



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-02-BAT-02-23

Review Date

2/9/2023

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

BATAVIA, T.

PLANNING BOARD

Joshua Piscitelli - Batavia Oakfield Self Storage, LLC

Special Use Permit

Special Use Permit for a self-storage facility.

Location
Zoning District

Lewiston Rd. (NYS Rt. 63), Batavia

Agricultural-Residential (A-R) District

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modification is that the applicant obtains a permit from NYS DOT for the proposed driveway. With this required modification, the proposed self-storage facility should pose no significant county-wide or intercommunity 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 address of the proposed facility meets 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 # T-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) Town of Batavia Planning Board

Address 3833 West Main Street Road

City, State, Zip Batavia NY 14020

Phone (585) 343 - 1729 Ext. _____

2. APPLICANT INFORMATION

Name Joshua Piscitelli - Batavia Oakfield Self Storage, LLC

Address 6000 Fisher Rd.

City, State, Zip Oakfield, NY 14125

Phone (585)356-6865 Ext. _____ Email josh@prosealandpaving.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: _____

- Subdivision Proposal
- Preliminary
- Final

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

A. Full Address Vacant Parcel Lewiston Road

B. Nearest intersecting road Batavi Oakfield Townline Road

C. Tax Map Parcel Number 3.-1-18

D. Total area of the property 3.9 acres Area of property to be disturbed .75 acres

E. Present zoning district(s) Ag-Rs

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 Batavia zoning code schedule A

C. Please describe the nature of this request Applicant requesting approval to build a self storage buliding on the vacant lot

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: _____

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

Name Troy Williams Title CEO Phone (585) 343 - 1729 Ext. 208

Address, City, State, Zip Batavia NY 14020 Email twilliams@townofbatavia.com

Building and Zoning Application Permit No. _____

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

Date 1/15/23 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. 182400 3.-1-18

Owners Name Joshua Piscitelli Phone No. (585) 356-6865

Address 6000 fisher Rd Oakfield Project Road Width 18 ft

Applicants Name Joshua Piscitelli Project Address Lewiston Rd

E Mail Address Josh@ProSealandpaving.com Phone No () 585-356-6865

Description of Project: Put up 30 wide By 300 long By 8 high Pole Barn Storage

Existing Use vacant land Proposed Use Pole Barn Storage

Estimated Cost Building 150,000 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, Joshua Piscitelli, 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.

Joshua Piscitelli
Signature of Owner or Authorized Agent

1/15/23
Date

Construction Attachment:

Permit No. _____

Type of Construction

Agriculture Commercial Industrial Residential Miscellaneous

Contractors

General Contractors Name Pro Seal & Paving Address 5309 Eagle ^{harbored} _{Albion} Phone () _____

Office Phone () 356-8689 Cell Phone () 356-6865 Fax No. () _____ E-Mail _____

Certificate of Workers Compensation: Yes No Expiration Date ___/___/___

Liability Insurance: Yes No Expiration Date ___/___/___

APPLICANT SHALL PROVIDE A COPY OF ALL INSURANCE AND WORKERS COMP. WITH THIS APPLICATION

▪ **Masonry** _____ Phone () _____

Office Phone () _____ Cell Phone () _____ Fax No. () _____ E-Mail _____

▪ **Electrical** _____ Phone () _____

Office Phone () _____ Cell Phone () _____ Fax No. () _____ E-Mail _____

▪ **Plumbing** _____ Phone () _____

Office Phone () _____ Cell Phone () _____ Fax No. () _____ E-Mail _____

▪ **Alarms / Sprinklers** _____ Phone () _____

Office Phone () _____ Cell Phone () _____ Fax No. () _____ E-Mail _____

▪ **HVAC** _____ Phone () _____

Office Phone () _____ Cell Phone () _____ Fax No. () _____ E-Mail _____

▪ **Landscape / Site** _____ Phone () _____

Office Phone () _____ Cell Phone () _____ Fax No. () _____ E-Mail _____

▪ **Miscellaneous** _____ Phone () _____

Office Phone () _____ Cell Phone () _____ Fax No. () _____ E-Mail _____

Signature of Owner or Authorized Agent X

John Powell

Date

1/15/23

Agricultural Data Statement

Date 2/2/2023

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>Joshua Piscitelli</u> Address: <u>6000 Fisher Road</u> <u>Oakfield, NY, 14125</u>	Name: _____ Address: _____ _____

1. Type of Application: Special Use Permit; Site Plan Approval ; Use Variance;
(circle one or more) Subdivision Approval
2. Description of proposed project: Applicant requesting approval for a self storage building to be built on the vacant lot.
-
3. Location of project: Address: Leiwston Road
 Tax Map Number (TMP) 3-1-18
4. Is this parcel within an Agricultural District? NO YES (Check with your local assessor if you do not know)
5. If YES, Agricultural District Number _____
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>Alicia C Churchwell</u> Address: <u>3650 Batavia Oakfield town line road</u> <u>Oakfield NY 14125</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Name: <u>Oakfield Alabama Reality LLC</u> Address: <u>6880 Albion Road</u> <u>Oakfield NY 14125</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Name: <u>Wayne Dunham</u> Address: <u>3565 Galloway Road</u> <u>Batavia NY 14020</u> Is this parcel actively farmed? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Name: <u>Sherrity L Disanto</u> Address: <u>7790 Lewiston Road</u> <u>Batavia NY 14020</u> Is this parcel actively farmed? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

Signature of Applicant

Signature of Owner (if other than applicant)

Reviewed by: *Doug Williams*
Signature of Municipal Official

2/2/23
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.

Short Environmental Assessment Form

Part 1 - Project Information

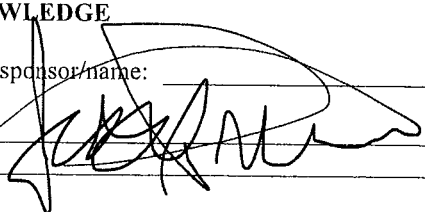
Instructions for Completing

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.

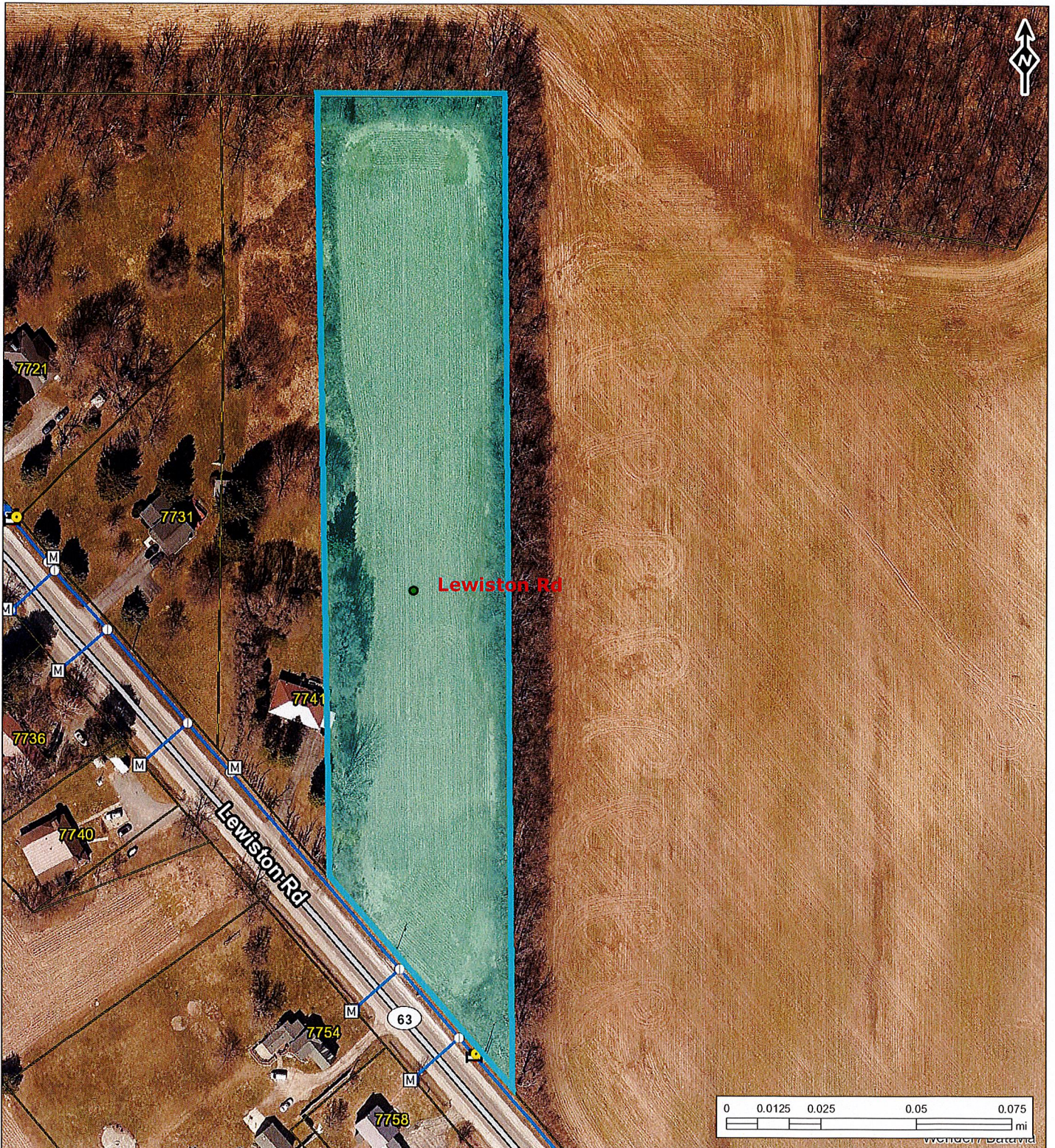
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: Batavia Oakfield Self Storage LLC			
Project Location (describe, and attach a location map): Tax map No. 182400-1-10 Lewiston road 3.-1-18 TW			
Brief Description of Proposed Action: Pole barn self storage			
Name of Applicant or Sponsor: Josh Piscitelli		Telephone: 5853566865	
		E-Mail: Kptentsandevents@gmail.com	
Address: 6000 Fisher Rd			
City/PO: Oakfield		State: NY	Zip Code: 14125
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 <input type="checkbox"/>
			YES <input type="checkbox"/>
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: Special use permit			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		0.75 acres	
b. Total acreage to be physically disturbed?		0.75 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		3.9 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, <ul style="list-style-type: none"> a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan? 	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <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"/>	<input 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"/>	<input type="checkbox"/>
8. <ul style="list-style-type: none"> 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? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input 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 type="checkbox"/>	<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: _____ No it is only Pole barn storage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ No it is only Pole barn storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. <ul style="list-style-type: none"> 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? 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13. <ul style="list-style-type: none"> 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: _____ _____ _____	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If 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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
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)?	NO	YES
If Yes, explain the purpose and size of the impoundment: _____ _____	<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?	NO	YES
If Yes, describe: _____ _____	<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?	NO	YES
If Yes, describe: _____ _____	<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: _____ Date: 1/31/2023 Signature:  Title: Owner		

Town of Batavia Web Mapping Application

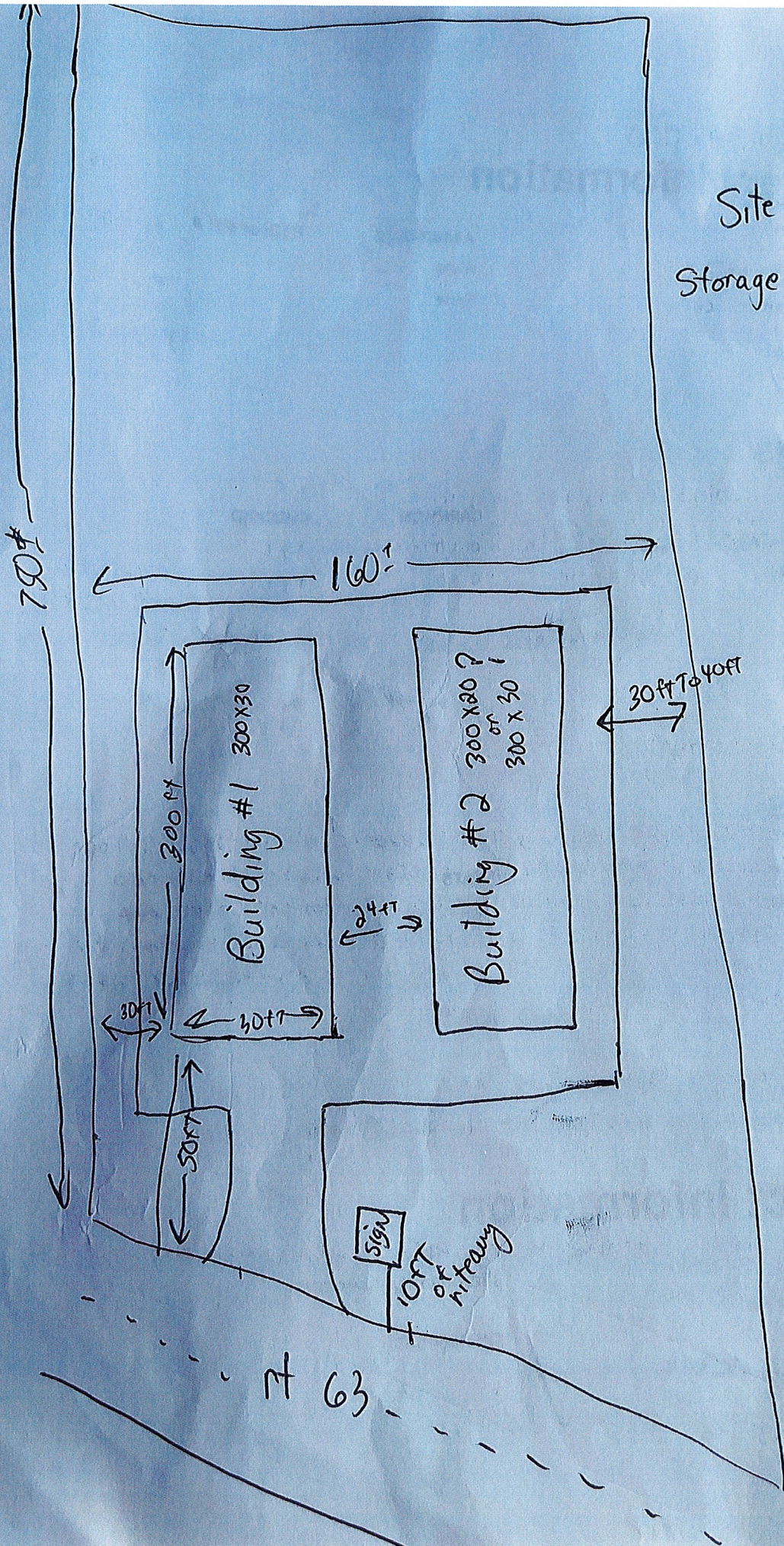


LEGEND

- | | | | |
|--------------|----------------|---------------------------------------|--------------------------------------------|
| Water Tank | Hydrant | Yellow w/ Blue Caps | Blowoff Connection |
| Pump Station | Red | Blowoff | Portable Continuous Flushing Setup |
| | Yellow | Below-Grade Programable Flushing Unit | Portable Programable Hydrant Flushing Unit |

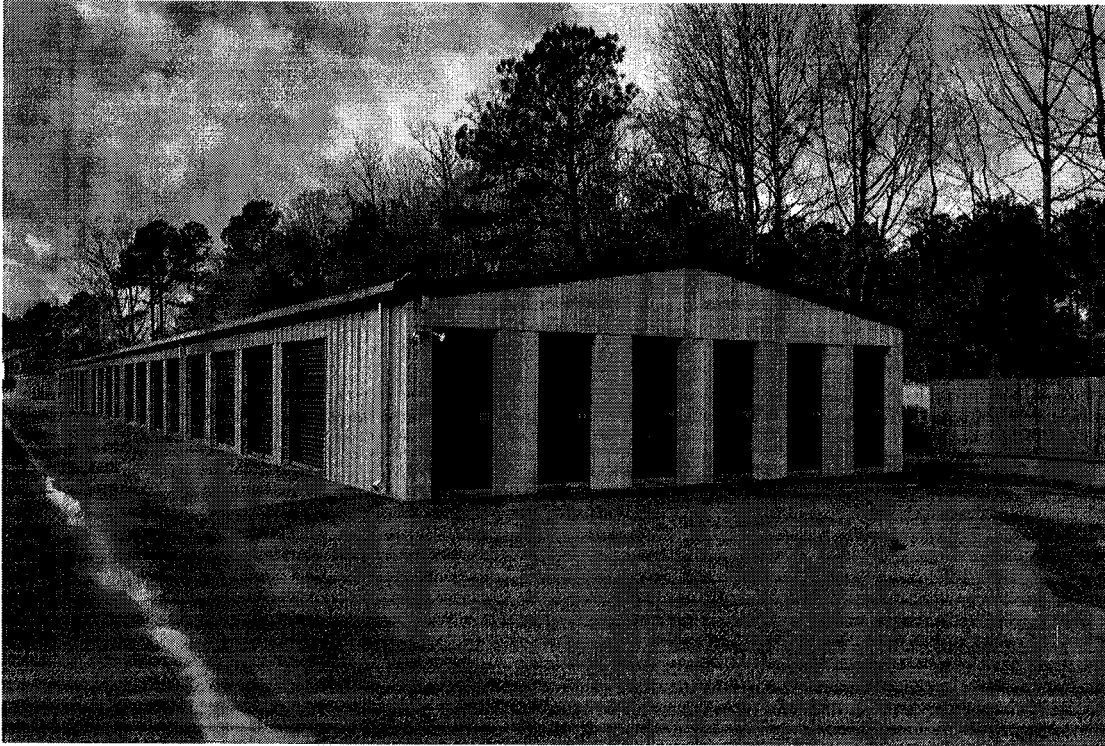
Prepared By:

Site Plan
Storage Building Rt 63



Rt 63

Batavia Oakfield Self Storage LLC



Lewiston Road, Batavia, NY 14020

68 Units ranging from 5x10 - 10x30

Tax map No. 1824003.-1-18

T-02-BAT-02-23



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