



GENESEE COUNTY PLANNING BOARD ZONING REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-08-STAF-12-15**

Review Date **12/10/2015**

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

STAFFORD, T.

PLANNING BOARD

Brittany Morse

Site Plan Review

Site Plan Review to establish a medical office and other professional offices in an existing commercial building.

Location
Zoning District

5762 Main Rd. (NYS Rt. 5), Stafford

Commercial (C) District

PLANNING BOARD DECISION

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modification is that the landowner combine both parcels in order to comply with the minimum setbacks required by the Town of Stafford Zoning Law. With this required modification, the proposed medical/professional offices should pose no significant county-wide or inter-community impact.

Director

December 10, 2015

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
1837 West Main Street Road
Batavia, NY 14020-9404
Phone: (585) 815-7901

DEPARTMENT USE ONLY:
GCDP Referral # T-08-STAF-12-15



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED

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

NOV 27 2015
GENESEE COUNTY
DEPARTMENT OF PLANNING

1. REFERRING BOARD(S) INFORMATION

Board(s) Stafford Planning Board
Address 8903 Route 237
City, State, Zip Stafford, NY 14143
Phone (585) 344 - 1554 Ext. _____

2. APPLICANT INFORMATION

Name Brittany Morse
Address 8786 Keeney Road
City, State, Zip LeRoy, NY 14482
Phone (585) 768 - 9902 Ext. _____ Email _____

MUNICIPALITY: City Town Village of Stafford

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 5762 Route 5, Stafford, NY 14143
- B. Nearest intersecting road Sanders Road
- C. Tax Map Parcel Number 8.-2-10.2
- D. Total area of the property 3.9 acres Area of property to be disturbed 0 acres
- E. Present zoning district(s) Commercial

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 Request for Site Plan Approval to establish medical office and other professional offices within the existing building at this address, the site of the former Batavia Party House.

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 checked="" type="checkbox"/> Location map or tax maps | <input checked="" type="checkbox"/> Photos |
| <input type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | <input checked="" type="checkbox"/> Other: <u>Site/Parking Plan</u> |
| <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 William VanAlst Title Chairman, Planning Board Phone (585) 233 - 6006 Ext. _____
Address, City, State, Zip 9107 Roanoke Road, Stafford, NY 14143 Email wvanalst@rochester.rr.com

Brittany Lee Morse, MD

8786 Keeney Rd

Le Roy, NY 14482

(585)768-9902 HOME

(585) 356-9704 CELL

Town Planning Board,

Thank you for your prompt consideration of the proposed site plan for 5762 Route 5. My intentions are to relocate Oatka Family Medicine from 5619 Route 5 to the new site, ideally by February 1, 2016 as that is when my current lease at 5619 Route 5 will expire. Many of the listed documents will not apply, as I do not plan on any exterior changes to the building. Oatka Family Medicine will occupy approximately 4,000 square feet of the building. The remaining square footage will remain vacant for the time being.

1. Survey- Google map image attached, survey to follow when provided by seller
2. Layout sketch- Does not apply as there will be no change in location of current driveways, parking lots and building.
3. Traffic circulation and parking, pedestrian walks- Diagram attached, parking lot to be marked by Pro-Seal & Paint.
4. Landscaping plans- Does not apply as there will be no change in current landscaping, existing lawn, bushes and mulch will be trimmed and maintained as needed.
5. Building construction- Does not apply as we will not be constructing any new buildings.
6. Engineering plans- Does not apply as there will be no change in storm drainage, water supply or septic.
7. Engineering Feasibility study- Does not apply as there are no changes planned that will result in problems.
8. Construction sequence and time schedule for completion-
 - a. Interior Remodel: Framing and minor plumbing to be completed by 12/15/15. Electrical wiring to be completed by 12/30/15. HVAC to be completed by 1/10/15. Interior wall finish and floor finish to be completed by 1/20/15.
 - b. Parking line painting to be completed by 1/20/15.
9. Proposed use:
 - a. Medical office space for the evaluation and management of outpatient family medicine. There will be a central lab and handwashing station, 6 exam rooms, 3 provider offices, reception office, staff break/conference room and patient waiting room. Bathrooms to stay in their existing locations.

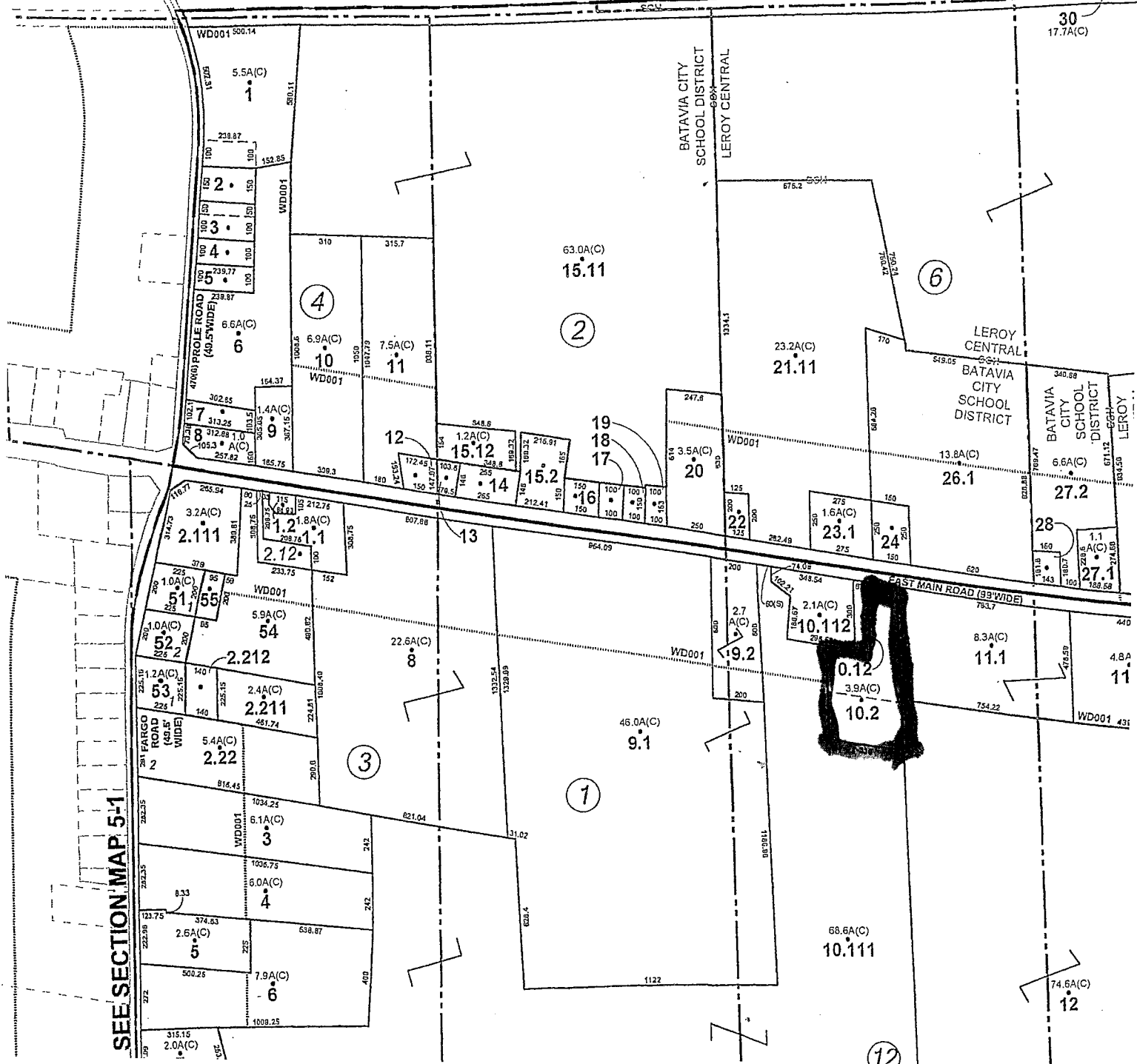
- b. Hours of operation: Monday 7a-3p, Tuesday 8a-4p, Wednesday 7a-3p, Thursday 12p-7p, Friday 8a-12p, Saturday as needed.
- c. Employees on site- 5 each day, potential 2 students on site each day
- d. Traffic generated- up to 8 patients per hour at most, anticipate no effect on current traffic patterns in the area as we are conducting the same volume of business in the same geographic area (0.3 miles from new site).

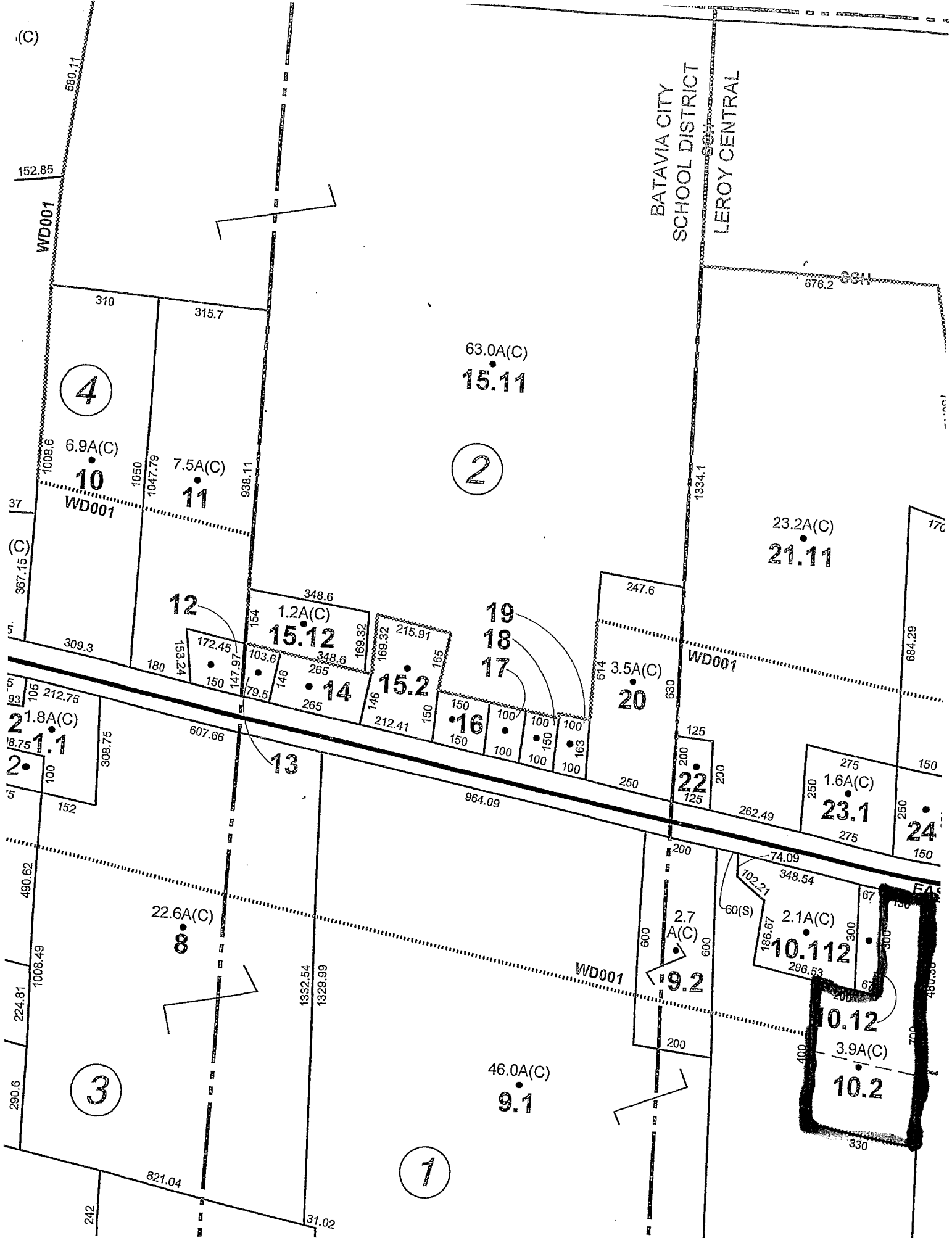
10. Permits:

- a. Interior building permit from Town of Stafford will be obtained as soon as architectural drawings available.

SEE SECTION MAP 6

SEE SECTION MAP 5-1





(C)

BATAVIA CITY
SCHOOL DISTRICT
LEROY CENTRAL

152.85

WD001

580.11

310

315.7

4

63.0A(C)
15.11

2

6.9A(C)
10

7.5A(C)
11

676.2

23.2A(C)
21.11

176

37

(C)

367.15

WD001

12

1.2A(C)
15.12

19
18
17

3.5A(C)
20

WD001

5

21.8A(C)
1.1

2

607.66

13

964.09

1.6A(C)
23.1

24

5

152

308.75

22.6A(C)
8

46.0A(C)
9.1

2.7
A(C)
19.2

2.1A(C)
10.112

10.12
3.9A(C)
10.2

490.52

1008.49

224.81

290.6

3

1332.54

1329.99

WD001

1

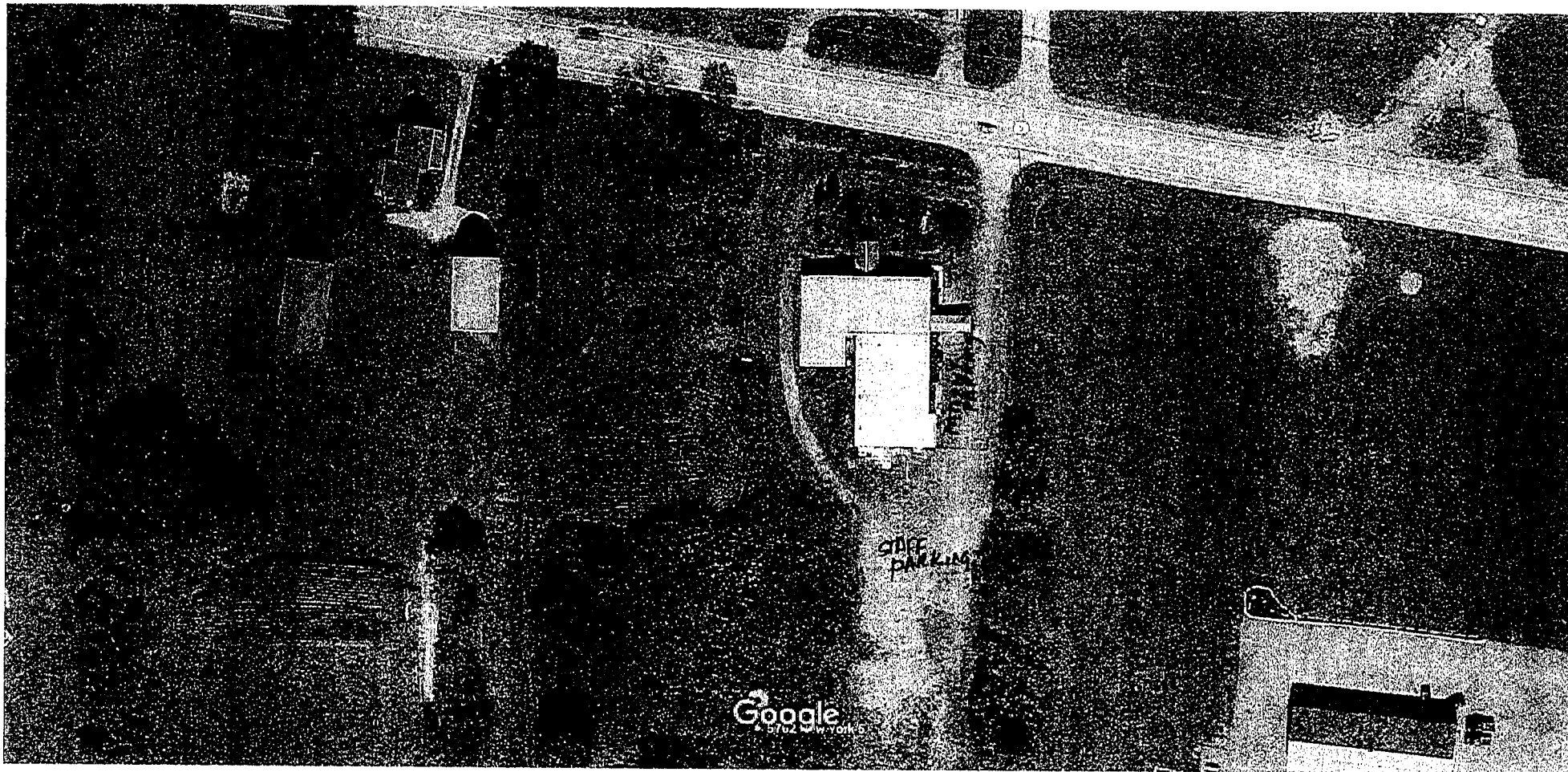
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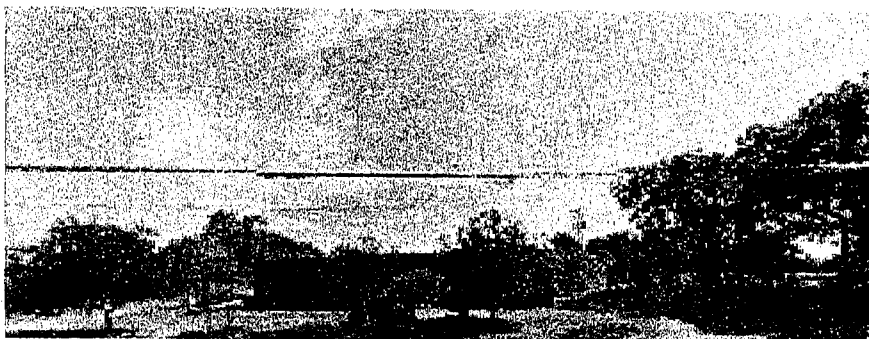
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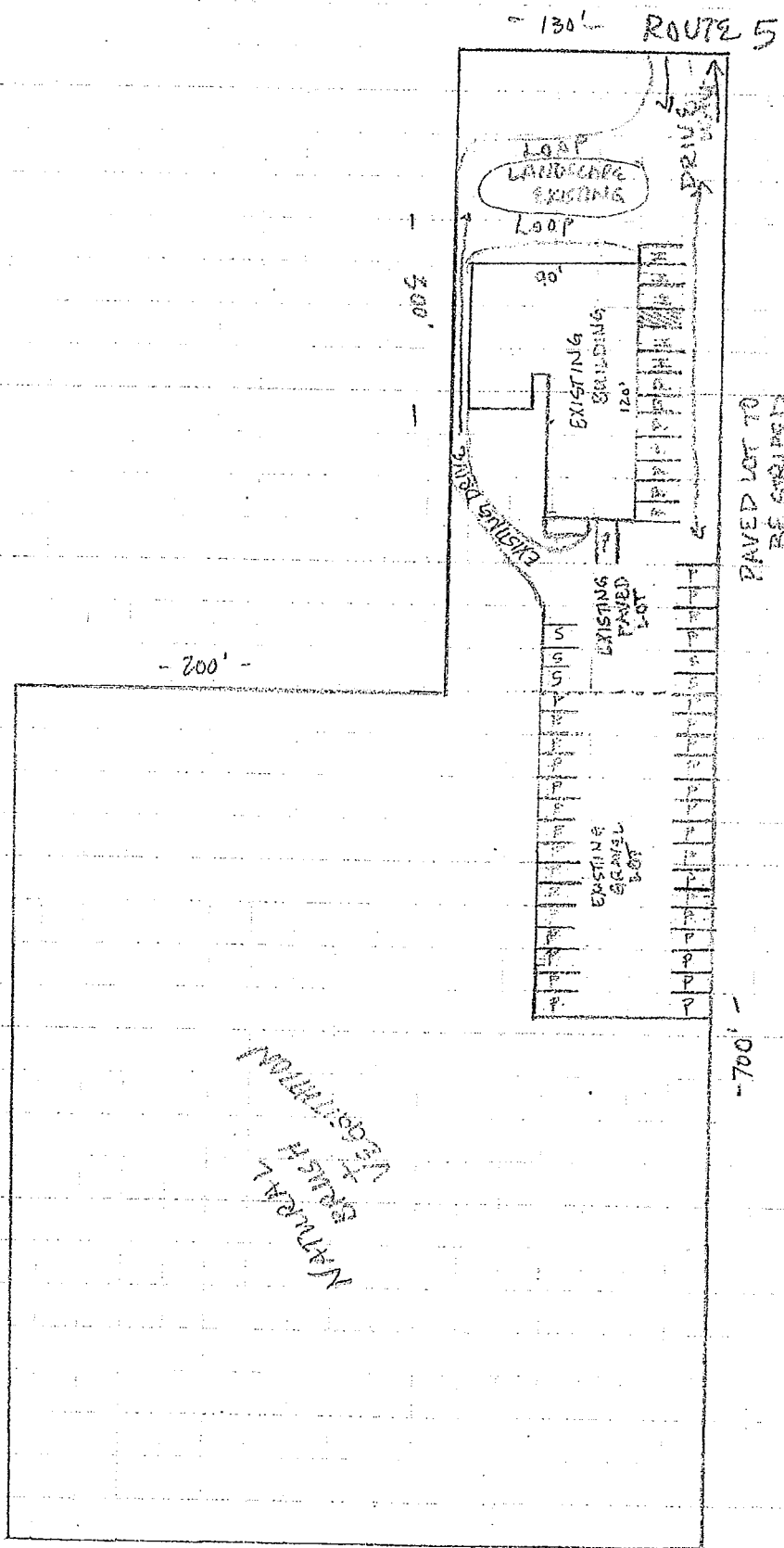
330

Google Maps 5762 NY-5



Imagery ©2015 Google, Map data ©2015 Google 50 ft





APPROXIMATE
GRAVEL
VEGETATION

PAVED LOT TO
BE STRIPED

TOTAL = 47 Patient (5 Handicapped)
5 Staff

52

□ = 20 ft

T-08-STAF-12-15



04/04/2013

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