



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

V-01-ALE-10-23

Review Date

10/12/2023

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

ALEXANDER, V.

PLANNING BOARD

C&D Design, Build Development LLC

Site Plan Review

Site Plan Review to convert the ground floor of a mixed-use building to four residential units.

Location
Zoning District

3399 Buffalo St., Alexander

Commercial (C) District

PLANNING BOARD RECOMMENDS:

APPROVAL

EXPLANATION:

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

Director

October 12, 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 # V-01-ALE-10-23



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
10/5/2023

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) Village of Alexander Planning Board
Address 3350 Church Street
City, State, Zip Alexander NY 14005
Phone (585) 708-4167 Ext. _____

2. APPLICANT INFORMATION

Name C&D Design, Build Development LLC
Address 9877 Simonds Road
City, State, Zip Corfu, NY 14036
Phone (585) 737-2445 Ext. _____ Email barnbusted@outlook.com

MUNICIPALITY: City Town Village of Alexander

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 type="checkbox"/> Special Use Permit | <input type="checkbox"/> Comprehensive Plan/Update | <input type="checkbox"/> Final |
| <input checked="" type="checkbox"/> Site Plan Review | <input checked="" type="checkbox"/> Other: <u>Renovation/Change of</u> | |

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

A. Full Address 3399 Buffalo Street, Alexander, NY 14005
B. Nearest intersecting road Route 98
C. Tax Map Parcel Number 1822011-1-1-64.1
D. Total area of the property _____ Area of property to be disturbed 0
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

C. Please describe the nature of this request The current mixed use building is proposed to undergo a change of use on the first floor to residential units resulting in the entire building multifamily use.

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 checked="" 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 type="checkbox"/> Agricultural data statement | |

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

Name Donald J Roberts Title Code Enforcement Officer Phone (585) 786-8820 Ext. _____
Address, City, State, Zip Warsaw, NY 14569 Email droberts@wyomingco.net

Building and Zoning Application Permit No. _____

Village of Alexander 3350 Church Street P.O. Box 266 Alexander, NY 14005

Date 08/02/23 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: Renovation
Change of Use

Tax Map No. 1822011-1-1-64.1

Owners Name C&D Design, Build Development LLC Phone No. (585) 737-2445

Address 9877 Simonds Road - Corfu, NY 14036 Project Road Width 101.7 ft

Applicants Name Dominick & Daughters Project Address 3399 Buffalo St - Alexander

E Mail Address barnbusted@outlook.com Phone No (585) 737-2445

Description of Project: Convert existing mixed use Medical Office and apartment into 4 dwelling unit apartment building

Existing Use Mixed Use Business/Residential Proposed Use 4 Unit Apartment Building

Estimated Cost Building 85,000 Plumbing 32,000 Mechanical 45,000 Miscellaneous 12,000

SEQR CLASSIFICATION Type 1 Type 2 Unlisted

Permit Fee \$ _____ Application Date ____/____/____ Permit Expires On ____/____/____

Easement meets all Village approval Yes _____ No _____ Signed By: _____ Date ____/____/____

Issuing Officer _____ Date ____/____/____

IN SIGNING THIS DOCUMENT I HEARBY GIVE THE RIGHT OF AN ON SITE INSPECTION TO THE VILLAGE OF ALEXANDER 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, Gary L. Dominick, 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.

Gary L. Dominick _____ 9/18/23
Signature of Owner or Authorized Agent Date

Construction Attachment:

Permit No. _____

Type of Construction

Agriculture Commercial Industrial Residential Miscellaneous

Contractors

General Contractors Name Dominick & Daughters Address 9877 Simonds Rd. Corfu Ny 14036 Phone () 585-547-9800
Office Phone () _____ Cell Phone 585-737-2445 Fax No. () _____ E-Mail barnbusted@outlook.com
Certificate of Workers Compensation: Yes No Expiration Date Exempt
Liability Insurance: Yes No Expiration Date 5/14/24

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

- * Masonry Dominick + Daughters Phone () 585-547-9800
Office Phone () _____ Cell Phone 585-737-2445 Fax No. () _____ E-Mail barnbusted@outlook.com
- * Electrical Alan McClellan Phone () _____
Office Phone 716-863-0744 Cell Phone () _____ Fax No. () _____ E-Mail mcclellancontractor@gmail.com
- * Plumbing L. Toal's Plumbing Phone () _____
Office Phone 585-344-3839 Cell Phone () _____ Fax No. () _____ E-Mail ryantoal1987@gmail.com
- * Alarms / Sprinklers Matthew McMasters - Advanced Fire + Electronic Systems NY Phone () _____
Office Phone 716-777-4124 Cell Phone 716-298-4495 Fax No. () _____ E-Mail Matt@advancedfireandelectronic.com
MMcmasters4400@gmail.com
- * HVAC Jon Andre' Phone () _____
Office Phone 585-813-9632 Cell Phone () _____ Fax No. () _____ E-Mail jpandre77@yahoo.com
- * Landscape / Site Dominick + Daughters Phone () _____
Office Phone () _____ Cell Phone 585-737-2445 Fax No. () _____ E-Mail barnbusted@outlook.com
- * Miscellaneous Dominick + Daughters Phone () _____
Office Phone () _____ Cell Phone 585-737-2445 Fax No. () _____ E-Mail _____

Signature of Owner or Authorized Agent [Signature] Date 8/14/23

DAVID STRABEL R.A.

24 Tudor Road
Brockport, New York 14420
dave@davidstrabel.com
585-637-5346

architect

DATE: September 19, 2023

TO: **DONALD ROBERTS**
Code Enforcement Officer
(On behalf of the Village of Alexander)
36 Center Street, Suite C
Warsaw, NY 14569
585-786-8820

PROJECT: **3399 BUFFALO STREET - ALEXANDER, NY**

ATTACHED: **SITE PLANS** (9 copies - 7 for Alexander Planning Board)



DAVID STRABEL R.A.

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.

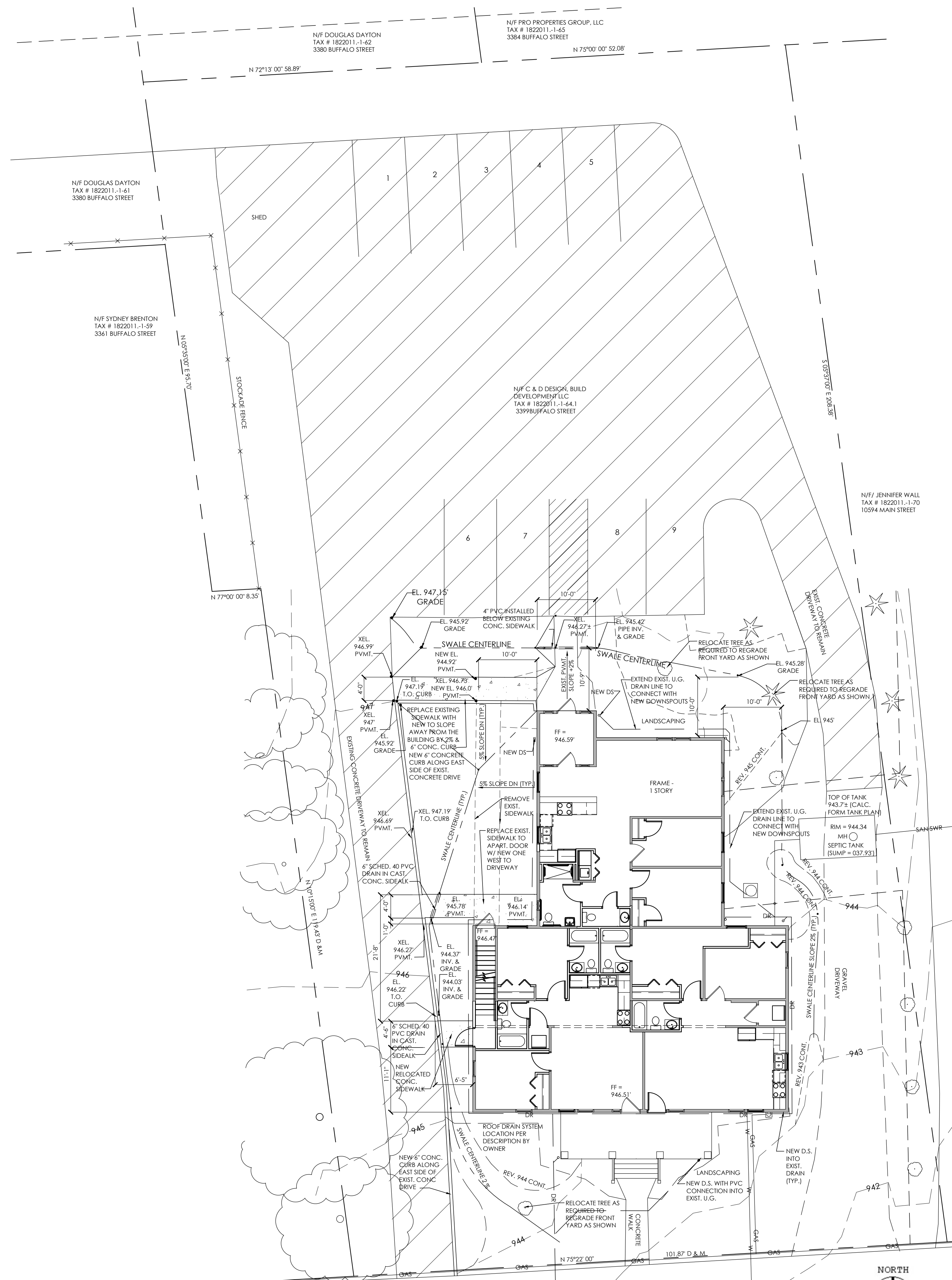
Part 1 – Project and Sponsor Information			
C&D Design, Build Development LLC			
Name of Action or Project: Convert Building from Mixed use to apartments			
Project Location (describe, and attach a location map): 3399 Buffalo Street - Alexander			
Brief Description of Proposed Action: Convert existing building from first floor medical office and second floor dwelling unit, to four dwelling units.			
Name of Applicant or Sponsor: C&D Design, Build Development LLC		Telephone: 585-737-2445	
		E-Mail: barnbusted@outlook.com	
Address: 9877 Simonds Road			
City/PO: Corfu		State: New York	Zip Code: 14036
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
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.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		0.51 acres	
b. Total acreage to be physically disturbed?		<0.1 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0.51 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 checked="" 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			

5. Is the proposed action,		NO	YES	N/A
a.	<u>A permitted use under the zoning regulations?</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	<u>Consistent with the adopted comprehensive plan?</u>	<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"/>	<input checked="" type="checkbox"/>	
7. <u>Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</u>		NO	YES	
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. <u>Will the proposed action result in a substantial increase in traffic above present levels?</u>		NO	YES	
		<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. <u>Does the proposed action meet or exceed the state energy code requirements?</u>		NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. <u>Will the proposed action connect to an existing public/private water supply?</u>		NO	YES	
If No, describe method for providing potable water: _____ _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. <u>Will the proposed action connect to existing wastewater utilities?</u>		NO	YES	
If No, describe method for providing wastewater treatment: _____ _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. <u>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?</u>		NO	YES	
		<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. <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>		NO	YES	
		<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: _____ _____ _____				

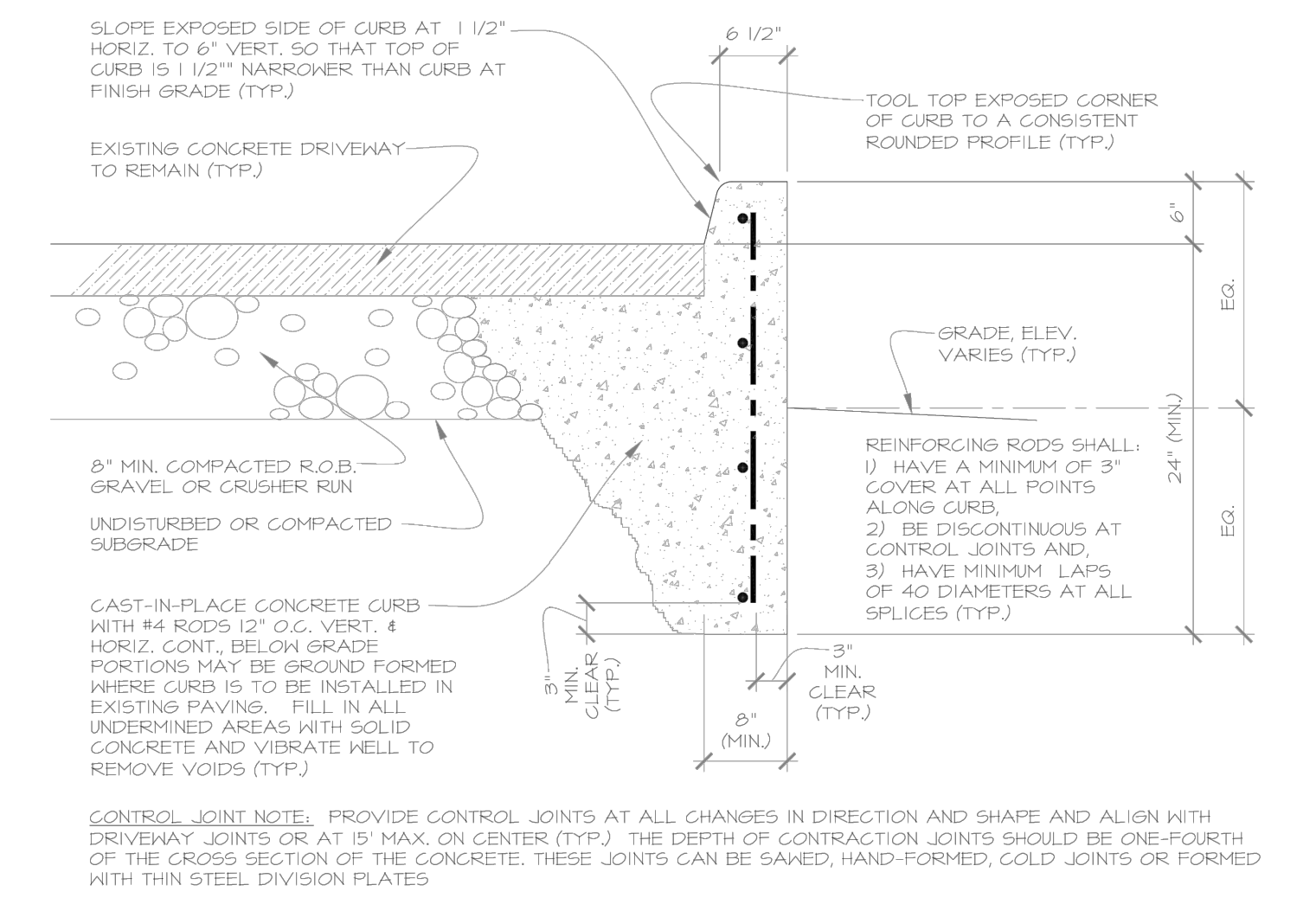
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>
MINOR DRAINAGE CORRECTION ON WEST SIDE OF BUILDING TO FLOW AWAY FROM BUILDING INSTEAD OF TOWARD BUILDING		
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: Gary L. Dominick Date: 9/18/23
Signature:  Title: Owner



1 SITE PLAN
SCALE - 1" = 10'-0"



CONCRETE CURB SECTION DETAIL

- ZONING CONFORMANCE:
- A) Site Size;
 - B) Building Size;
 - C) Zoning District;
 - D) Proposed Use;
 - E) Site Frontage;
 - F) Front Setback;
 - G) Parking Location;
 - H) Parking Stall Size;
 - I) Parking Spaces Required;
 - J) Side Setbacks;
 - K) Rear Setback;

Village of Alexander Zoning Law
 22,215 SF Existing (0.51 acre) [5,600 SF min per §308]
 2,718 SF Footprint Existing (No Change Proposed)
 C-Commercial
 Apartments [Multi-Family Allowed per §308-A-(11)]
 101.8' Existing [48' min per §308-C-(1)]
 +25' Existing (>3' but <6' from street per §308-C-(2))
 Existing Parking at Rear [locate at rear or side per §308-C-(3)]
 Existing Existing [9'x18' Required per §308-D-(1)]
 9 Spaces Existing [1 per Dwelling Unit = 4 min per §308-D-(4)]
 24.2' West & 19.8' East Existing [None Identified in §308]
 +219' Existing [None Identified in §308]

VILLAGE OF ALEXANDER	
PLANNING BOARD CHAIR	DATE
TOWN ENGINEER	DATE

V-01-ALE-10-23



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