



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-01-BAT-2-22**

Review Date **2/10/2022**

Municipality	BATAVIA, T.
Board Name	PLANNING BOARD
Applicant's Name	Pierrepoint Visual Graphics, Inc.
Referral Type	Sign Permit
Variance(s)	
Description:	Sign Permits for two signs at a new warehouse and distribution facility (City Mattress).
Location	8003 Call Pkwy., Batavia
Zoning District	Industrial Park (IP) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed signs should pose no significant county-wide or intercommunity impact.

Director

February 10, 2022

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) 343-1729

Clear Form

DEPARTMENT USE ONLY:

GCDP Referral # T-01-BAT-2-22



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

**RECEIVED
Genesee County
Dept. of Planning
2/3/2022**

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 Street Rd.

City, State, Zip Batavia NY 14020

Phone (585) 343-1729 Ext. _____

2. APPLICANT INFORMATION

Name Yost Neon Display Inc.

Address 20 Ransier Dr.

City, State, Zip Buffalo NY 14224

Phone (716) 677-2278 Ext. _____ Email yostneon@yahoo.com

MUNICIPALITY: City Town Village of Batavia

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

- Area Variance
- Use Variance
- Special Use Permit
- Site Plan Review

- Zoning Map Change
- Zoning Text Amendments
- Comprehensive Plan/Update
- Other: Sign

- Subdivision Proposal
- Preliminary
- Final

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

A. Full Address 8003 Call Pkwy., Batavia

B. Nearest intersecting road West Saile Dr.

C. Tax Map Parcel Number 4.-1-57.22

D. Total area of the property 14.9 Acres Area of property to be disturbed 0 Acres

E. Present zoning district(s) Industrial Park (IP) District

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
NA

C. Please describe the nature of this request Sign request for City Mattress warehouse and distribution

6. ENCLOSURES – Please enclose copy(s) of all appropriate items in regard to this referral

- Local application
- Site plan
- Subdivision plot plans
- SEQR forms
- Zoning text/map amendments
- Location map or tax maps
- Elevation drawings
- Agricultural data statement
- New or updated comprehensive plan
- Photos
- Other: Sign attachment info.

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

Name Daniel Lang Title CEO Phone (585) 343-1729 Ext. 222

Address, City, State, Zip 3833 West Main Street Road Batavia NY 14020 Email dlang@townofbatavia.com

Agricultural Data Statement

Date 02/03/2022

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>Yost Neon Display Inc.</u> Address: <u>20 Rainsier Drive</u> <u>Buffalo NY 14224</u>	Name: <u>Genesee Local Gateway Development Corp.</u> Address: <u>99 Medtech Drive</u> <u>Batavia NY 14020</u>

1. Type of Application: Special Use Permit; Site Plan Approval ; Use Variance;
(circle one or more) Subdivision Approval

2. Description of proposed project: Signs for City Mattress

3. Location of project: Address: 7999 call Parkway
Tax Map Number (TMP) 4.-1-57.22

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>Batavia Farms Inc</u> Address: <u>8053 Oak Orchard Road</u> <u>Batavia NY 14020</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES
Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES	Name: _____ Address: _____ Is this parcel actively farmed? <input type="checkbox"/> NO <input type="checkbox"/> YES

Signature of Applicant

Signature of Owner (if other than applicant)

Reviewed by: 
Signature of Municipal Official

2/3/22
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 Batavia 3833 West Main Rd. Batavia NY 14020 PH. 585-343-1729

Date 2/1/22 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: _____

Tax Map No. _____

Owners Name Genesee Gateway Local Development Corp Phone No. () 343-4866

Address 99 Med Tech Drive Project Road Width _____ ft

Applicants Name Yost Neon Displays, Inc Project Address 7999 CAIL PARKWAY
AXISEUTING@yahoo.com

E Mail Address yostneon@yahoo.com Phone No (116) 713-5546 Mike
713-3231 Debbie.

Description of Project: Install (2) sets lighted wall signs.

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 HEREBY GIVE THE RIGHT OF AN ON SITE INSPECTION TO THE TOWN OF BATAVIA CODE ENFORCEMENT OFFICIAL OR THEIR DESIGNEE. 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.

Michael Yost, 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.

Michael Yost

2/1/22

Signature of Owner or Authorized Agent

Date

Sign Attachment:

Permit No. _____

Applicants Name Yost News Display Project Address 7999 Call Parkway

E Mail Address axiscutting@yoda.com Phone No (716) 713 5546

Description of Project: 2 Sets lighted wall signs

Sign Permit Section

Type of Sign

New Relocation Alteration Reface Freestanding Building Sign Lighted

Sign Dimensions

Height 6' Area in Square Feet 6 x 16³/₄ = 100.5 total sq. feet

Wall area if attached to building 6900 sq. feet Wall location: North South East West 32 x 230

Total Number of existing signs on premises _____ Attached to Building X Free Standing _____

Total Number of signs applicant is applying for 2

New Relocation Alteration Reface Freestanding Building Sign Lighted

Sign Dimensions

Height 6.5' Area in Square Feet 6.5 x 39¹/₄ = 254 total sq. feet

Wall area if attached to building 6600 sq. feet Wall location: North South East West 30 x 220

Total Number of existing signs on premises 0 Attached to Building X Free Standing _____

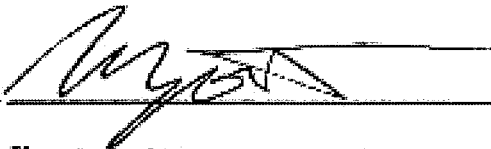
New Relocation Alteration Reface Freestanding Building Sign Lighted

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

12/31/21

Date

8003 Call Pkwy

SRL # 4,-1-57,2

City Mattress

Store # 1530
7999 Call Parkway
Batavia, NY

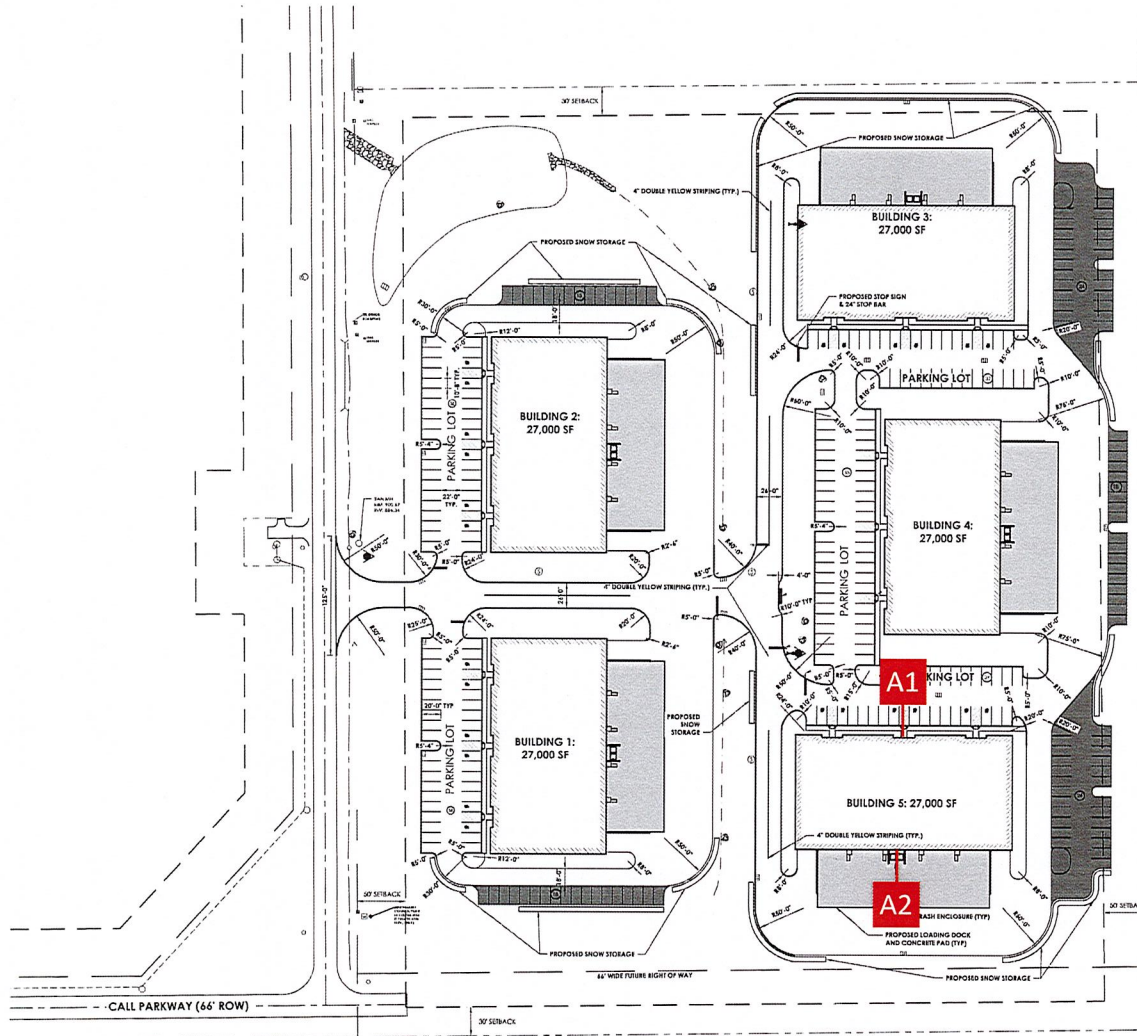
Permit Drawing
12.14.21

#	by description	date	B.1 CZ East + West Elev.	12.14.21
0.0	RR Originator	01.01.20		
A.0	RR Rev building location	05.04.21		
B.0	CZ New Elevations	12.14.21		

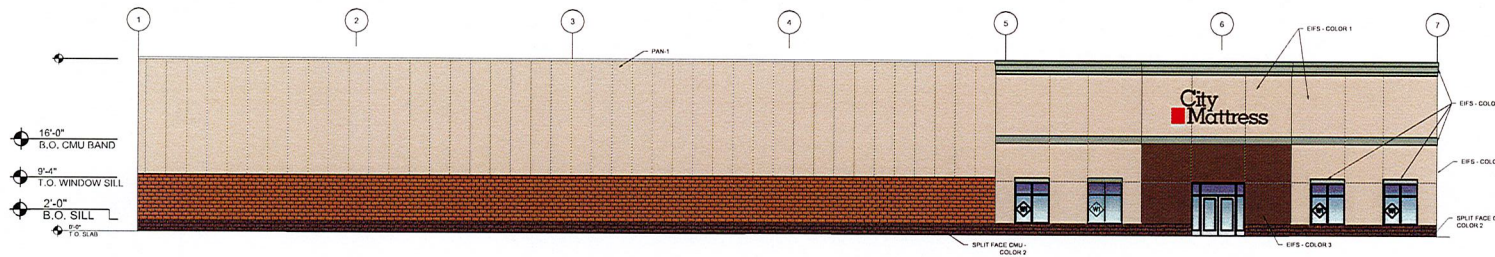
INTEGRATED **IMAGE**

SITE LAYOUT | AERIAL VIEW

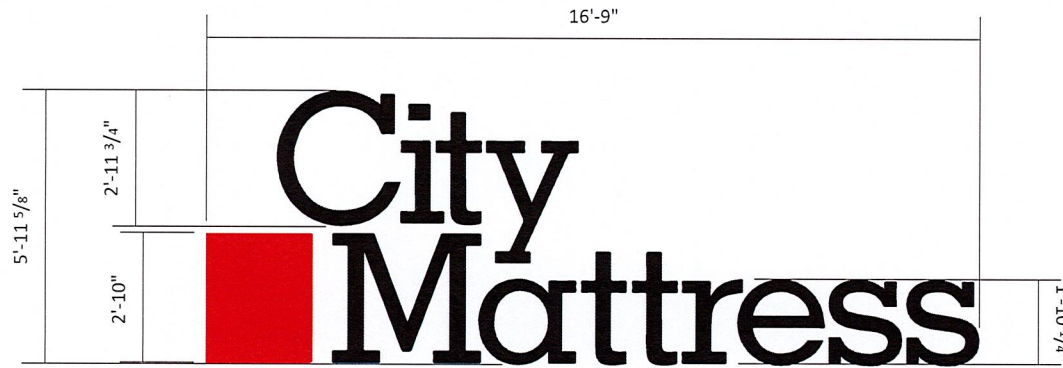
A Building Branding



A1 Provide and Install FLUSH mount Stacked Letterset over door. 100 SF max or 50% of what is allowed on the rear elevation, whichever is less.



1 North Elevation
Scale: 1/32" = 1'



1 Front View
Scale: 1/8" = 1'

LED Illuminated Channel Letterset

Install NEW LED Channel Letterset.

WordMark: 3/16" White Plexi Faces with Black perforated vinyl applied to first surface. 1" Black trim cap with 5" D Black aluminum returns. LED illuminated with City Mattress aproved White LED's. Letters to be flush mounted.

Mattress Box: 3/16" White Plexi Faces with 3M Poppy Red Trans vinyl 3630-143 applied to first surface. 1" Black trim cap with 5" D Black aluminum returns. LED illuminated with City Mattress aproved Red LED's. Letters to be flush mounted.

99.97 Square Feet | Box Measured
ALLOWED: 99.78 SF



C1
Pantone 485C



C2
Pantone Process Black

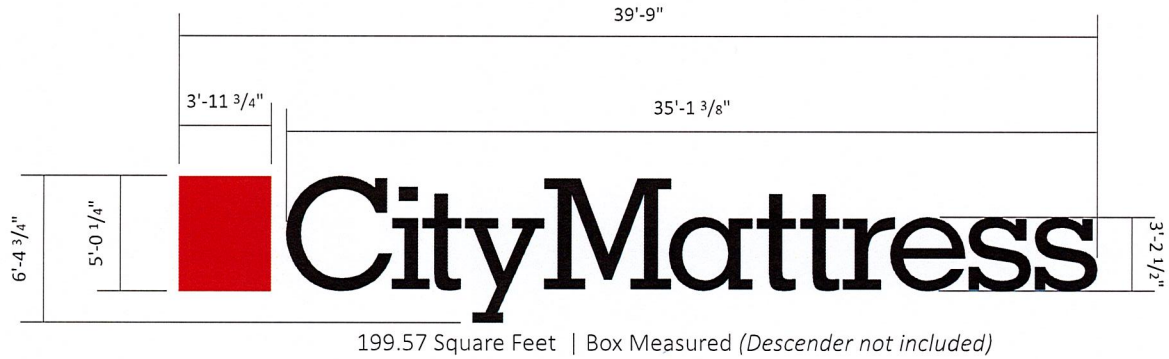


C3
100% White

A2 Provide and Install FLUSH mount letters linear on rear elevation. (a. Allowed 10% of wall area or 200 SF whichever is less.)



1 South Elevation
Scale: 1/32" = 1'



1 Front View
Scale: 1/8" = 1'

LED Illuminated Channel Letterset

Install NEW LED Channel Letterset.

WordMark: 3/16" White Plexi Faces with Black perforated vinyl applied to first surface. 1" Black trim cap with 5" D Black aluminum returns. LED illuminated with City Mattress aproved White LED's. Letters to be flush mounted.

Mattress Box: 3/16" White Plexi Faces with 3M Red Trans vinyl 3630-33 applied to first surface. 1" Black trim cap with 5" D Black aluminum returns. LED illuminated with City Mattress aproved White LED's. Letters to be flush mounted.

199.57 Square Feet | Box Measured
ALLOWED: 200 SF

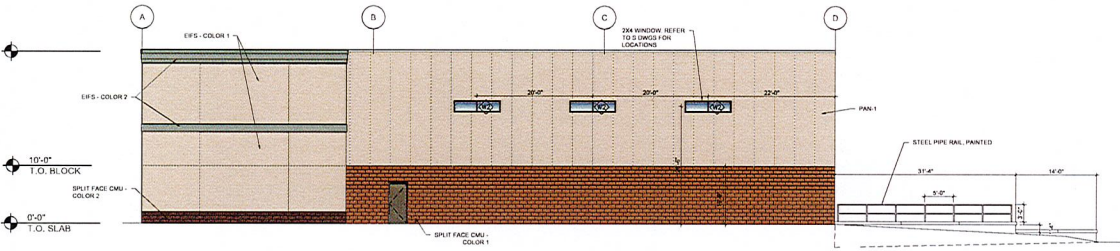
C 1
Pantone 485C

C 2
Pantone Process Black

C 3
100% White

BUILDING BRANDING | WEST ELEVATION | OVERVIEW

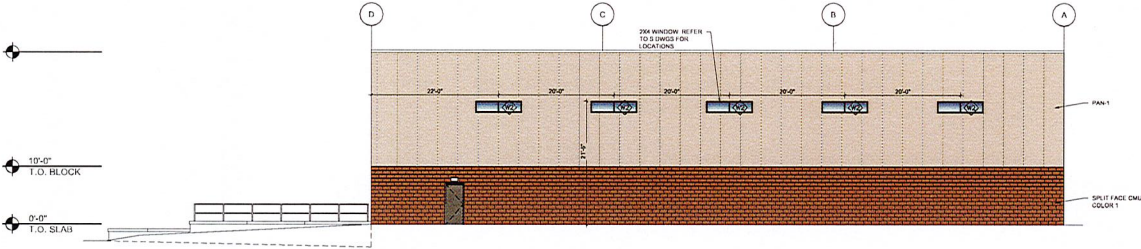
No signage to be installed



1 West Elevation
Scale: 1/32" = 1'

BUILDING BRANDING | EAST ELEVATION | OVERVIEW

No signage to be installed



1 East Elevation
Scale: 1/32" = 1'