



# GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

C-02-BAT-02-23

Review Date

2/9/2023

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

**BATAVIA, C.**

**CITY PLANNING AND DEVELOPMENT COMM.**

**David Ciurzynski**

**Special Use Permit**

**Special Use Permit to create two additional apartments in the third floor of a mixed-use building.**

Location

**5-7 Jackson St., Batavia**

Zoning District

**Central Commercial (C-3) District**

### PLANNING BOARD RECOMMENDS:

**APPROVAL**

### EXPLANATION:

**The proposed use should pose no significant county-wide or inter-community impact. It is recommended that the applicant submits the enclosed application for 9-1-1 Address Verification to the Genesee County Sheriff's Office to ensure that the addresses of the proposed apartments meet Enhanced 9-1-1 standards.**

Director

February 9, 2023

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 # C-02-BAT-02-23

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

RECEIVED  
Genesee County  
Dept. of Planning  
2/2/2023

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) Planning and Development Committee  
Address One Batavia City Centre  
City, State, Zip Batavia, NY 14020  
Phone (585) 345-6345 Ext. \_\_\_\_\_

**2. APPLICANT INFORMATION**

Name David Ciurzynski  
Address PO Box 102  
City, State, Zip Attica, NY 14011  
Phone (585) 943-1196 Ext. \_\_\_\_\_ Email david@buildwithcc.com

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 checked="" 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: _____              |                                      |

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

- A. Full Address 5-7 Jackson St.
- B. Nearest intersecting road Main St
- C. Tax Map Parcel Number 84.049-1-45
- D. Total area of the property \_\_\_\_\_ Area of property to be disturbed \_\_\_\_\_
- E. Present zoning district(s) \_\_\_\_\_

**5. REFERRAL CASE INFORMATION:**

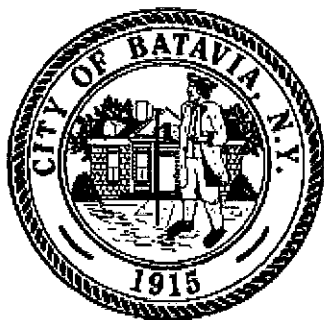
- A. Has this referral been previously reviewed by the Genesee County Planning Board?  
 NO  YES If yes, give date and action taken \_\_\_\_\_
- B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law  
BMC 190-37 I, 190-37 K,
- C. Please describe the nature of this request Approval of special use permit application to create dwelling units above the 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 type="checkbox"/> Site plan                    | <input type="checkbox"/> Location map or tax maps      | <input type="checkbox"/> Photos  |
| <input type="checkbox"/> Subdivision plot plans       | <input checked="" type="checkbox"/> Elevation drawings | <input checked="" type="checkbox"/> Other: <u>Floor plans and cover letter</u> |
| <input checked="" type="checkbox"/> SFQR forms        | <input type="checkbox"/> Agricultural data statement   |  |

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

Name Douglas Randall Title Code Enf. Officer Phone (585) 345-6327 Ext. \_\_\_\_\_  
Address, City, State, Zip One Batavia City Centre, Batavia, NY 14020 Email drandall@batavianewyork.com



*City of Batavia*  
*Department of Public Works*  
*Bureau of Inspections*

One Batavia City Center, Batavia, New York 14020 (585)-345-6345 (585)-345-1385 (fax)

To: Genesee County Planning  
Planning and Development Committee

From: Doug Randall, Code Enforcement Officer

Date: 2/2/23

Re: 5-7 Jackson St.  
Tax Parcel No. 84.049-1-45

Zoning Use District: C-3

The applicant, David Ciurzynski, agent for the owner, has applied for a Restricted Residential Use Special Use Permit for the creation of two additional apartments on the third floor of this existing mixed use building.

**Note:** This is a type II action as defined by Environmental Conservation Law and is not subject to review under SEQR 6 NYCRR Part 617.5 (c) (2).

**Review and Approval Procedures:**

**County Planning Board-** Pursuant to General Municipal Law 239 m, referral to the County Planning Board is required since the property is within 500 feet of the right of way of a state parkway, throughway, expressway, road or highway.

**City Planning and Development Committee-**

- 1) Pursuant to section 190-37 of the zoning ordinance, the Planning and Development Committee may authorize special use permits that comply with the terms and specifications listed in BMC 190-37 I and 190-37 K.
- 2) Pursuant to section 190-14 D (2)(a) of the zoning ordinance, the Planning and Development Committee shall review applications involving exterior changes that require issuance of a building permit.

PERMIT NO. \_\_\_\_\_



# SPECIAL USE PERMIT

## CITY OF BATAVIA, NEW YORK

LOCATION: 5-7 Jackson St, Batavia, NY  
OWNER: Carr's Reborn LLC  
Address: 4655 E Saile Dr

Application Date: 1/9/2023  
Tax Parcel No.: 84.049-1-45  
Phone No. \_\_\_\_\_

Yes COUNTY PLANNING REVIEW

No ZONING VARIANCE REQUIRED

C-3 ZONING DISTRICT

No HISTORIC DISTRICT

C FLOOD ZONE

No HISTORIC LANDMARK

No CORNER LOT

No CITY ENGINEER REVIEW

No SITE PLAN REVIEW

No CITY COUNCIL REVIEW

Yes BID

S.U.P OTHER

### PROJECT DESCRIPTION:

Renovations to the 5-7 Jackson St building into mixed use with two (2) Restricted Use Residential apartments on the third floor

EXISTING USE: Vacant.

PROPOSED USE: Restricted Use Residential Use

N.Y.S. BLDG. CODE OCC. CLASS: \_\_\_\_\_

N.Y.S. BLDG. CODE OCC. CLASS: \_\_\_\_\_


LOT SIZE: 46x100

LOT AREA: 0.11

### CITY PLANNING & DEVELOPMENT REVIEW:

APPROVAL AS PRESENTED DISAPPROVAL APPROVAL WITH CONDITIONS

CHAIRMAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

	_____ 1/9/2023	_____
Applicant Signature	Date	Issuing Officer
Permit Fee: <u>\$150</u>		Issue Date: _____

Application Date: \_\_\_\_\_

APPLICANT NAME David Ciurzynski PHONE 585-943-1196

APPLICANT MAILING ADDRESS PO Box 102

APPLICANT EMAIL David @buildwithcc.com

**Project Location and Information**

Address of Project: 5-7 Jackson Street, Batavia, NY

Owner: Carr's Reborn LLC Phone: \_\_\_\_\_

Owners Mailing Address: 4655 E. Saile Drive, Batavia, NY

**Project Type/Describe Work**

**Estimated cost of work:** \$481,857

Describe project: Renovations to & 5-7 Jackson St into mixed use

Renovate third floor into two market rate apartments, prepare first floor for future commercial tenants.

**Contractor Information** – Insurance certificates (liability & worker comp) required to be on file in our office before issuance of any permit. \_\_\_\_\_ Liability \_\_\_\_\_ Workers Comp

**GENERAL**

Name & Address: To be bid

Phone: \_\_\_\_\_

**PLUMBING** (City of Batavia Licensed Plumber Required)

Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**HEATING**

Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**ELECTRICAL** (Third Party Electrical Inspection Required)

Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Zoning District: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Corner Lot: \_\_\_\_\_ Historic District/Landmark: \_\_\_\_\_

Zoning Review: \_\_\_\_\_ Variance Required: \_\_\_\_\_ Site Plan Review: \_\_\_\_\_ Other: \_\_\_\_\_

National Grid Sign Off (Pools): \_\_\_\_\_ Lot Size: \_\_\_\_\_

**REQUIRED INSPECTIONS MAY INCLUDE**

# Short Environmental Assessment Form

## Part 1 - Project Information

### 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>			
Name of Action or Project: Carr's Reborn			
Project Location (describe, and attach a location map): 84.049-1-45 - 5-7 Jackson Street, Batavia, NY 14020			
Brief Description of Proposed Action: Renovation of the existing three story 5-7 Jackson Street Building into Mixed use. The primary project consists of renovation of the second & third floors into <del>four to six</del> <span style="color: red;">2 additional</span> market rate apartments. The basement & ground floor will be minimally renovated for future occupancy.			
Name of Applicant or Sponsor: David R Czurzynski - Owner's Representative (Carr's Reborn LLC)		Telephone: 585-943-1196 E-Mail: david@buildwithcc.com	
Address: PO Box 102			
City/PO: Attica		State: NY	Zip Code: 14011
1. <u>Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?</u> 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 type="checkbox"/> YES <input checked="" type="checkbox"/>
2. <u>Does the proposed action require a permit, approval or funding from any other government Agency?</u> If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
3. a. <u>Total acreage of the site of the proposed action?</u> _____ acres b. <u>Total acreage to be physically disturbed?</u> _____ acres c. <u>Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?</u> _____ acres			
4. <u>Check all land uses that occur on, are adjoining or near the proposed action:</u>			
5. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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			

	NO	YES	N/A
5. Is the proposed action, a. <u>A permitted use under the zoning regulations?</u> b. <u>Consistent with the adopted comprehensive plan?</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. <u>Is the proposed action consistent with the predominant character of the existing built or natural landscape?</u>	NO	YES	<input type="checkbox"/>
7. <u>Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</u> If Yes, identify: _____	NO	YES	<input type="checkbox"/>
8. a. <u>Will the proposed action result in a substantial increase in traffic above present levels?</u> b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the 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. <u>Does the proposed action meet or exceed the state energy code requirements?</u> If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	<input type="checkbox"/> <input checked="" type="checkbox"/>
10. <u>Will the proposed action connect to an existing public/private water supply?</u> If No, describe method for providing potable water: _____ _____	NO	YES	<input type="checkbox"/> <input checked="" type="checkbox"/>
11. <u>Will the proposed action connect to existing wastewater utilities?</u> If No, describe method for providing wastewater treatment: _____ _____	NO	YES	<input type="checkbox"/> <input checked="" type="checkbox"/>
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?  b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
13. a. <u>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?</u> 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 type="checkbox"/> <input type="checkbox"/> <div style="background-color: #cccccc; height: 100px;"></div>

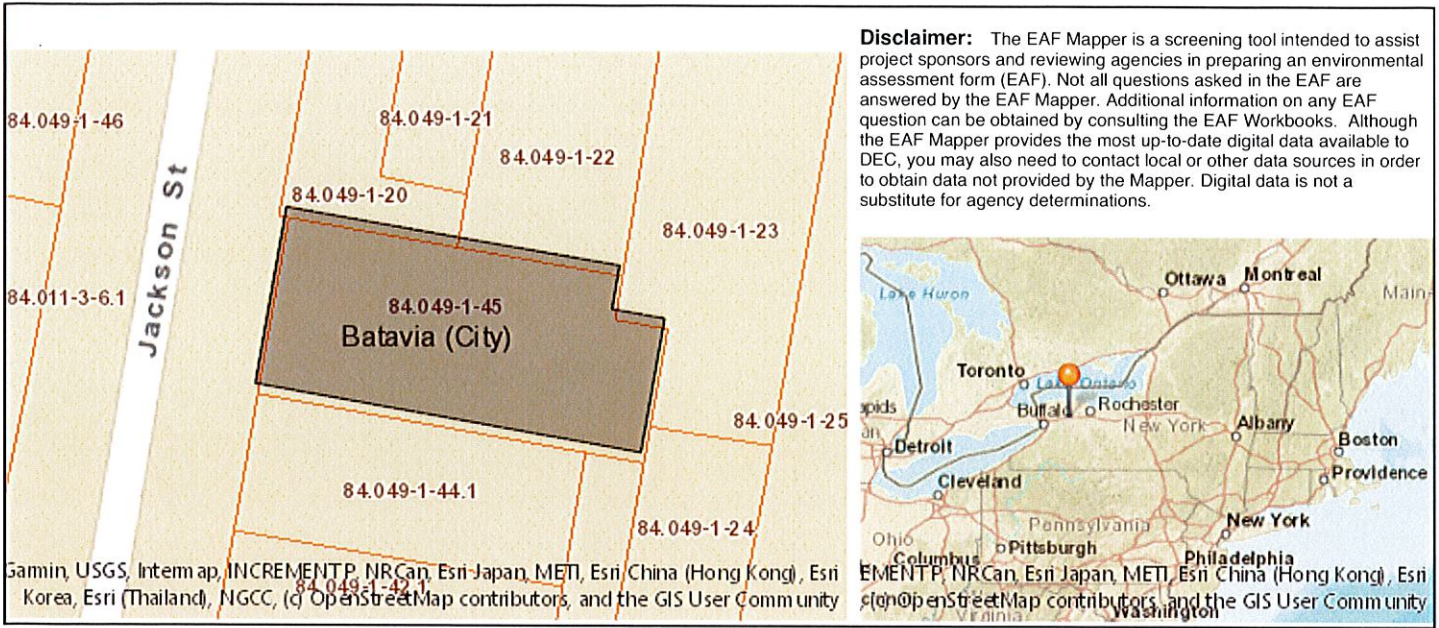
14. <u>Identify the typical habitat types that occur on, or are likely to be found on the project site.</u> Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. <u>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?</u>	NO	YES
	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>
16. <u>Is the project site located in the 100-year flood plan?</u>	NO	YES
	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>
17. <u>Will the proposed action create storm water discharge, either from point or non-point sources?</u> If Yes,	NO	YES
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		
18. <u>Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?</u> If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>
19. <u>Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</u> If Yes, describe:	NO	YES
	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>
20. <u>Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</u> If Yes, describe:	NO	YES
	<input type="checkbox"/>	<input checked="checked" type="checkbox"/>

**I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Applicant/sponsor/name: David R Ciurzynski      Date: 1/6/2023

Signature:       Title: Owner's Representative

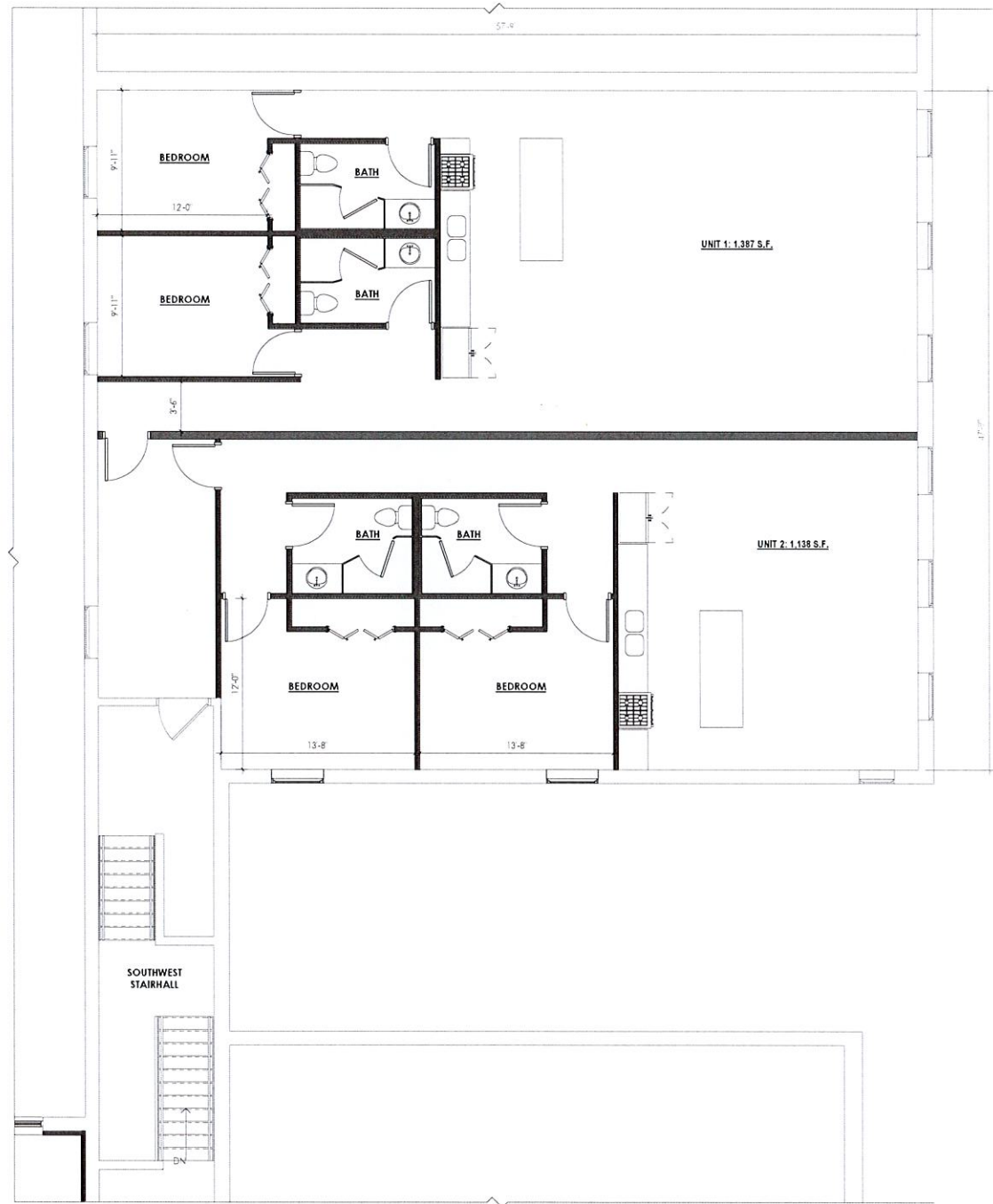




**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.

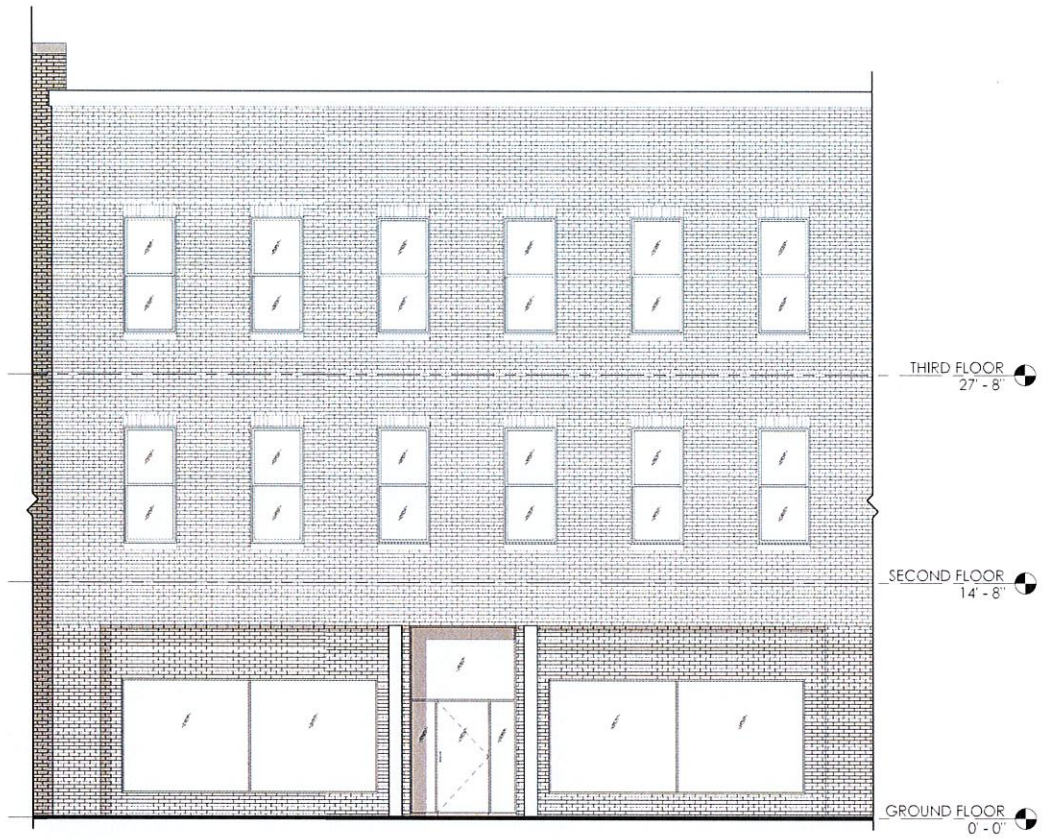
Map data © OpenStreetMap contributors, and the GIS User Community; Imagery © Mapbox, USGS, Intermap, INCREMENTP, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c) OpenStreetMap contributors, and the GIS User Community

Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	Yes
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
Part 1 / Question 20 [Remediation Site]	Yes



1  
A-204  
3/16" = 1'-0"  
TRUE NORTH

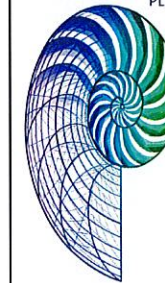
**JACKSON STREET APARTMENTS - THIRD FLOOR PLAN**



2  
A-204  
3/16" = 1'-0"

**JACKSON STREET ELEVATION**

NATURAL ARCHITECTURE, PLLC



DAVID L. SCHOELL

**ARCHITECT COPYRIGHT:**  
THESE DRAWINGS, AND ALL THE DESIGNS AND CONTENT DEPICTED AND DESCRIBED HEREIN, MAY NOT BE COPIED OR REPRODUCED IN ANY FORM WITHOUT THE EXPRESS WRITTEN PERMISSION OF THE AUTHOR / ARCHITECT. ALL DESIGNS, GRAPHIC ILLUSTRATIONS, AND TECHNICAL DETAILS ARE THE INTELLECTUAL PROPERTY OF THE AUTHOR / ARCHITECT AND MAY NOT BE USED FOR ANY PURPOSE OTHER THAN THE PERMITTING AND CONSTRUCTION OF THE PROJECT.

**OWNER: KENNETH MISTLER & PETER ZELIFF**  
**ADDRESS: 5-9 JACKSON STREET**  
**BATAVIA NY 14020**

REVISION SCHEDULE

DATE	ED/NO.

DATE	AUTHOR / ARCHITECT
1/13/2023	D. M. SCHOELL

JACKSON STREET APARTMENTS PLAN & ELEVATION

PROJECT NUMBER  
23-05

**JCKSN**  
**A-204**

DRAWING NUMBER

**C-02-BAT-02-23**



© All EagleView Technology Corporation

03/21/2021