



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-13-BAT-12-24

Review Date

12/12/2024

Municipality

BATAVIA, T.

Board Name

PLANNING BOARD

Applicant's Name

Connie Disalvo

Referral Type

Site Plan Review

Variance(s)

Description:

Site Plan Review to construct a 2,571 sq. ft. office addition to an existing industrial building.

Location

4814 Ellicott Street Rd. (NYS Rt. 63), Batavia

Zoning District

Industrial (I) District

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modifications are as follows: 1) the applicant provides an updated site plan indicating site data for the correct zoning district (Industrial District) and depicting the future plans for both parcels (13.-1-100 and 13.-1-99); and 2) Given that the application as proposed does not meet the lot coverage, frontage, and possibly parking requirements, the applicant obtain any required area variances. With these required modifications, the proposed office addition should pose no significant county-wide or inter-community impact.

Director

December 12, 2024

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-13-BAT-12-24**

*** GENESEE COUNTY ***
PLANNING BOARD REFERRAL

RECEIVED

By Genesee County Department of Planning at 10:34 am, Nov 26, 2024



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 St Rd

City, State, Zip Batavia, NY, 14020

Phone (585) 343 - 1729 Ext. _____

2. APPLICANT INFORMATION

Name Connie Disalvo

Address 4814 Ellicott St Rd

City, State, Zip Batavia, NY, 14020

Phone (716) 474 - 4223 Ext. _____ Email Connie.Disalvo@absmail.org

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 4814 Ellicott St Rd

B. Nearest intersecting road Cedar St

C. Tax Map Parcel Number 13.-1-100

D. Total area of the property .9 Acres Area of property to be disturbed 2566 Sq Ft

E. Present zoning district(s) Industrial

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 schedule A

C. Please describe the nature of this request Office addition to corner of the existing building

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 3833 West Main St Rd, 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 11 / 8 / 24 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. 13-1-100

Owners Name SALVO ENT, LLC Phone No. (716) 474-4223

Address 4814 ELLICOTT ST. BATAVIA Project Road Width 260.07'

Applicants Name CONNIE DISALVO Project Address 4814 ELLICOTT ST. RD.

E Mail Address CONNIE.DISALVO@ABSMAIL.COM Phone No (716) 474-4223

Description of Project: OFFICE ADDITION TO CORNER OF EXISTING BUILDING.

Existing Use PRODUCTION/OFFICE Proposed Use OFFICE SPACE

Estimated Cost Building \$ 338,000.00 Plumbing NA Mechanical 1 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, _____, 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

Date

Short Environmental Assessment Form

Part 1 - Project Information

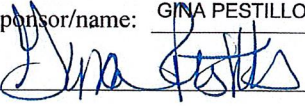
Instructions for Completing

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							
APPLIED BUSINESS SYSTEM, INC							
Name of Action or Project: PHASE 3 - OFFICE ADDITION							
Project Location (describe, and attach a location map): 4814 ELLICOTT STREET ROAD, BATAVIA NEW YORK 14020							
Brief Description of Proposed Action: SINGLE STORY OFFICE ADDITION +/- 2,571 SQ. FT. PLUS NEW ENTRY 69 SQ. FT.							
Name of Applicant or Sponsor: CONNIE DISALVO		Telephone: 716-474-4223 E-Mail: connie.dissalvo@absmail.com					
Address: 4814 ELLICOTT STREET ROAD							
City/PO: BATAVIA		State: NEW YORK	Zip Code: 14020				
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input checked="" 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:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3. a. Total acreage of the site of the proposed action?		+/- 1.137 acres					
b. Total acreage to be physically disturbed?		+/- .083 acres					
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		+/- .083 acres					
4. Check all land uses that occur on, are adjoining or near the proposed action:							
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input checked="" 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							

5. Is the proposed action,	NO	YES	N/A
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?	NO	YES	
	<input 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?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
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?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	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. 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?	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 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 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 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 checked="" type="checkbox"/>
DRAIN TO DOWNSPOUTS ALONG ADDITON TO PITCH GRASS AREA(S).		
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: <u>GINA PESTILLO</u> Date: <u>10-29-2024</u> Signature: <u></u> Title: <u>ARCHITECTURAL DESIGNER</u>		

Town of Batavia Web Mapping Application



LEGEND

Water Tank

PS Pump Station

Hydrant Out of Service

Red, Out of Service

Yellow w/ Blue Caps, Out of Service

Yellow, Out of Service

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

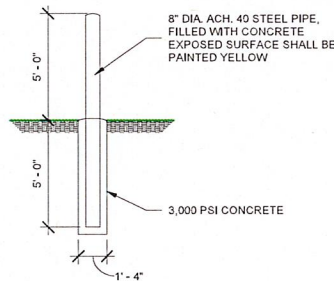
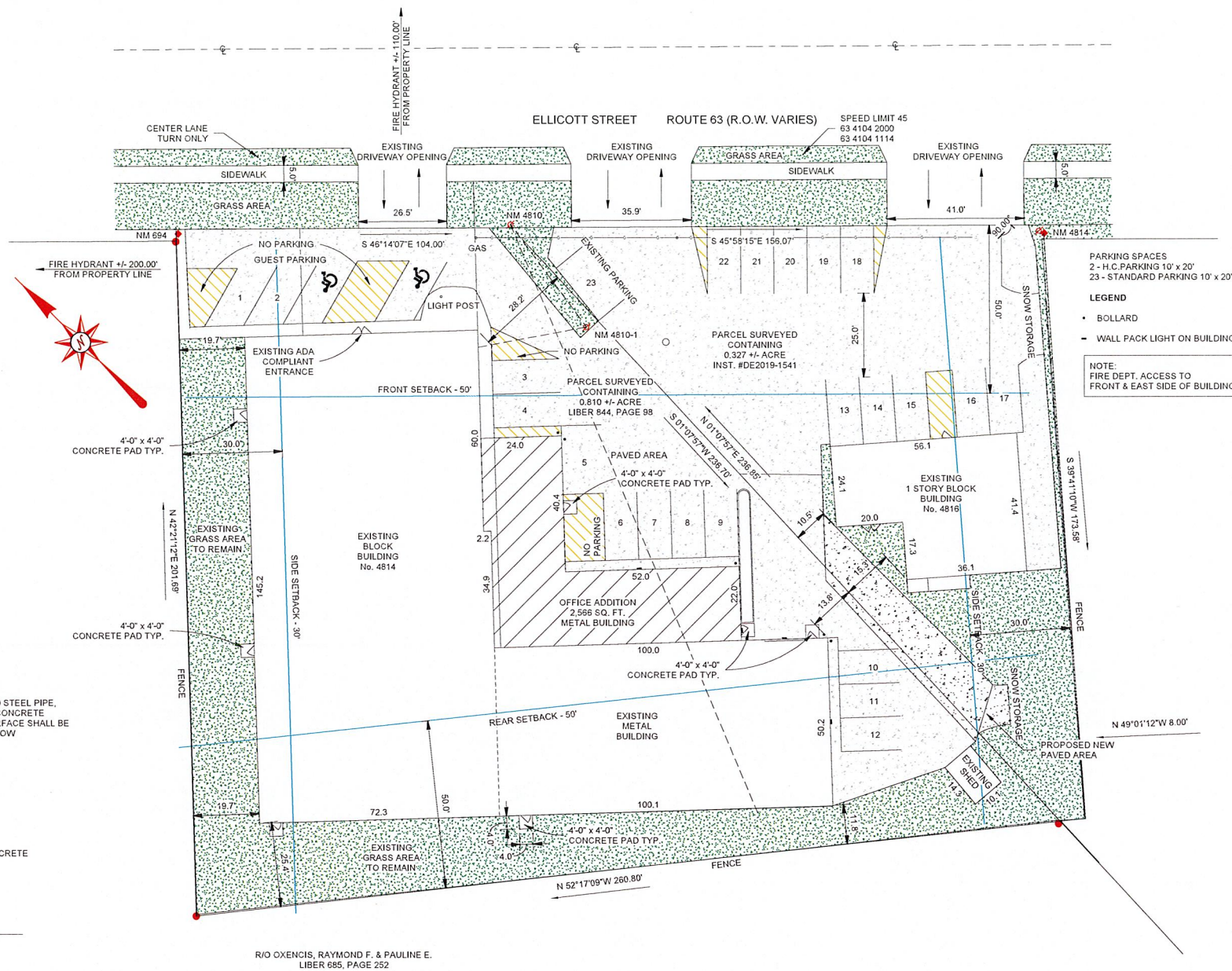
Blowoff Connection

Sleeve

Tee

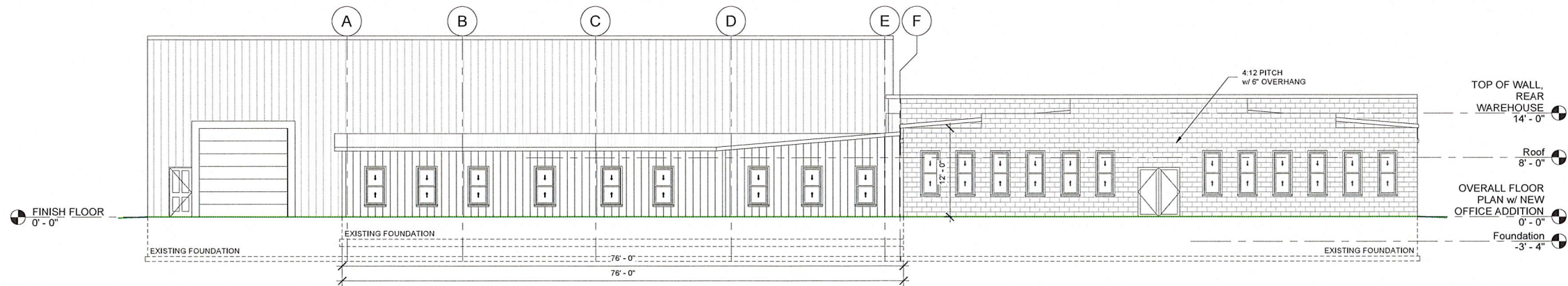
Other

wendelcompanies.com



5 Bollard Detail
1/4" = 1'-0"

1 SITE PLAN
1" = 20'-0"



4 Front Elevation
1/8" = 1'-0"

SURVEY MAP PROVIDED BY:
GREGORY W. TOWNSEND
Licensed Land Surveyor
115 Washington Avenue
Batavia, New York 14020
Phone (585) 344-1331
gwtownsendsurvey@gmail.com
FEBRUARY 8, 2024
JOB No. 24-60

LEGEND
• BOLLARD
- WALL PACK LIGHT ON BUILDING
NOTE:
FIRE DEPT. ACCESS TO
FRONT & EAST SIDE OF BUILDING

EXISTING LEGEND
• EXISTING IRON STAKE
• UTILITY POLE
--- OVERHEAD UTILITY LINES
◆ TELEPHONE CABLE MARKER
- GAS LINE

ABS - SITE DATA

1	TAX ID. NO.	LOT 1: 13-1-100
2	ZONING GENERAL COMMERCIAL GC:	
3	PARCEL AREA ± 1.137 ACRES	
4	MIN. LOT SIZE (SQ. FT.)	20,000 SQ. FT.
5	MIN. FRONTAGE (FEET)	80 FT.
6	SETBACKS FOR ADDITION:	
	FRONT =	50 FT
	SIDE =	30 FT
	REAR =	50 FT
7	MAXIMUM BUILDING HEIGHT =	40 FT
8	MAX. LOT COVERAGE	50%
9	GREEN SPACE	± 21%

TOWN OF BATAVIA:

PLANNING BOARD CHAIR

DATE

TOWN ENGINEER

DATE

PROJECT NAME & ADDRESS

ABS

APPLIED BUSINESS SYSTEMS, INC.
NEW LOCATION
4814 Ellicott St. Rd.
Batavia, New York 14020
Genesee County

Phase 1 - PRODUCTION WAREHOUSE
RENOVATIONS = 6,059 SQ. FT.
WAREHOUSE 2 - RENOVATIONS - 5,000
SQ. FT.
HANDROOM = 618 SQ. FT.
PHASE 2 - EXISTING OFFICE AREA
RENOVATIONS = 3,597 SQ. FT.
PHASE 3 - OFFICE ADDITION = 2,571
SQ. FT.
ENTRY = 69 SQ. FT.

ARCHITECTURAL DESIGNER



8468 SEVEN SPRINGS RD.
BATAVIA, NEW YORK 14020
1 (585) 466-1113
GPESTILLO@GMAIL.COM

ENGINEER

ANDREW H.
HINTENACH III, AIA

ARCHITECT

52 Putney Street
Geneva, New York 14456
(585) 746-5522
ah@hntach.com

DRAWING PREPARED FOR BID
PROPOSED FINAL DRAWING
TO BE STAMPED BY ENGINEER

NOTICE:

IT IS A VIOLATION OF LAW FOR ANY PERSON,
UNLESS ACTING UNDER THE SUPERVISION
OF A LICENSED ARCHITECT, TO ALTER ANY
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REVISIONS:

DATE:

SITE PLAN

DRAWING NAME:

DATE: 11-1-2024

DRAWN: GMP CHECKED: AH

PROJECT NO.: 2024.017

SCALE: As indicated

S100

SHEET

T-13-BAT-12-24



04/02/2023