD, New York 14125

APPLICATION DATE: 9/3/14

OWNER	Name: <u>Rich Neumann</u>	APPLICANT (IF OTHER THAN OWNER)	Name: <u>Amy Pizzi Dance Images</u>
	Address: <u>2561 Kingston Rd Leicester Ny 14481</u>		Address: <u>33 Main St. Oakfield, Ny 14125</u>
	Phone #: <u>585-737-0348</u>		Phone #: <u>716-343-3162</u>

PROJECT SITE LOCATION: 33 Main St. TAX MAP # (TMP) 2-1-26
Check with the local Assessor

INSTRUCTIONS: Using a ball point pen please fill out this application as completely as possible. Submit additional Attachment(s) [listed on the back of this sheet] and the completed application to the Village Clerk. This application is NON-TRANSFERRABLE and is NOT a permit to commence work.

- 1 Application for Use: RESIDENTIAL ; COMMERCIAL ; INDUSTRIAL ; RECREATIONAL ; SITE PLAN
- 2 Permit for: NEW CONSTRUCTION ; ADDITION ; ALTERATION ; REPAIR ; CHANGE IN USE
- 3 Is this parcel; A corner lot? YES ; NO ; In a Sewer District? YES ; NO ; In a Water District? YES ; NO
- 4 List the DIMENSIONS of the parcel: _____ x _____ and/or TOTAL PARCEL AREA (Acres) _____.
- 5 What are the parcel setbacks [Ft.] from the project. FRONT _____; REAR _____ & SIDE yards (a) _____ (b) _____
- 6 Total % of coverage of ALL buildings on the parcel (including the proposed project): _____ TOTAL %
- 7 Does this project require County Health Department approval? NO ; YES , If yes, submit attachment F.
- 8 Is this parcel property subdivided? NO ; YES , If yes, provide documentation.
- 9 Do you give the Village VALID CONSENT to do the required inspections? YES NO , If no, what procedures?
- 10 Name of Architect/Engineer _____ Telephone # _____
Address _____
- 11 Name of Contractor(s) _____ Telephone # _____
Address _____

PROPOSED PROJECT	HEIGHT	LENGTH	WIDTH	SQ. FT.
HOUSE				
GARAGE				
ACCESSORY BUILDING				
SWIMMING POOL				
DECK				
COMMERCIAL/INDUSTRIAL				
OTHER				
TOTAL SQ. FT.				

SEP 03 2014
CIC# 1043
VILLAGE OF OAKFIELD

13 Total Dwelling units: _____

15 Describe the proposed project and use:
Dance Studio

[Use additional sheet(s) for more information]

****SIGNATURE BLOCK****
 I hereby certify that I have read the instructions and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel provisions of any other state or local law or ordinance regulating construction or performance of construction.

[Signature]
 Signature - OWNER
8/22/14
 Date

[Signature]
 Signature - APPLICANT (if different than owner)

 Date

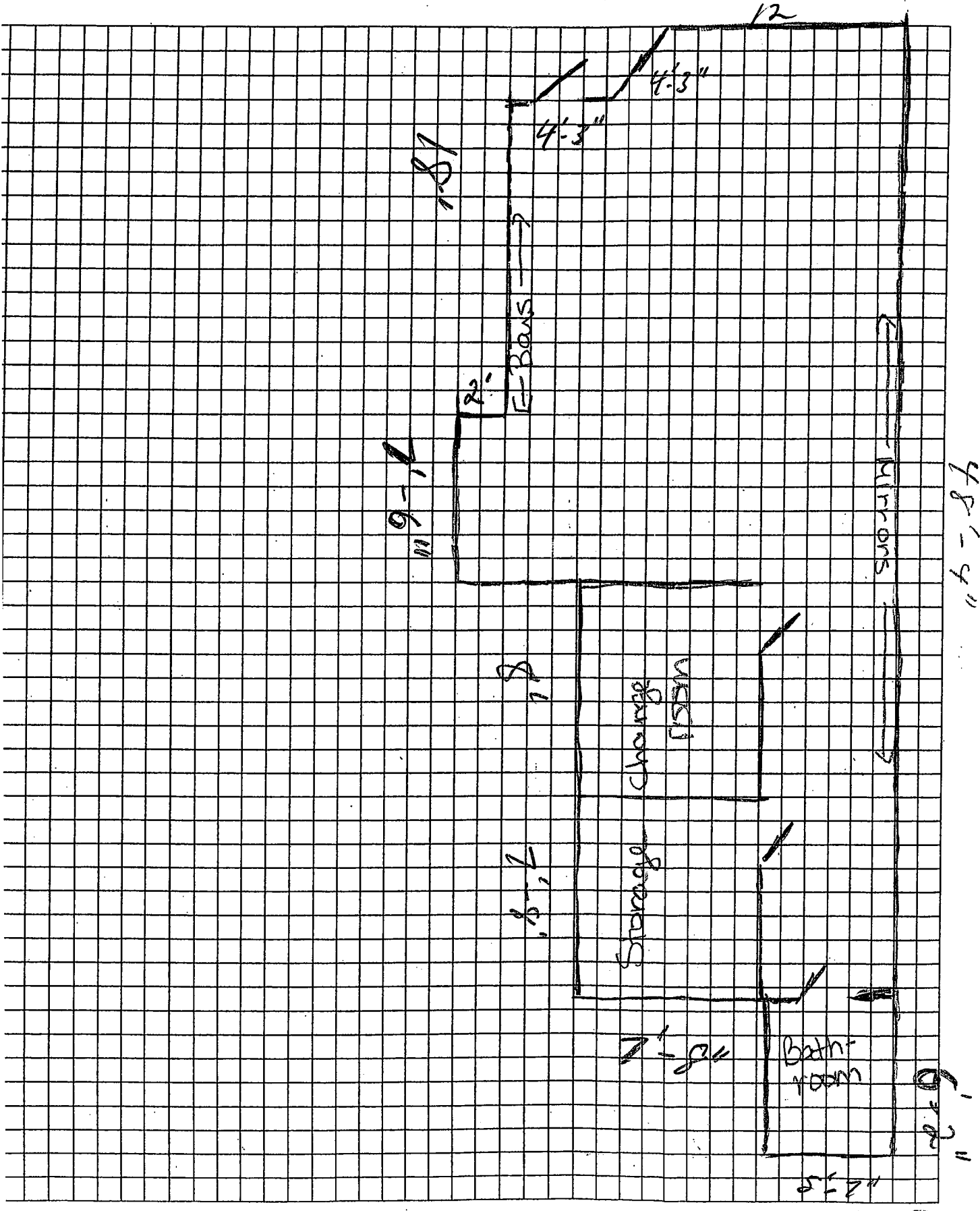
OFFICE USE ONLY
 Action taken by Z.E.O./C.E.O.: Approved ; Denied ; Reason for denial; Schedule A _____
 Article _____ Section _____ Subsection _____ Paragraph _____ Briefly Describe: _____ Zoning _____
 District _____

Z.E.O. Signature: <u>[Signature]</u>	Wetlands <input type="checkbox"/> YES <input type="checkbox"/> NO Flood Plain <input type="checkbox"/> YES <input type="checkbox"/> NO	FEES: Cash _____ Check # _____ Receipt # _____	Special Use _____ Variance _____ Public Hearing _____ TOTAL _____	Zoning # <u>150.00</u> Building _____ TOTAL _____
C.E.O. Signature: _____		Date of Action: _____		

7-2.5 inches

PLOT DIAGRAM INSTRUCTIONS:

- * The plot diagram must show all existing buildings and structures as well as proposed on the property.
- * Show dimensions in feet from the Proposed building or structure to All lot lines. (Dimensions not needed for existing)
- * Identify adjoining parcels, the owners of the parcels and clearly identify Street names and property lines.



There is parking on Street, across the Street, and a few parking spots behind building.

617.20
Appendix B
Short Environmental Assessment Form

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: <i>Dance Studio</i>			
Project Location (describe, and attach a location map): <i>33 Main St, Oakfield NY 14125</i>			
Brief Description of Proposed Action: <i>Opening a dance studio</i>			
Name of Applicant or Sponsor: <i>Amy Pizzi</i>		Telephone: <i>716-343-3162</i>	
		E-Mail: <i>Amy.Pizzi@yahoo.com</i>	
Address: <i>59 Vernon AVE</i>			
City/PO: <i>Batavia</i>		State: <i>NY</i>	Zip Code: <i>14020</i>
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"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input 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, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? <i>hours of business 4:00 p.m - 8:00 p.m</i> b. Are public transportation service(s) available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<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? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 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 plain?	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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES 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 type="checkbox"/>	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	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 checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____	Date: <u>9/3/14</u>	
Signature: <u>Amy Page</u>		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT



V-04-OAK-9-14

