



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

GCDP Referral ID **V-06-OAK-7-15**

Review Date **7/9/2015**

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

<b>OAKFIELD, V.</b>
<b>PLANNING BOARD</b>
<b>Ognibene Associates, LLC</b>
<b>Special Use Permit</b>
<b>Special Use Permit to operate an indoor self-service storage facility.</b>

Location  
Zoning District

<b>112 N. Main St. (NYS Rt. 63), Oakfield</b>
<b>Neighborhood Commercial (C-1) District</b>

**PLANNING BOARD DECISION**

**APPROVAL**

**EXPLANATION:**

**The proposed self-service storage facility should pose no significant county-wide or inter-community impact.**

Director

July 9, 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  
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-06-OAK-7-15  
Date Received 7-1-15



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

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

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

**2. APPLICANT INFORMATION**

Name Ognibene Associates, LLC  
Address P.O. Box 395, Elba, NY 14058  
Phone 585-343-3888 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 checked="" 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: _____              |                                               |

- Subdivision Proposal  
 Preliminary  
 Final

RECEIVED

JUL 01 2015

GENESEE COUNTY DEPARTMENT OF PLANNING

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

A. Address 112 N. Main Street  
B. Nearest intersecting road Farnsworth Avenue  
C. Tax Map Parcel Number 1.-1-56.11  
D. Total area of the property 0.189 acres Area of property to be disturbed \_\_\_\_\_  
E. Present zoning district(s) C-1

**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 Previous village referral for use variance was made in error - use is allowed with special use permit.

B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law FAO

C. Please describe the nature of this request Site Plan Review for Indoor Storage  
Units

**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"/> Other: _____                      |
| <input type="checkbox"/> Subdivision plot plans       | <input type="checkbox"/> Elevation drawings          |                                                            |
| <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 Anrew Maguire Title Clerk Treasurer Phone 585-948-5862  
Address 37 Main St., Oakfield, NY 14125 Email ivillage@rochester.rr.com

VILLAGE OF OAKFIELD, New York 14125

<b>OWNER</b>	Name: <u>DGNIBENE LLC</u>	Name: _____
	Address: <u>P.O. Box 395 ELBA, NY.</u>	Address: _____
	Phone #: <u>585-343-3888</u>	Phone #: _____
<b>APPLICANT (IF OTHER THAN OWNER)</b>	_____	_____
	_____	_____
	_____	_____

PROJECT SITE LOCATION: 112 N. MAIN ST. OAKFIELD, NY. 14125 TAX MAP # (TMP) 1-1-56.11  
 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) 2500 SQFT
- 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 R.A. HAITZ CO. INC. Telephone # 343-2400  
Address \_\_\_\_\_
- Name of Contractor(s) \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_

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:  
Indoor SELF STORAGE UNITS  
CHANGE IN USE  
 [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  
5/11/15  
 Date

\_\_\_\_\_  
 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 \_\_\_\_\_

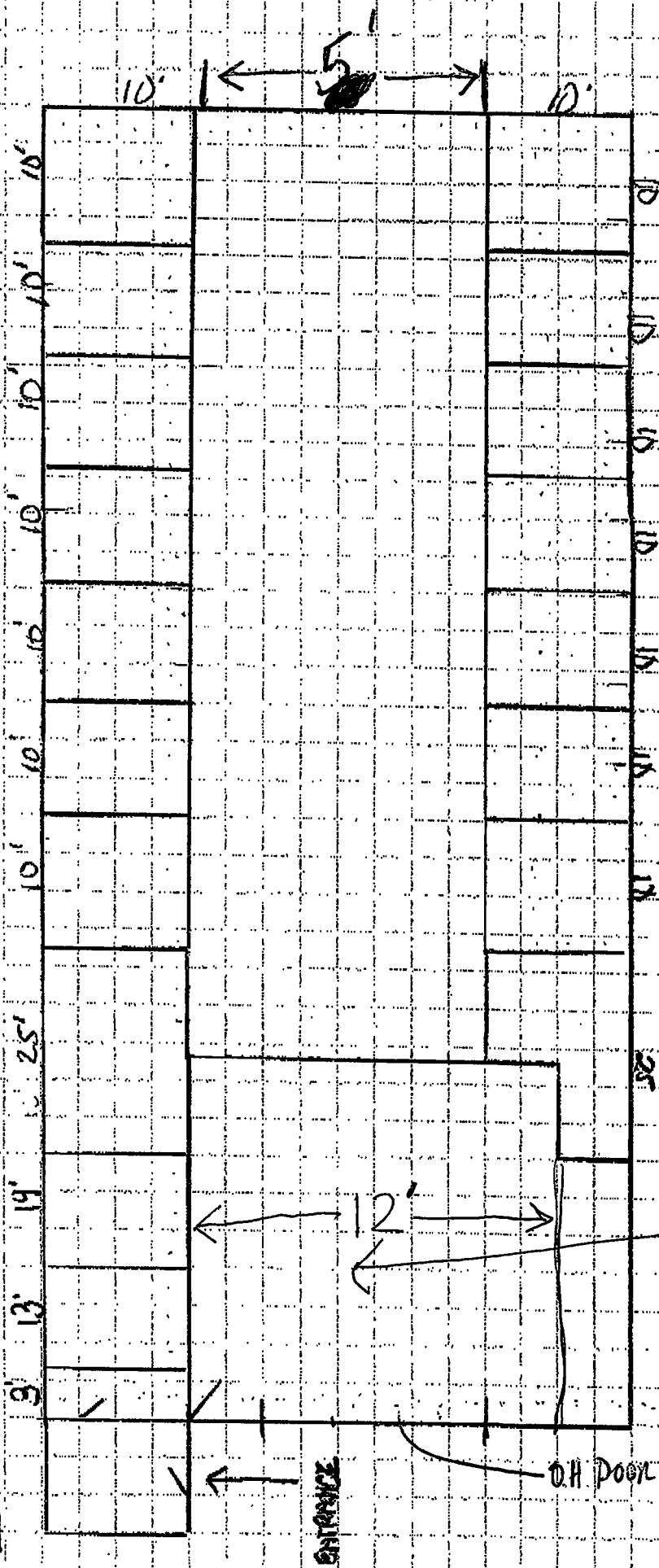
Z.E.O. Signature: _____	Wetlands <input type="checkbox"/> YES <input type="checkbox"/> NO Flood Plain <input type="checkbox"/>	<b>FEES:</b> Cash _____ Check # _____ Receipt # _____	Special Use _____ Variance _____ Public Hearing _____ TOTAL _____	Zoning _____ Building _____ TOTAL _____
C.E.O. Signature: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

EACH UNIT HAS A SLIDING DOOR THAT LOCKS.

Indoor Storage Units

HOURS:

~~Monday~~  
Monday thru Saturday  
9AM - 7PM



You back inside to unload to storage bins

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.

<b>Part 1 - Project and Sponsor Information</b>			
Storage Units			
Name of Action or Project: Storage Units			
Project Location (describe, and attach a location map): 112-N. Main St. Oakfield, N.Y. 14125			
Brief Description of Proposed Action: Personal Storage Systems			
Name of Applicant or Sponsor: Danibene LLC		Telephone: 585-343-3888	
		E-Mail:	
Address: P. O. Box 395			
City/PO: ELBA NY. 14058		State: NY.	Zip Code: 14058
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	YES
		<input checked="" type="checkbox"/>	<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	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		1/2	acres
b. Total acreage to be physically disturbed?		0	acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1/2	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 checked="" type="checkbox"/>	<input 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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"/>	
	<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"/>	
	<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 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: <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" 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"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: <u>Mike Ogwiben</u>	Date: <u>6/29/15</u>	
Signature: <u>[Signature]</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:	<input type="checkbox"/>	<input type="checkbox"/>
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"/>



V-06-OAK-7-15

