



## GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

**T-11-BAT-09-23**

Review Date

**9/14/2023**

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

**BATAVIA, T.**

**PLANNING BOARD**

**William Massett - Country Line Electric**

**Site Plan Review**

**Site Plan Review to build a new pipe storage barn at an existing electric supply business.**

Location  
Zoning District

**5065 E. Main Street Rd. (NYS Rt. 5), Batavia**

**Commercial (C) District**

### PLANNING BOARD RECOMMENDS:

**APPROVAL**

### EXPLANATION:

**The proposed addition should pose no significant county-wide or inter-community impact.**

Director

September 14, 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-11-BAT-09-23

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

RECEIVED  
Genesee County  
Dept. of Planning  
8/30/2023



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  
Address 3833 West Main Street  
City, State, Zip Batavia NY 14020  
Phone (585) 343 - 1729 Ext. 223

**2. APPLICANT INFORMATION**

Name William Massett Country Line Electric  
Address 5065 East Main Street  
City, State, Zip Batavia NY 14020  
Phone (585) 739 - 2524 Ext. \_\_\_\_\_ Email wmassett@yahoo.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         | <input type="checkbox"/> Subdivision Proposal |
| <input type="checkbox"/> Use Variance                | <input type="checkbox"/> Zoning Text Amendments    | <input type="checkbox"/> Preliminary          |
| <input 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: _____              |   |

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

A. Full Address 5065 East Main Street Batavia Ny 14020  
B. Nearest intersecting road Seven Springs  
C. Tax Map Parcel Number 13-1-110.2  
D. Total area of the property 2.4 acres Area of property to be disturbed 1008 sqft  
E. Present zoning district(s) Commercial

**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 Schedule A  
C. Please describe the nature of this request 12x84 pipe storage barn

**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 type="checkbox"/> Other: _____                      |
| <input checked="" type="checkbox"/> SEQR forms        | <input type="checkbox"/> Agricultural data statement   |  |

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

Name Jim Jacobs Title Code Official Phone (585) 343 - 1729 Ext. 223  
Address, City, State, Zip 3833 West Main Street Batavia NY 14020 Email jjacobs@townofbatavia.com

# 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: <b>COUNTRY LINE ELECTRIC</b>			
Project Location (describe, and attach a location map): <b>PIPE STORAGE</b>			
Project Location (describe, and attach a location map): <b>5059 E. MAIN, BATAVIA NY</b>			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor: <b>Bill MASSETT</b>		Telephone: <b>585-739-2524</b>	
		E-Mail: <b>WMASSETT@YAHOO.COM</b>	
Address: <b>STATE RT 436</b>			
City/PO: <b>HUNT NY 14846</b>		State:	Zip Code:
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 government 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?		<u>2.4</u> acres	
b. Total acreage to be physically disturbed?		_____ acres	<b>12' x 84' LEAN TO</b>
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ 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 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			

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes, identify: _____			
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____			
10. Will the proposed action connect to an existing public/private water supply?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If No, describe method for providing potable water: _____ _____			
11. Will the proposed action connect to existing wastewater utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If No, describe method for providing wastewater treatment: _____ _____			
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

- Shoreline  
  Forest  
  Agricultural/grasslands  
  Early mid-successional  
 Wetland  
  Urban  
  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,

a. Will storm water discharges flow to adjacent properties?  NO  YES

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?  NO  YES

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)?  
 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: Bill MASSETT SR Date: 8-22-2023  
 Signature: *W. J. Massett* Title: BOARD OF DIRECTORS

# Building and Zoning Application Permit No. \_\_\_\_\_

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

RECEIVED  
AUG 17 2023

Date 8/15/23 Zone C 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. 13-1-110.2

Owners Name WILLIAM MASSETT Phone No. (\_\_\_\_) \_\_\_\_\_

Address 5065 EAST MAIN ST RD Project Road Width \_\_\_\_\_ ft

Applicants Name WILLIAM MASSETT Project Address 5065 EAST MAIN ST RD

E Mail Address wmasse@yahoo.com Phone No (585) 739-2524

Description of Project: CONSTRUCTION OF AN 84' X 12'  
PIPE STORAGE BARN

Existing Use COMMERCIAL Proposed Use COMMERCIAL

Estimated Cost Building \$30,000 Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ Miscellaneous \_\_\_\_\_

SEQR CLASSIFICATION Type 1  Type 2  Unlisted

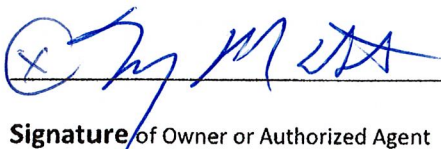
Review completed by Planning Board  Zoning Board of Appeals

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, WILLIAM MASSETT, 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.

  
Signature of Owner or Authorized Agent

8/15/23  
Date



# Construction Attachment:

Permit No. \_\_\_\_\_

## Type of Construction

Agriculture  Commercial  Industrial  Residential  Miscellaneous

## Contractors

General Contractors Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ 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 \_\_\_\_\_

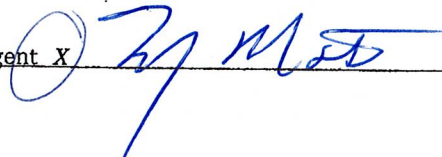
▪ **Landscape / Site** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

▪ **Miscellaneous** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

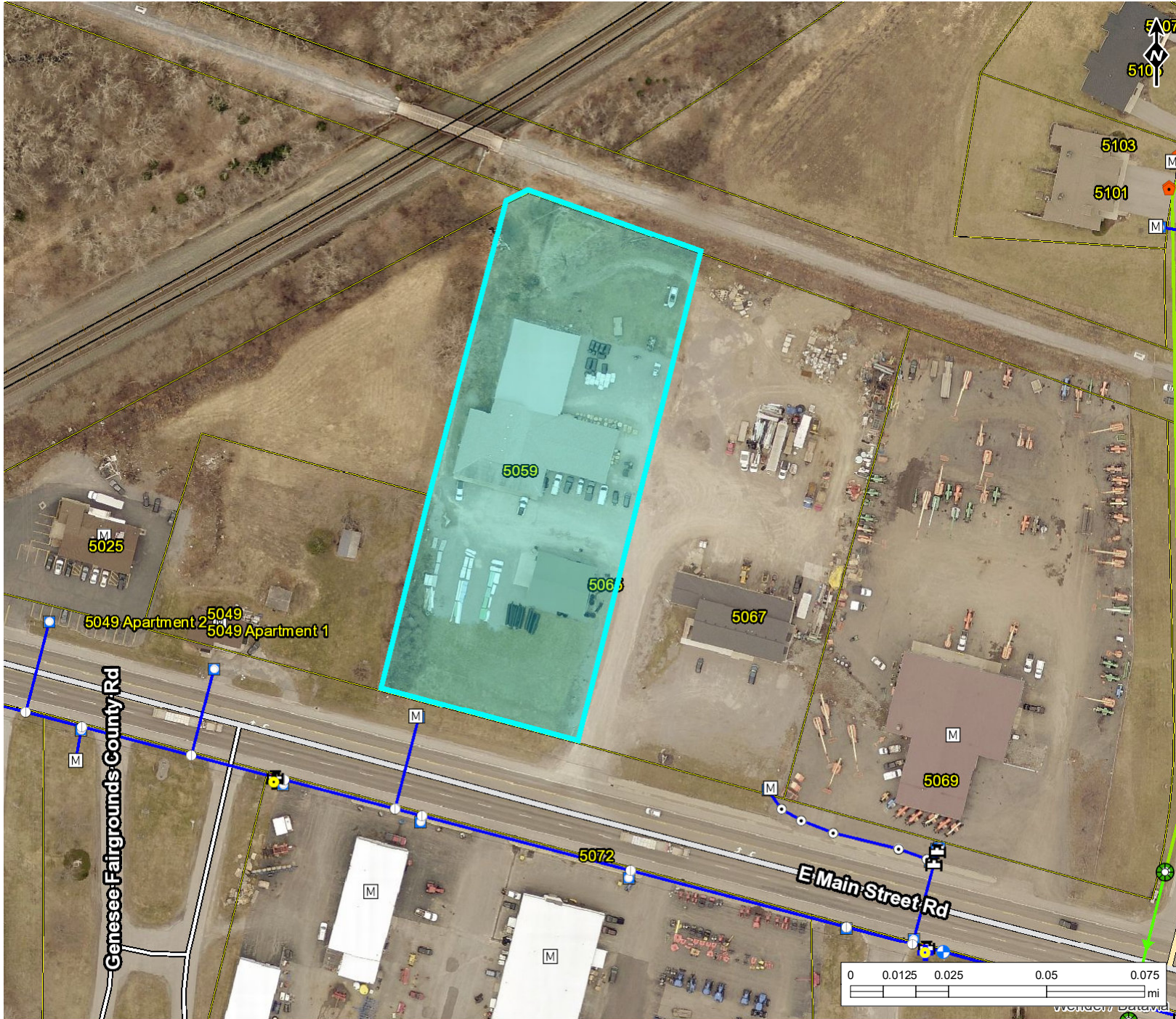
Signature of Owner or Authorized Agent X



Date 8/15/23



# Town of Batavia Web Mapping Application



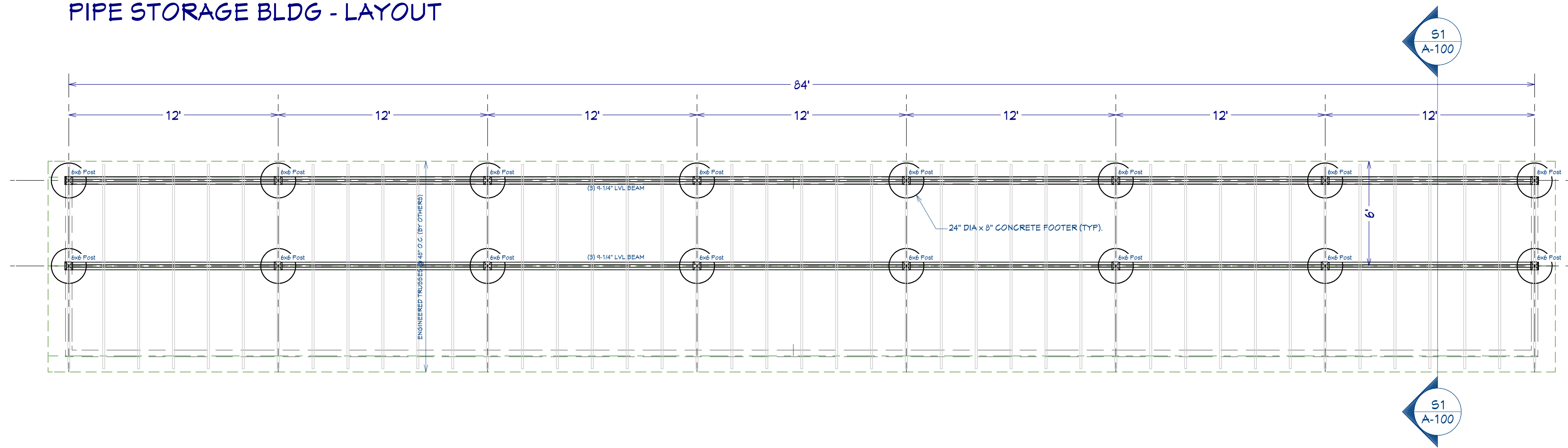
**LEGEND**

- Water Tank
- Pump Station
- Hydrant**
  - Red
  - Yellow
  - Yellow w/ Blue Caps
- Blowoff**
  - Below-Grade Programmable Flushing Unit
  - Blowoff Connection
  - Portable Continuous Flushing Setup
  - Portable Programmable Hydrant Flushing Unit
- Fittings**
  - Type Not Specified
  - Bend
  - Cap
  - Cross
  - Coupling
  - Reducer
  - Blowoff Connection
  - Sleeve
  - Tee
  - Other
- Meters**
  - Unknown
  - Master Meter
  - Master w/ PRV-PSV
  - Meter
  - PRV-PSV

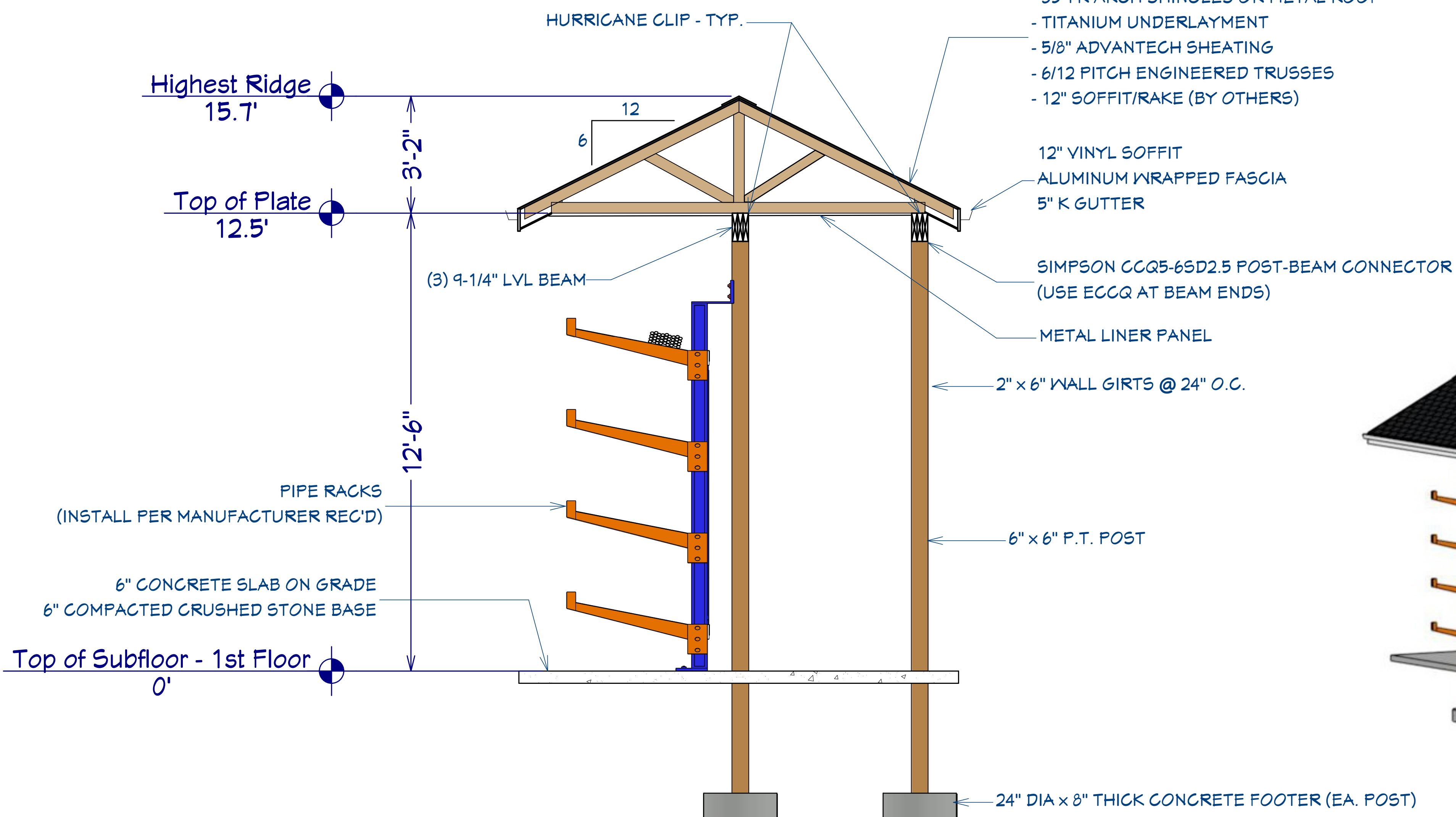
wandelcompanies.com



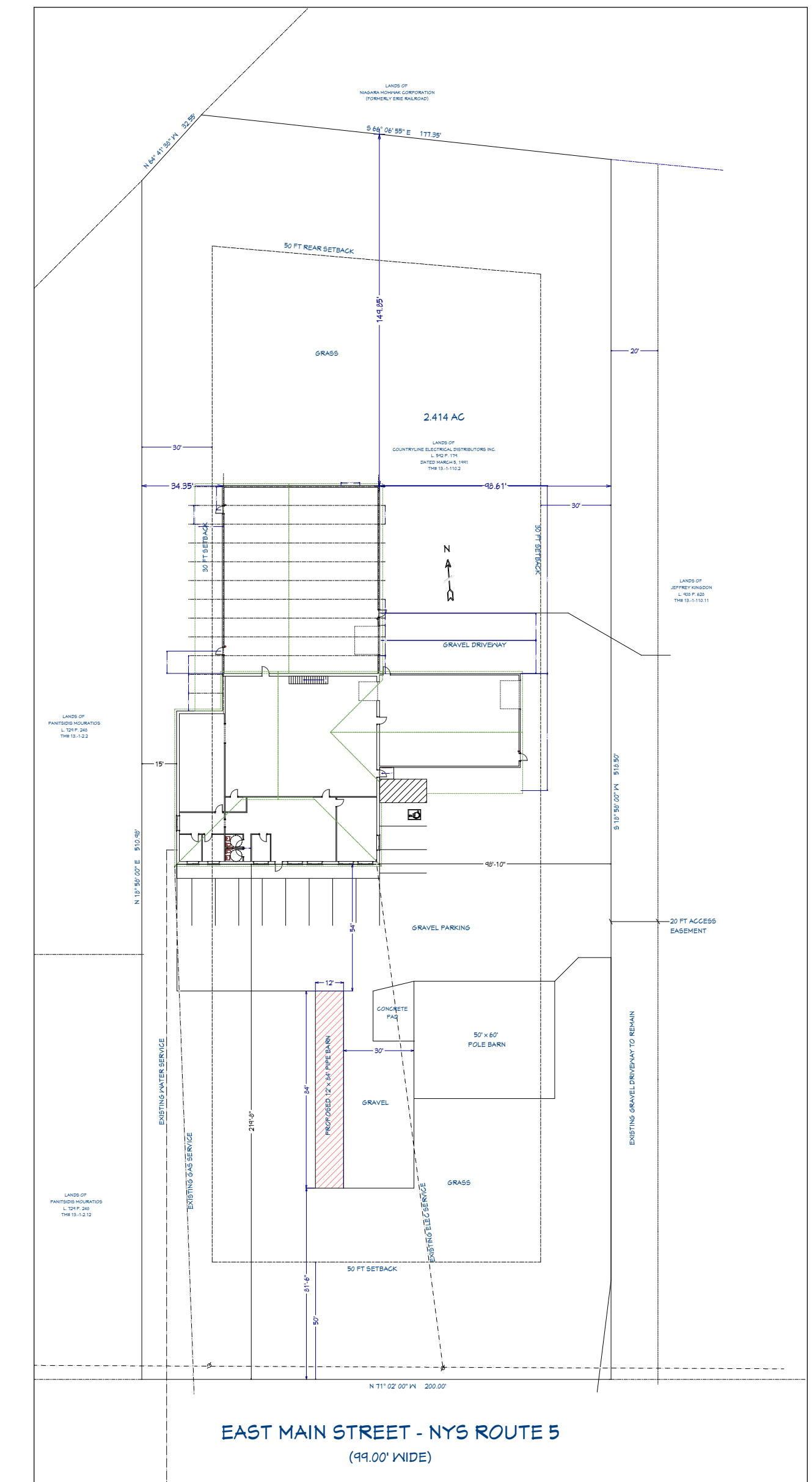
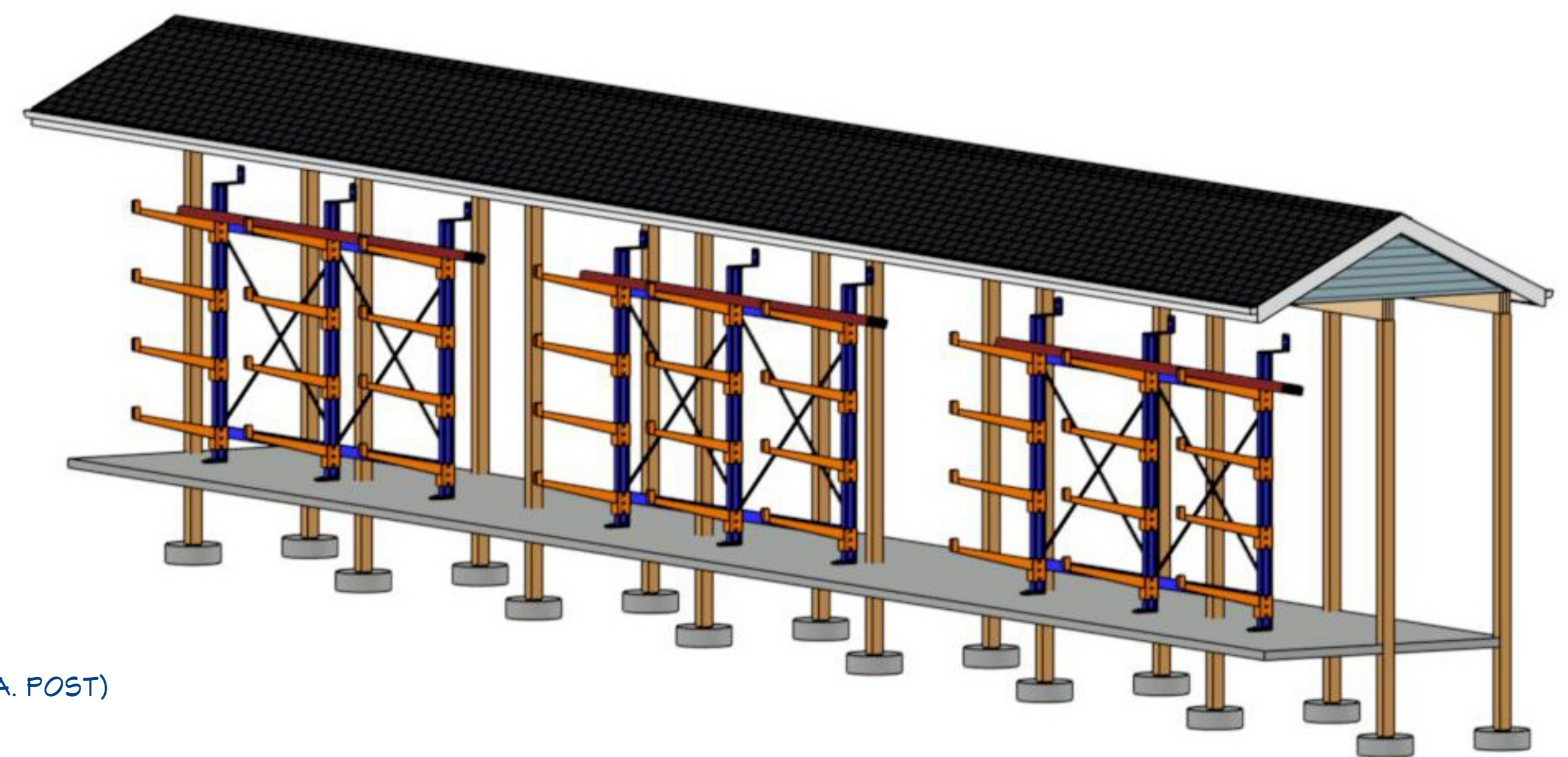
PIPE STORAGE BLDG - LAYOUT



- ROOF CONSTRUCTION (TYP):**
- 35 YR ARCH SHINGLES OR METAL ROOF
  - TITANIUM UNDERLAYMENT
  - 5/8" ADVANTECH SHEETING
  - 6/12 PITCH ENGINEERED TRUSSES
  - 12" SOFFIT/RAKE (BY OTHERS)



**BUILDING SECTION**



SITE PLAN



NUMBER	DATE	REVISION BY	DESCRIPTION

**COUNTRYLINE ELECTRIC**  
 5059 EAST MAIN ST  
 BATAVIA, NY 14020

DRAWINGS PROVIDED BY:  
 Timothy J. Heris, P.E.  
 7319 QUINLAN RD  
 LE ROY, NY 14482  
 (585) 297-4954  
 thens720@gmail.com

DATE:

8/7/2023

SCALE:

1/4" = 1'-0"

SHEET:

**A-100**



# T-11-BAT-09-23



13-1-2.2

13-1-2.12

13-1-110.2

13-1-110.11

E Main Street Rd

13-1-43.1

04/02/2023

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