



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

GCDP Referral ID **T-12-BAT-7-16**

Review Date **7/14/2016**

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

<b>BATAVIA, T.</b>
<b>PLANNING BOARD</b>
<b>Batavia Downs Hotel</b>
<b>Sign Permit</b>
<b>Sign Permit for a new hotel (Batavia Downs Hotel).</b>

Location  
Zoning District

<b>8319 Park Rd., Batavia</b>
<b>Commercial (C) District</b>

**PLANNING BOARD DECISION**

<b>APPROVAL</b>
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**EXPLANATION:**

<b>The proposed sign should pose no significant county-wide or inter-community impact.</b>
--

Director

July 14, 2016

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-12-BAT-7-16

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

RECEIVED  
Genesee County  
Department of Planning  
7/6/2016

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. Rd.  
City, State, Zip Batavia, NY 14020  
Phone (585) 343-1729 Ext. 208

**2. APPLICANT INFORMATION**

Name Batavia Downs Hotel  
Address 8319 Park Rd.  
City, State, Zip Batavia, NY 14020  
Phone (585) 343-3750 Ext. \_\_\_\_\_ Email \_\_\_\_\_

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         | 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 type="checkbox"/> Site Plan Review   | <input type="checkbox"/> Other: <u>sign</u>        |                                      |

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

- A. Full Address 8319 Park Rd
- B. Nearest intersecting road Lewiston Rd.
- C. Tax Map Parcel Number 8.-1-22
- D. Total area of the property N/A Area of property to be disturbed N/A
- 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 Sign's

**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 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. Rd. Email \_\_\_\_\_

# Building and Zoning Application Permit No. 16-101

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

Date 7/6/16 Zone L Flood Zone N Wellhead Protection N Corner Lot N

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: \_\_\_\_\_

Tax Map No. 8-1-22

Owners Name Batavia Downs Phone No. (585) 343-3750

Address 8319 Park Rd, Batavia NY, 14020 Project Road Width \_\_\_\_\_ ft

Applicants Name Flexlume Project Address 8319 Park Rd, Batavia NY

E Mail Address mhalland@flexlume.com Phone No (716) 884-2020

Description of Project: 1 Set Channel letters mounted to building

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

Estimated Cost Building \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ Miscellaneous \_\_\_\_\_

SEQR CLASSIFICATION Type 1  Type 2  Unlisted

Review completed by Planning Board  Zoning Board of Appeals

Permit Fee \$ \_\_\_\_\_ Application Date \_\_\_/\_\_\_/\_\_\_ Permit Expires On \_\_\_/\_\_\_/\_\_\_

Issuing Officer \_\_\_\_\_ 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, [Signature], 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.

[Signature] \_\_\_\_\_ 6/24/16 \_\_\_\_\_  
Signature of Owner or Authorized Agent Date

# Sign Attachment:

Permit No. \_\_\_\_\_

Applicants Name flexlume Project Address 8319 Park Rd. Buffalo NY

E Mail Address Mholland@flexlume.com Phone No (716) 884-2020

Description of Project: 1 Set illuminated Channel letters

## Sign Permit Section

Type of Sign

New  Relocation  Alteration  Reface  Freestanding  Building Sign  Lighted

Sign Dimensions

Height 42" Area in Square Feet 42" x 61" = 213.5 total sq. feet

Wall area if attached to building 6,200 sq. feet Wall location: North  South  East  West

Total Number of existing signs on premises 1 Attached to Building \_\_\_\_\_ Free Standing \_\_\_\_\_

Total Number of signs applicant is applying for 1

New  Relocation  Alteration  Reface  Freestanding  Building Sign  Lighted

Sign Dimensions

Height \_\_\_\_\_ Area in Square Feet \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ total sq. feet

Wall area if attached to building \_\_\_\_\_ sq. feet Wall location: North  South  East  West

Total Number of existing signs on premises \_\_\_\_\_ Attached to Building \_\_\_\_\_ Free Standing \_\_\_\_\_

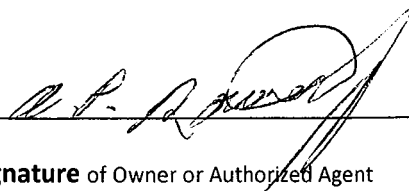
New  Relocation  Alteration  Reface  Freestanding  Building Sign  Lighted

Sign Dimensions

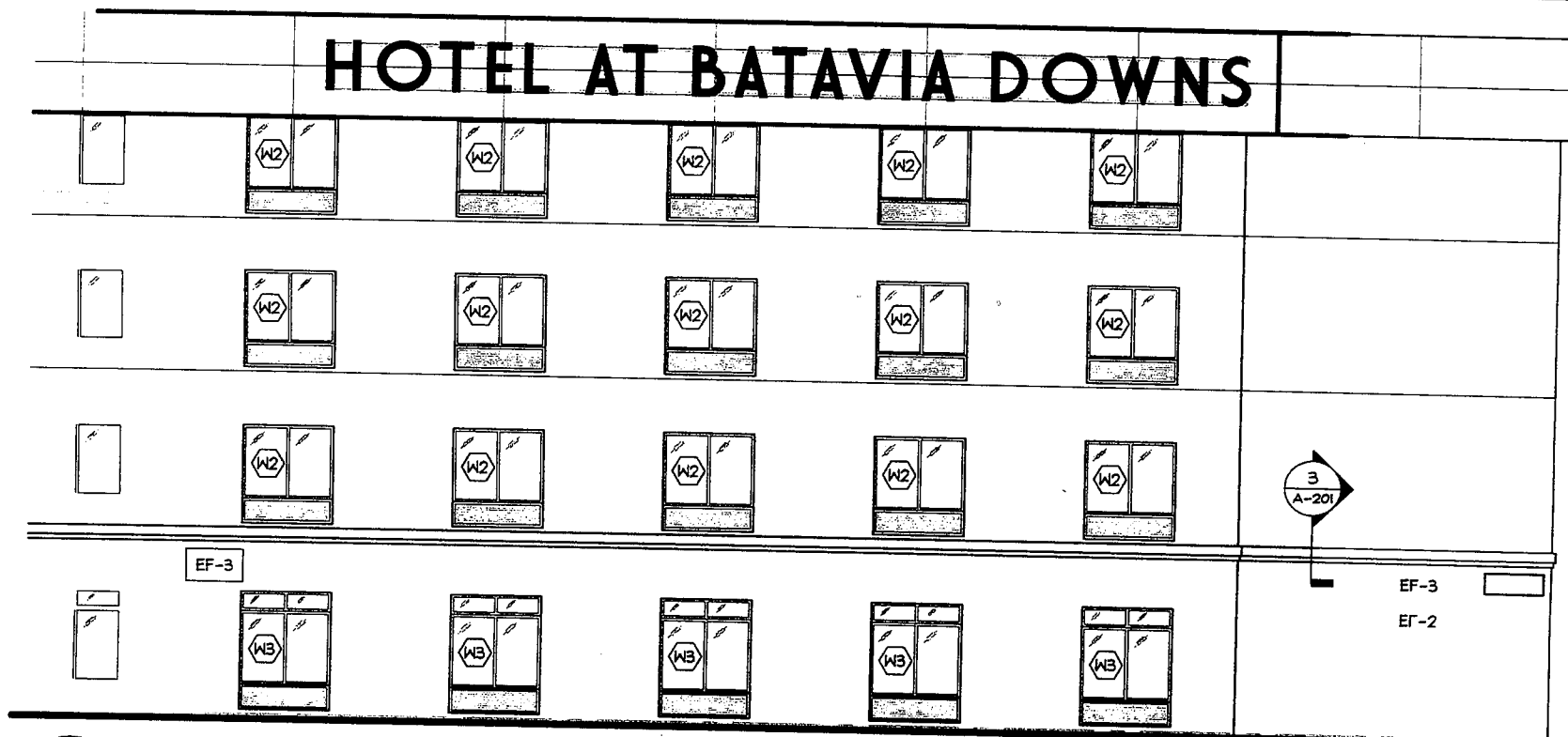
Height \_\_\_\_\_ Area in Square Feet \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ total sq. feet

Wall area if attached to building \_\_\_\_\_ sq. feet Wall location: North  South  East  West

Total Number of existing signs on premises \_\_\_\_\_ Attached to Building \_\_\_\_\_ Free Standing \_\_\_\_\_

  
Signature of Owner or Authorized Agent

6/21/16  
Date



# HOTEL AT BATAVIA DOWNS

(2) 2" x 2" ALUMINUM FLAT BARS  
 TO BE INSTALLED ON ACM PANELS,  
 AT TOP AND BOTTOM OF LETTER SET

A Sign of Quality Since 1904

1464 MAIN STREET  
 BUFFALO, NY 14209-1780  
 PHONE: 716-884-2020  
 FAX: 716-881-0361  
 E-MAIL: info@flexlume.com

LANDLORD SIGNATURE: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

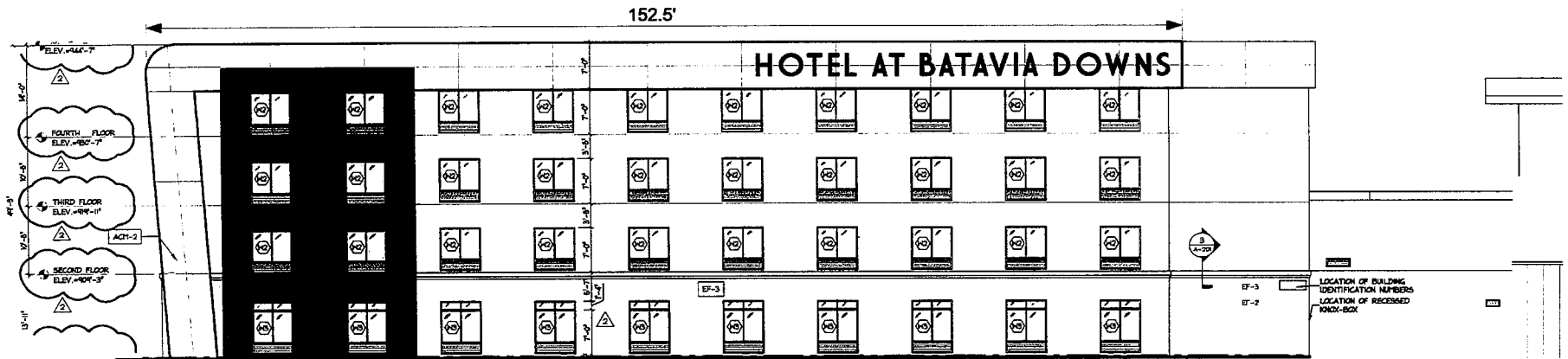
DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

SALES REP: \_\_\_\_\_ DESIGNER: \_\_\_\_\_ DRAWING # 16-055f SCALE \_\_\_\_\_

SHOP ORDER# \_\_\_\_\_  
 OR  
 WORK ORDER# \_\_\_\_\_

DATE 06/21/16 \_\_\_\_\_




LETTER HEIGHT: 42"

LETTER SET LENGTH: 728.75"


**1464 MAIN STREET**  
**BUFFALO, NY 14209-1780**  
**PHONE: 716-884-2020**  
**FAX: 716-881-0361**  
**E-MAIL: info@flexlume.com**

LANDLORD SIGNATURE: \_\_\_\_\_  
 CUSTOMER SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 SALES REP: \_\_\_\_\_ DESIGNER: \_\_\_\_\_ DRAWING # 16-055d SCALE \_\_\_\_\_  
 SHOP ORDER# \_\_\_\_\_  
 WORK ORDER# \_\_\_\_\_  
 DATE 06/20/16 \_\_\_\_\_





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04/21/2016

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