



## GENESEE COUNTY PLANNING BOARD ZONING REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **V-05-OAK-11-14**

Review Date **11/13/2014**

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

**OAKFIELD, V.**

**PLANNING BOARD**

**Ronda Trombetta (Ognibene Associates)**

**Site Plan Review**

**Site Plan Review to operate a health and wellness facility.**

Location  
Zoning District

**60 Main St. (NYS Rt. 63), Oakfield**

**Central Commercial (C-2) District**

### PLANNING BOARD DECISION

**APPROVAL**

### EXPLANATION:

**Given that the use is similar to the previous use of the space (gym), the proposed health and wellness facility should pose no significant county-wide or inter-community impact.**

Director

November 13, 2014

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 x 5466, 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 # V-05-OAK-11-14  
Date Received 10-28-14



**\* GENESEE COUNTY \*  
PLANNING BOARD REFERRAL**

**RECEIVED**

Required According to:  
**GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N**

OCT 28 2014

*(Please answer ALL questions as fully as possible)*

GENESEE COUNTY  
DEPARTMENT OF PLANNING

**1. REFERRING BOARD(S) INFORMATION**

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

**2. APPLICANT INFORMATION**

Name Ronda Trombetta (Ognibene Associates)  
Address 60 Main Street  
Phone 813-770-0977 Email \_\_\_\_\_

MUNICIPALITY:  City  Town  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 60 Main Street, Oakfield, NY 14125
- B. Nearest intersecting road Gibson Street
- C. Tax Map Parcel Number 1.-2-76
- D. Total area of the property 164' x 30' Area of property to be disturbed \_\_\_\_\_
- E. Present zoning district(s) C-2

**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 Massage Therapy and Yoga Studio in first floor.

**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"/> Subdivision plot plans       | <input type="checkbox"/> Elevation drawings          | <input type="checkbox"/> Other: _____                      |
| <input 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](mailto: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

VILLAGE OF OAKFIELD, New York 14125

APPLICATION NUMBER: 20-14

APPLICATION DATE: 10/27/14

<b>OWNER</b>	Name: <u>OGNIBENE ASSOCIATES LLC</u>	<b>APPLICANT (IF OTHER THAN OWNER)</b>	Name: <u>Ronda Trombetta</u>
	Address: <u>P.O. Box 395 ELBA, N.Y. 14058</u>		Address: <u>1246 Lewiston rd BASOM NY 14013</u>
	Phone #: <u>585-343-3888</u>		Phone #: <u>813-770-0977</u>

PROJECT SITE LOCATION: 60 MAIN Street OAKFIELD TAX MAP # (TMP) 1-2-70  
 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.

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

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

13 Total Dwelling units: \_\_\_\_\_

15 Describe the proposed project and use:  
- A Massage therapy + yoga studio, with community educational classes featuring health wellness.  
NO need to change any part of original floor plan as it was a gym set up by all previous  
 [Use additional sheet(s) for more information]  
exit signs in place.

**\*\*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  
10/23/14  
 Date

[Signature]  
 Signature - APPLICANT (if different than owner)  
10/23/14  
 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: [Signature]

C.E.O. Signature: \_\_\_\_\_

Date of Action: \_\_\_\_\_

Wetlands	YES	NO	Fees:	Special Use	Zoning
Flood Plain	<input type="checkbox"/>	<input type="checkbox"/>	Cash _____	Variance _____	Building
			Check # _____	Public Hearing _____	TOTAL <u>15000</u>
			Receipt # _____	TOTAL _____	

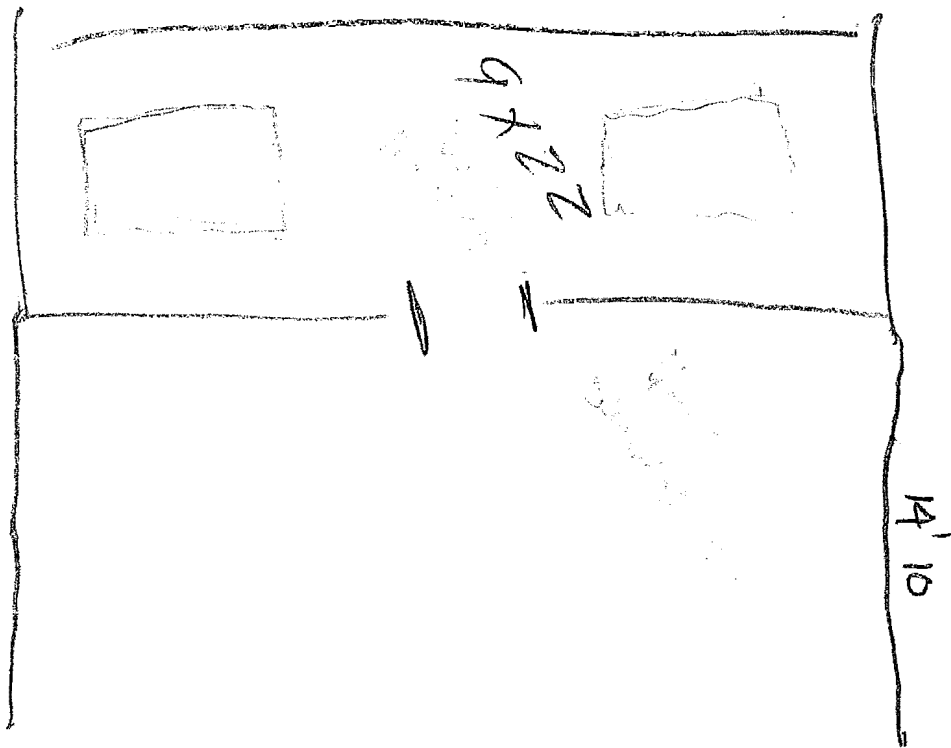


## PROPOSED PROJECT + USE OF SPACE at 60 MAIN Street, DAKFIELD NY.

- The original space at 60 Main Street was used as a gym. The new proposed plan is to use the space as a Health + wellness educational facility including Massage therapy, yoga stretching classes. Community classes involving health + nutrition, different avenues of wellness. 1870<sup>sq</sup> feet. The building already includes fire extinguishers + exit signs the door sign will be replaced with new business name. Approx. same size + dimension.

Parking is in front of building on Main Street with additional parking lot across the street with a pedestrian walkway + additional municipal parking.







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