



## GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **V-02-LEROY-3-22**  
Review Date **3/10/2022**

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

<b>LEROY, V.</b>
<b>ZONING BOARD OF APPEALS</b>
<b>Jason Beaumont</b>
<b>Site Plan Review</b>
<b>Site Plan Review for a 180 sq. ft. (12 x 15 ft.) kitchen expansion for an existing restaurant (Smokin' Eagle BBQ &amp; Brew).</b>

Location  
Zoning District

<b>9-13 Main St. (NYS Rt. 5), LeRoy</b>
<b>Central Commercial (C-2) District</b>

### PLANNING BOARD RECOMMENDS:

**APPROVAL**

### EXPLANATION:

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

Director

March 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) 768-6910

**Clear Form**

**DEPARTMENT USE ONLY:**

GCDP Referral # V-02-LEROY-3-22



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

**RECEIVED  
Genesee County  
Dept. of Planning  
2/23/2022**

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) LeRoy Planning Board  
Address 3 West Main street  
City, State, Zip LeRoy, New York 14482  
Phone (585) 768 - 6910 Ext. 223

**2. APPLICANT INFORMATION**

Name Jason Beaumont  
Address 67 East Main Street  
City, State, Zip LeRoy, New York 14482  
Phone (585) 820 - 7818 Ext. \_\_\_\_\_ Email jbeaumont9110@gmail.com

**MUNICIPALITY:**  City  Town  Village of LeRoy

**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 type="checkbox"/> Other: _____              |                                      |

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

A. Full Address 9-13 Main Street, LeRoy, New York 14482  
B. Nearest intersecting road Mill St  
C. Tax Map Parcel Number SBL9.-2-29.1  
D. Total area of the property .35 Acres Area of property to be disturbed 180 sqft  
E. Present zoning district(s) C-2

**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  
property location on Rt 5 requires county referral  
C. Please describe the nature of this request Would like to make a kitchen expansion of 12' x 15'

**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 type="checkbox"/> Location map or tax maps    | <input checked="" type="checkbox"/> Photos                 |
| <input type="checkbox"/> Subdivision plot plans       | <input type="checkbox"/> Elevation drawings          | <input type="checkbox"/> Other: _____                      |
| <input 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 Michael Risewick Title CEO Phone (585) 768 - 6910 Ext. 223  
Address, City, State, Zip 48 Main St LeRoy, NY 14482 Email mrisewick.code@leroyny.org



# Village of Le Roy

INCORPORATED IN 1834  
LE ROY, NEW YORK 14482

585 768 2527  
Fax: 585 768 4549

7-2022

## APPLICATION FOR SITE PLAN REVIEW

### PROPERTY INFORMATION

ADDRESS: 9-11-13 MAIN ST.  
ZONING CLASSIFICATION: C-2 Tax Map ID # 9-2-29.1  
PRESENT USE OF PROPERTY: RESTAURANT / TAVERN  
PROPOSED USE OF PROPERTY: SAME

**PROPOSAL DESCRIPTION** (Include # of employees, hours of operation, and description of business. If there is new construction, please provide a detailed description):

Looking to expand kitchen by 12'x15 to the EAST

### APPLICANT CONTACT INFORMATION NAME:

NAME: Jay Beaumont PHONE: 585-828-7818  
ADDRESS: 67 EAST MAIN ST. ZIP: 14482  
EMAIL: jbeaumont9110@gmail.com

### PROPERTY OWNER CONTACT INFORMATION (IF DIFFERENT FROM APPLICANT)

NAME: SAME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

### SIGNATURE OF THE PROPERTY OWNER IS REQUIRED FOR REVIEW OF YOUR PROPOSAL:

[Signature] Application Fee 100.00  
Code Enforcement Officer Signature: Michael R... Date rec'd. 2/22/22  
Clerk's Signature: [Signature] Ck. No. 3494  
*"This institution is an equal opportunity employer."*

"This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue,

S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)," phone (585) 768-6910 48 Main Street, LeRoy, New York 14482 Fax (585) 768-2044; NYS TDD 1-800-662-1220

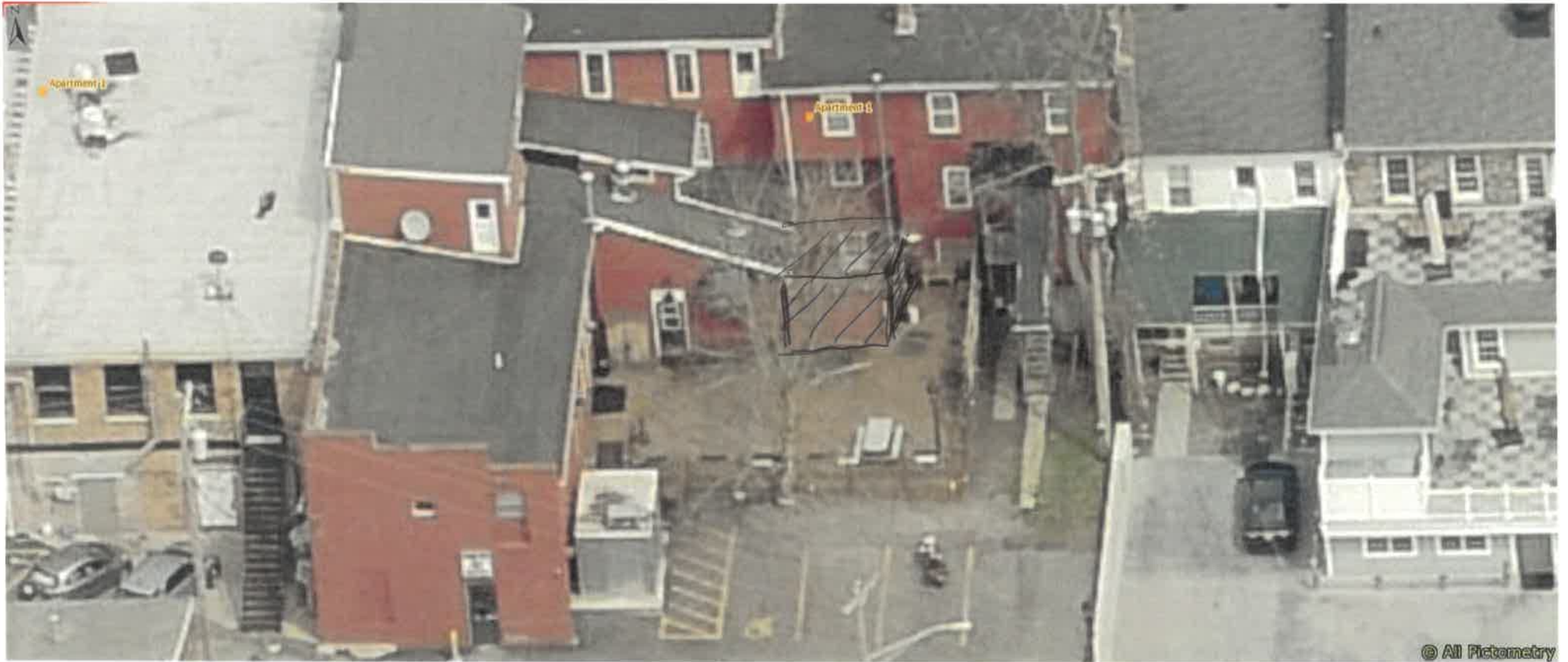
# Eagle




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04/27/2018

# Rear of Eagle



 = Proposed Location

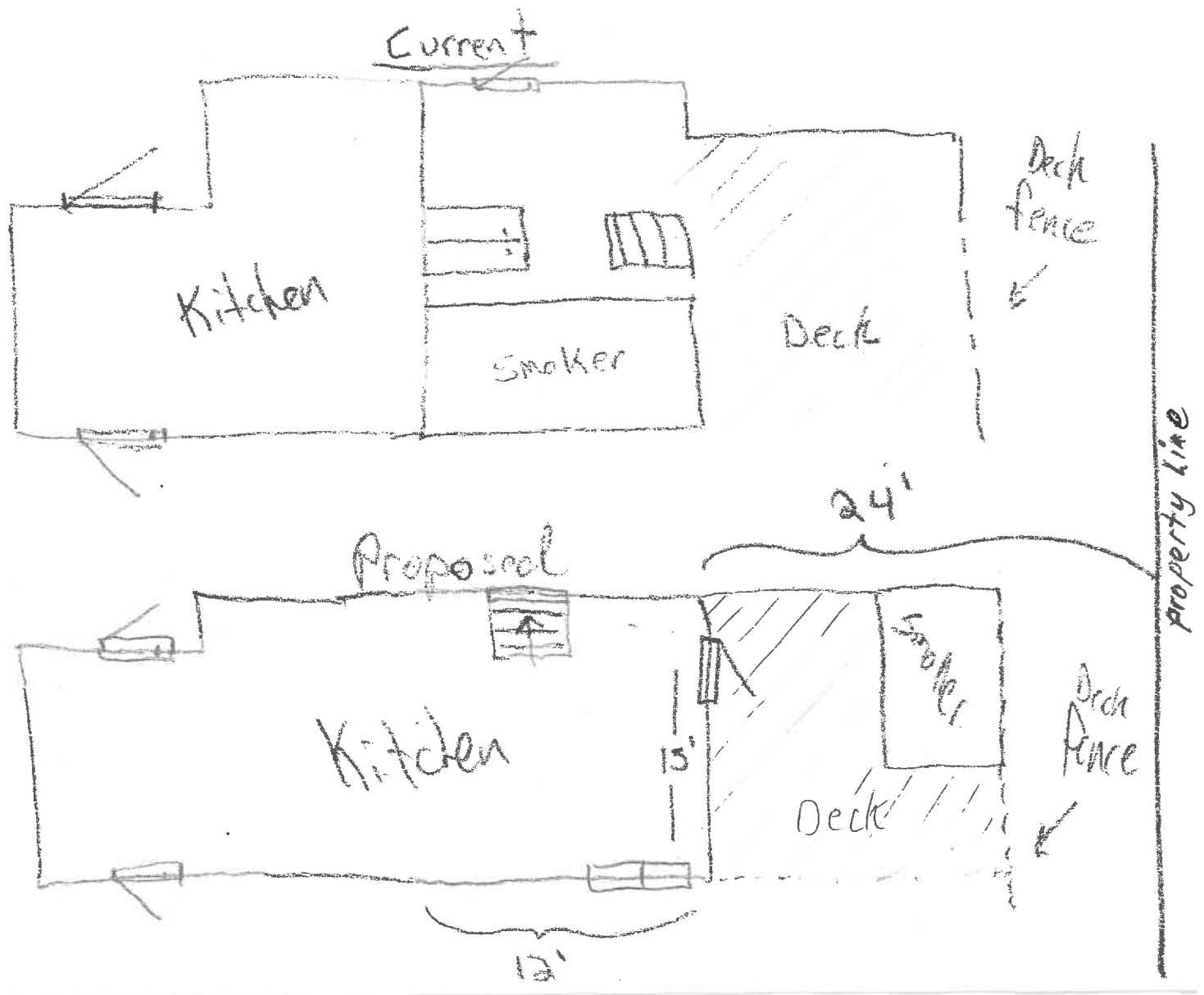
04/27/2018

Smokin Eagle BBQ & Brew

2/9/22

Kitchen expansion

Standing on Deck looking at Kitchen Smoker will be moving over to the right along fence line (East side)  
Kitchen footprint to increase @ 12' x 15'. Set back from the East Property line is 24'



# front of eagle



04/27/2018

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03/21/2021