



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-01-ALE-07-24

Review Date

7/11/2024

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

ALEXANDER, T.

PLANNING BOARD

Alyssa Surman

Special Use Permit

Area Variance(s)

Special Use Permit, Area Variance, and Site Plan Review to operate a home occupation (hair salon) within an existing single-family home.

Side Yard
Required (Minimum): 25 feet
Existing: ~14.8 feet

Location
Zoning District

2631 Richley Rd., Alexander

Agricultural-Residential (A-R) District

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modifications are that 1) any signage be in conformance with the Town's Zoning Ordinance, and; 2) The applicant provide an updated plan that shows all required off-street parking will be designed in such a manner to allow vehicles to exit onto a road without backing out onto it, and; 3) the applicant provide a site plan that complies with the Town Zoning Ordinance or obtains an area variance for any nonconforming features. With these required modifications, the proposed home occupation hair salon should pose no significant county-wide or intercommunity impact.

Senior Planner

July 11, 2024

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:

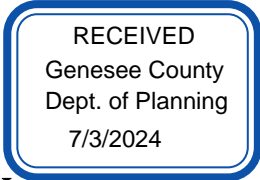
GENESEE COUNTY DEPARTMENT OF PLANNING
3837 West Main Street Road
Batavia, NY 14020-9404
Phone: (585) 815-7901

DEPARTMENT USE ONLY:

GCDP Referral # T-01-ALE-07-24



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**



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 Alexander Planning Board
Address 3350 Church St
City, State, Zip Alexander, NY 14005
Phone (585) 591 - 2455 Ext. _____

2. APPLICANT INFORMATION

Name Alyssa Surman
Address 2631 Richley Rd
City, State, Zip Corfu, NY 14036
Phone (716) 449 - 4287 Ext. _____ Email ascutabove17@gmail.com

MUNICIPALITY: City Town Village of Alexander

3. TYPE OF REFERRAL: (Check all applicable items)

- | | | |
|--|--|---|
| <input checked="" 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 type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: _____ | |

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

A. Full Address 2631 Richley Rd Alexander, NY 14036
B. Nearest intersecting road Halstead Rd
C. Tax Map Parcel Number 13.-1-6
D. Total area of the property 2.9 Area of property to be disturbed 0
E. Present zoning district(s) Ag-Res

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
Town of Alexander Zoning Code Article 5 Section 501 (B) (2)

C. Please describe the nature of this request Application for a Home Occupation (Hair Salon) in an Ag-Res District
& Area Variance for sideyard setback (updated by County Planning Dept.)

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 checked="" 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 checked="" type="checkbox"/> SEQR forms | <input checked="" type="checkbox"/> Agricultural data statement | |

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

Name Matthew Mahaney Title CEO Phone (585) 343 - 1729 Ext. 238
Address, City, State, Zip 3833 West Main St Rd Batavia, NY 14020 Email mmahaney@townofbatavia.com

TOWN VILLAGE CITY OF Alexander

Application # _____

(circle one)

Agricultural Data Statement

Date 07/03/2024

Instructions: This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant

Owner if Different from Applicant

Name: <u>Alyssa Surman</u> Address: <u>2631 Richley Rd</u> <u>Corfu, NY 14036</u>	Name: <u>Robert Surman</u> Address: <u>2631 Richley Rd</u> <u>Corfu, NY 14036</u>
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1. Type of Application: Special Use Permit; Site Plan Approval; Use Variance;
(circle one or more) Subdivision Approval

2. Description of proposed project: Application for a Home Occupation (Hair Salon) in an Ag-Res District

3. Location of project: Address: 2631 Richley Rd Corfu, NY 14036
Tax Map Number (TMP) 13.-1-6

4. Is this parcel within an Agricultural District? NO YES (Check with your local assessor if

5. If YES, Agricultural District Number _____ you do not know)

6. Is this parcel actively farmed? NO YES

7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: <u>Tina Burgett</u> Address: <u>2555 Richley Rd</u> <u>Corfu, NY 14036</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Name: <u>Ryan Kopper</u> Address: <u>2606 Richley Rd</u> <u>Corfu, NY 14036</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Name: <u>David Miller</u> Address: <u>9507 Halastead Rd</u> <u>Batavia, NY 14020</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Name: <u>Miller's Sonshine Acres Inc</u> Address: <u>1765 Broadway Rd</u> <u>Darien Center, NY 14040</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES

Signature of Applicant

Signature of Owner (if other than applicant)

Reviewed by:

Signature of Municipal Official

Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

Building and Zoning Application Permit No. _____

Town of Alexander 3350 Church Street PO Box 248 Alexander, NY 14005 (585)591-2455

Date 06/07/24 Zone _____ Flood Zone _____ Wellhead Protection _____ Corner Lot _____

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: Salon

Tax Map No. (13.-1-6)

Owners Name Alyssa Surman Phone No. (716) 449-4287

Address 2031 Richley Rd. Corfu NY 14036 Project Road Width _____ ft

Applicants Name Alyssa Surman Project Address 2031 Richley Rd. Corfu NY 14036

E Mail Address ascutabove17@gmail.com Phone No (716) 449 4287

Description of Project: Hair salon in the front of my house. I have a separate area/room of the house to operate in.

Existing Use front room in home Proposed Use Hair salon for myself

Estimated Cost Building N/A Plumbing \$2,000 Mechanical N/A Miscellaneous N/A

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 PERFORMANCE OF CONSTRUCTION.

I, Alyssa Surman, 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.

 06/07/24

Signature of Owner or Authorized Agent

Date

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.

Part 1 - Project and Sponsor Information			
Name of Action or Project: A/S Cut Above, move salon into my house			
Project Location (describe, and attach a location map): 2631 Richley Rd. Corfu NY 14036			
Brief Description of Proposed Action: I would like to take the current salon that I own and operate out of in the village of Corfu and move it to my home on Richley Rd. This will allow me to have a more realistic schedule and childcare arrangements for my kiddos. Have been open 1 yrs. work on 1 person at a time			
Name of Applicant or Sponsor: Alyssa Surman		Telephone: 716 449 4287	
Address: 2631 Richley Rd. Corfu NY 14036		E-Mail: ascutabov17@gmail.com	
City/PO: Corfu		State: NY	Zip Code: 14036
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
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
3. a. Total acreage of the site of the proposed action? <u>0</u> acres			
b. Total acreage to be physically disturbed? <u>0</u> acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <u>2.9</u> acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input checked="" 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. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		<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: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	b. Are public transportation services 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 the 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: _____ _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____		<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?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?		<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?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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: _____ _____ _____		<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 plan?	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,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

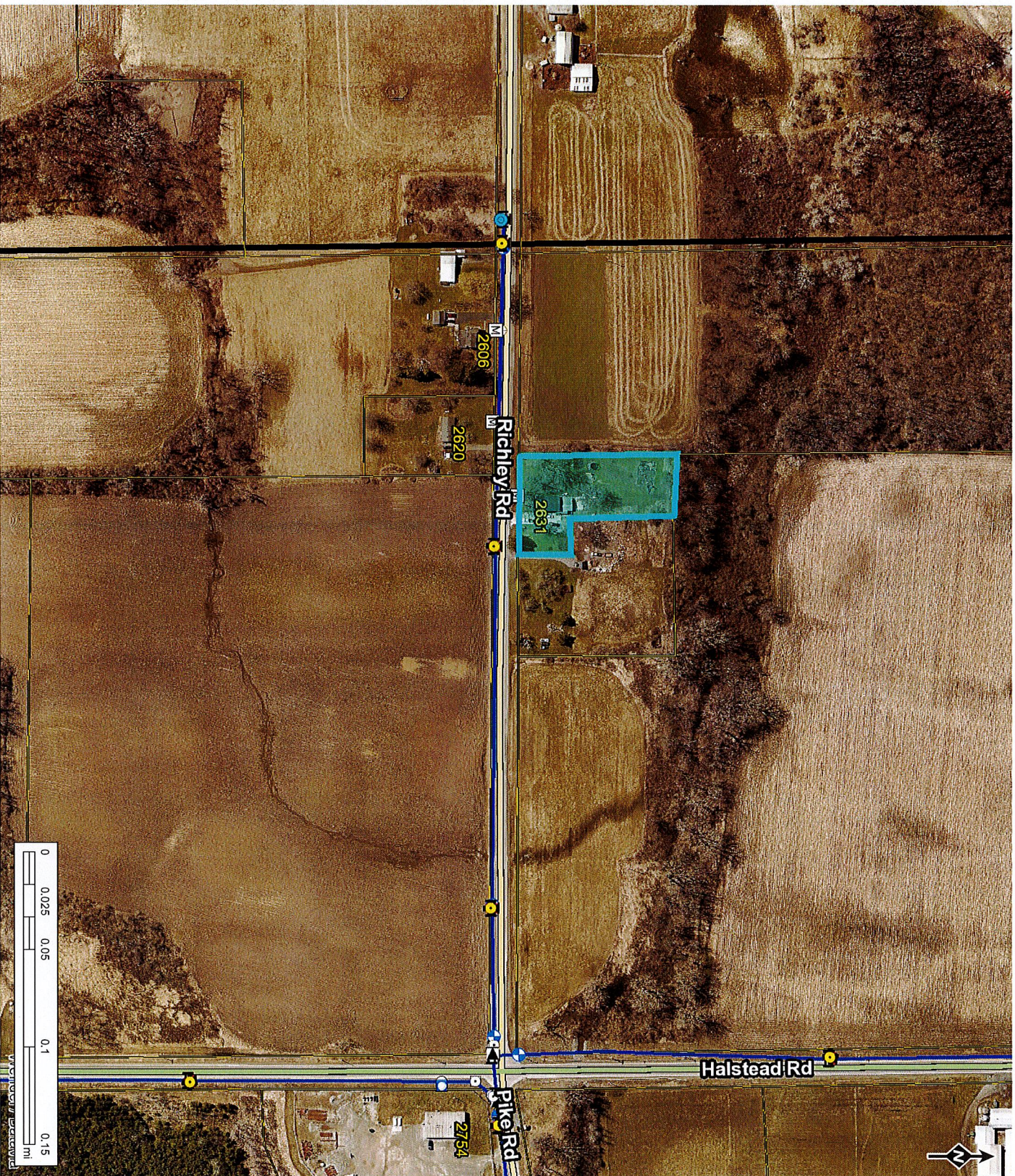
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Alyssa Surman</u> Date: <u>6/7/24</u>		
Signature: <u><i>Alyssa Surman</i></u> Title: <u>Owner</u>		

Town of Batavia Web Mapping Application



LEGEND

- Water Tank
- Pump Station
- Hydrant Out of Service
- Red, Out of Service
- Yellow w/ Blue Caps, Out of Service
- Yellow, Out of Service
- Hydrant
- Red
- Yellow
- Yellow w/ Blue Caps
- Blowoff**
- Below-Grade Programmable Flushing Unit
- Blowoff
- Connection
- Portable Flushing Setup
- Continuous Flushing Unit
- Portable Hydrant
- Fittings
- Type Not Specified
- Bend
- Cap
- Cross
- Coupling
- Reducer
- Blowoff Connection
- Sleeve
- Tee
- Other

www.dcd.companies.com

✓ Tina Burgett
2555 Richley Rd
Corfu, NY 14036

~~Tina Burgett
2555 Richley Rd
Corfu, NY 14036~~

✓ Ryan Kopper
2606 Richley Rd
Corfu, NY 14036

~~Peggy Feary-Pray
2620 Richley Rd
Corfu, NY 14036~~

~~Tina Burgett
2555 Richley Rd
Corfu, NY 14036~~

~~Robert Surman
2631 Richley Rd
Corfu, NY 14036~~

~~Robert Surman~~

✓ David Miller
9507 Halstead Rd
Batavia, NY 14020

✓ Miller's Sunshine Acres Inc
1765 Broadway Rd
Darien Center, NY 14040

