



## GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

**T-06-PAV-10-25**

Review Date

**10/9/2025**

Municipality

**PAVILION, T.**

Board Name

**PLANNING BOARD**

Applicant's Name

**Heidelberg Materials**

Referral Type

**Special Use Permit**

Variance(s)

**Area Variance(s)**

Description:

**Special Use Permit, Site Plan Review, and Area Variances to build a new slag silo at an existing industrial facility.**

**Side Yard Setback**

**Minimum required: 35 ft.**

**Existing: 0 ft.**

**Proposed silo: Approx. 25 ft.**

Location

**6895 Ellicott Street Rd. (NYS Rt. 63), Pavilion**

Zoning District

**Industrial (I) District**

### PLANNING BOARD RECOMMENDS:

**APPROVAL WITH MODIFICATION(S)**

### EXPLANATION:

**Given that several of the parcels are landlocked with property lines going through structures on the site, the required modification is that the applicant merge the properties into one in order to minimize the pre-existing setback and frontage deficiencies. With this required modification, the proposed silo should pose no significant county-wide or inter-community impact.**

Director

October 9, 2025

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-06-PAV-10-25



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

**RECEIVED**

By the Genesee County Dept. of Planning at 8:42 am, Sep 30, 2025

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) Pavilion Planning Board / ZBAAddress One Woodrow Dr.City, State, Zip Pavilion NY 14525Phone (585) 584 - 3850

Ext. \_\_\_\_\_

**2. APPLICANT INFORMATION**Name Heidelberg MaterialsAddress 6895 Ellicott St. Rd.City, State, Zip Pavilion NY 14525Phone (585) 237 - 1603

Ext. \_\_\_\_\_

Email gabriel.wagner@heidelbergMUNICIPALITY: ☐ City ☒ Town ☐ Village of Pavilion**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 6895 Ellicott Street Rd. (NYS Rt. 63), PavilionB. Nearest intersecting road Woodrow Dr.C. Tax Map Parcel Number 16.-1-100.12D. Total area of the property 1.54Area of property to be disturbed 1,600 sq/ftE. Present zoning district(s) Industrial (I)**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

Pavilion Zoning Law 505 and Schedule A (Setbacks)C. Please describe the nature of this request Build a new slag silo directly to the West of the existing one**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 Robert LaPointTitle Code Enforcement OfficerPhone (585) 245 - 1291

Ext. \_\_\_\_\_

Address, City, State, Zip One Woodrow Dr. Pavilion NY 14525Email wnycode@gmail.com

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

Town of Pavilion PO Box 126 Pavilion, NY 14525 ph. (585)584-3850 fax (585)584-8533

Date 9 / 3 / 25 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. \_\_\_\_\_

Owners Name Heidelberg Materials Phone No. (585) 237-1603

Address 6895 Elliott Street Rd. Project Road Width N/A ft

Applicants Name Gabriel Wagner Project Address 6895 Elliott Street Rd.

E Mail Address gabriel.wagner@Heidelbergmaterials.com Phone No (585) 237-1603

Description of Project: Installation of New Slag Cement Silo next to  
our existing Fly Ash Silo behind our Pavilion Offices

Existing Use NA Proposed Use Material 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 PAVILION 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 PERFORMANCE OF CONSTRUCTION.

I, Gabriel M. Wagner, 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

9/3/25

Date

# Construction Attachment:

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

## Type of Construction

Agriculture ☐ Commercial ☒ Industrial ☐ Residential ☐ Miscellaneous ☐

## Contractors

General Contractors Name Heidelberg materials Address 6895 emkott St Road Phone (\_\_\_\_) \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (589) 237-1603 Fax No. (\_\_\_\_) \_\_\_\_\_ E-Mail Gabriel.Wagner@Heidelbergmaterials.com

Certificate of Workers Compensation: Yes ☒ No ☐ Expiration Date 1/1/26

Liability Insurance: Yes ☒ No ☐ Expiration Date 1/1/26

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

▪ **Masonry** Brad Velez Masonry Phone (716) 860-9160

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** Construction on All Levels Phone (314) 415 4581

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

**Signature** of Owner or Authorized Agent X

Date 9/4/25





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/04/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA, LLC. 4400 Comerica Bank Tower 1717 Main Street Dallas, TX 75201-7357  CN102608882-STND-GAW-25-26	<b>CONTACT NAME:</b> Zeferina Mireles <b>PHONE (A/C, No. Ext):</b> 214 303 8529 / +1 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Zeferina.Mireles@marsh.com																					
<b>INSURED</b> Heidelberg Materials US, Inc. its subsidiaries and affiliates 300 John Carpenter Freeway Irving, TX 75062	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Liberty Mutual Fire Insurance Company</td><td>23035</td></tr><tr><td>INSURER B :</td><td>Liberty Insurance Corporation</td><td>42404</td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Liberty Mutual Fire Insurance Company	23035	INSURER B :	Liberty Insurance Corporation	42404	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER F :																						

**COVERAGES**      **CERTIFICATE NUMBER:** HOU-004158639-00      **REVISION NUMBER:** 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		TB2-631-510811-075	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 Design Services E&O \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AS2-631-509529-025	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	WA7-63D-509529-015 (AOS) WC7-631-509529-055 (MN, WI) WA7-63D-509529-855 (TX)	01/01/2025 01/01/2025 01/01/2025	01/01/2026 01/01/2026 01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
A	Pollution (Sudden and Accidental)		TB2-631-510811-075	01/01/2025	01/01/2026	Per Occurrence 5,000,000 Aggregate 5,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Insurance

<b>CERTIFICATE HOLDER</b>  Heidelberg Materials US Inc. its subsidiaries and affiliates 300 John Carpenter Freeway Irving, TX 75062	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA LLC  <i>Marsh USA LLC</i>
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# GUIDELINES AND CRITERIA TO SUPPORT ZONING APPEAL

## AREA VARIANCE

In order to be entitled to an Area Variance, an Applicant to the Town of Pavilion must show by documentation in the record that the benefit to the Applicant from the proposed variance will not outweigh the detriment to the health, safety, and welfare of the community and the neighborhood, if the variance is granted. (See Town Law §267-b(3)).

In making this determination the Zoning Board of Appeals shall consider the following factors, and the Applicant must respond to these questions with facts and circumstances and not merely repeat all or part of the questions.

**1. Whether or not an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the Area Variance.**

There should be nothing undesirable about this change, The silo being added is smaller than the existing one and is being constructed to hold Eco-friendly materials.

**2. Whether or not the benefit sought by the Applicant can be achieved by some method, feasible for the applicant to pursue, other than an Area Variance.**

I do not believe so, as this is the method I was advised to pursue by the County/Town

3. Whether or not the requested Area Variance is substantial.

NO, the Variance is for a ~24'x24' area, which is already in the properly zoned area, the variance is simply to allow for the Set back Requirements as I understand them

4. Whether or not the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district.

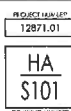
NO, as with the existing S110, there should be no measurable environmental impact, and the only physical impact would be the existence of a second, smaller S110 next to the existing one.

5. Whether or not the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board of Appeals, but shall not necessarily preclude the granting of the Area Variance.

No, zoning was established long before the environmental/sustainability goals for our organization were decided; which this project is facilitating

Applicant Signature: 

Date: 10/7/25



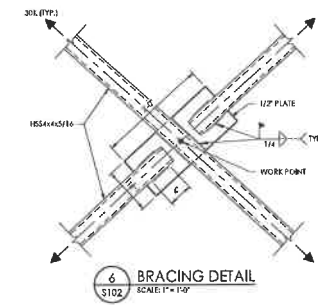
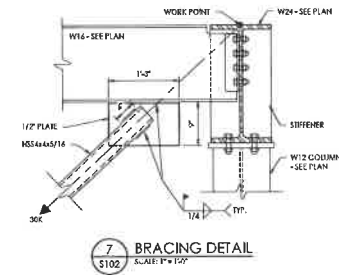
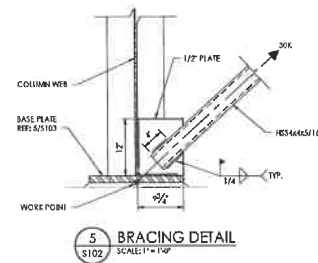
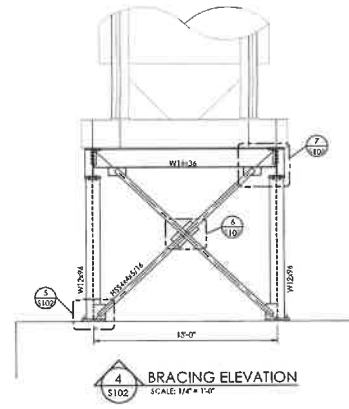
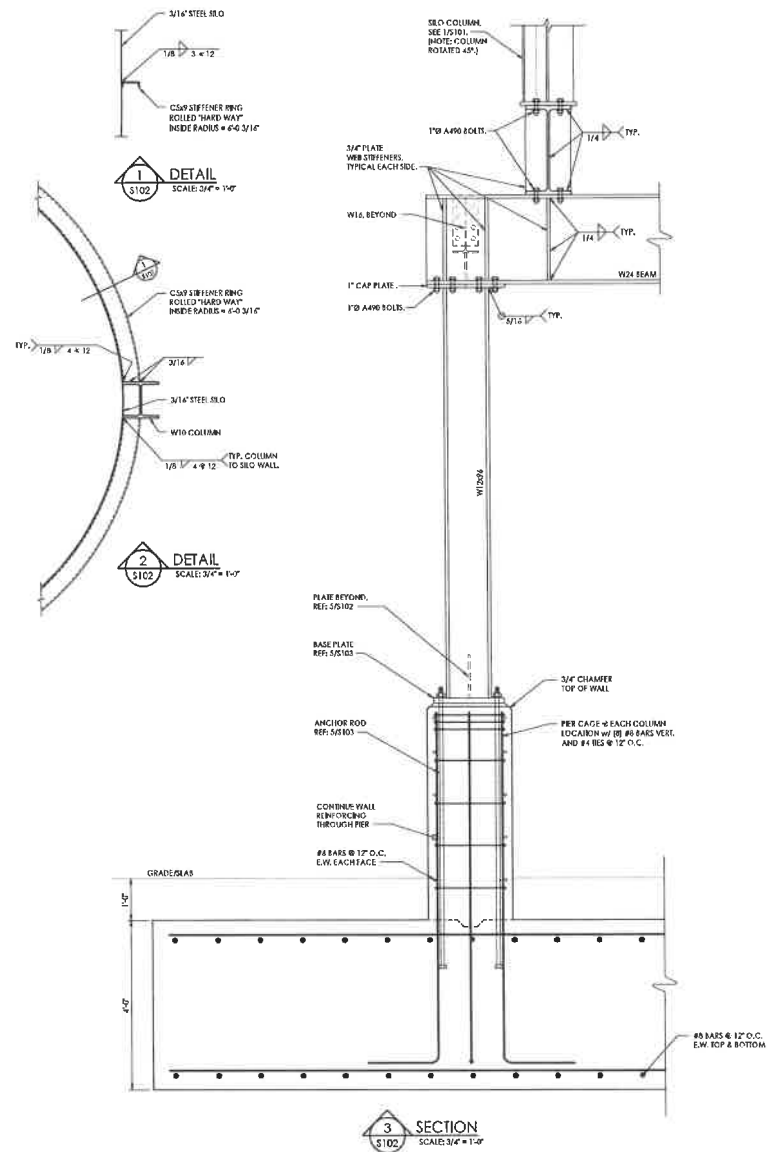
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**CLARK PATTERSON LEE**  
DESIGN PROFESSIONALS  
205 31 PAUL STREET, SUITE 500  
ROCHESTER, NEW YORK 14604  
TEL (800) 274-9000  
FAX (585) 434-7818  
[www.clarkpatterson.com](http://www.clarkpatterson.com)

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**HANSON AGGREGATES  
STORAGE SILO**

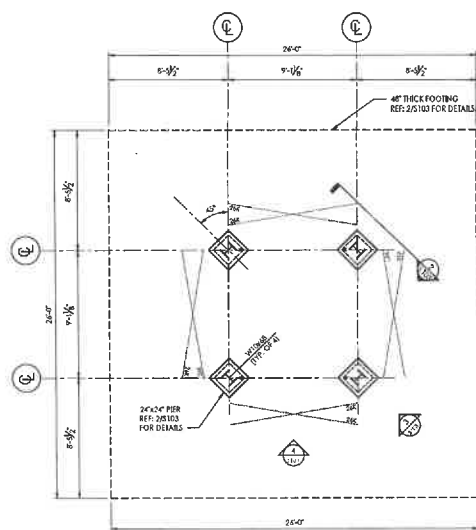
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PROJECT STORAGE SILO SECTIONS AND DETAILS		

PROJECT NUMBER  
12871.01

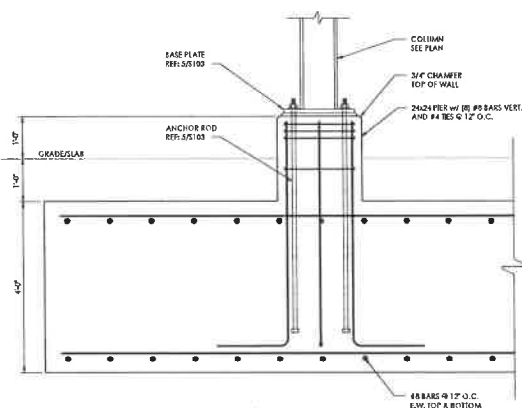
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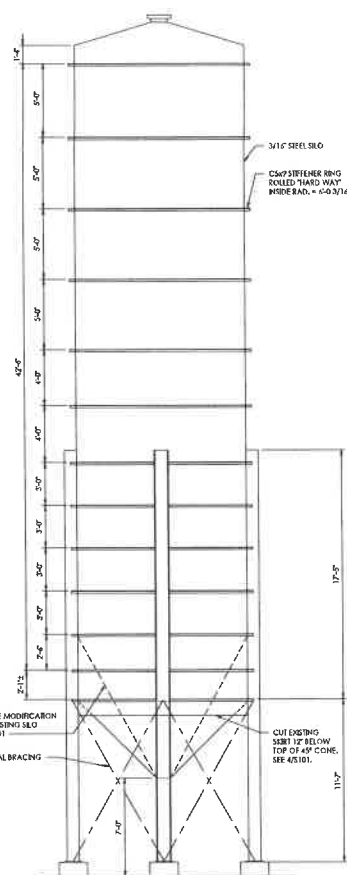




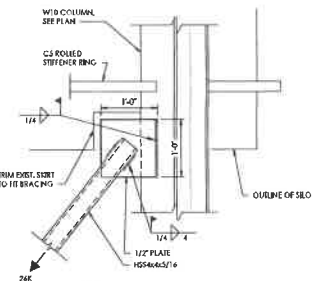
1 FOUNDATION PLAN  
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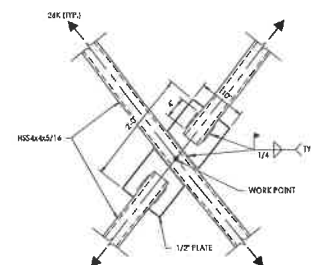
2 SECTION  
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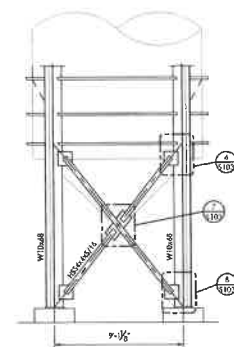
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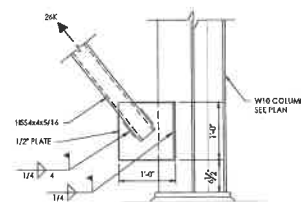
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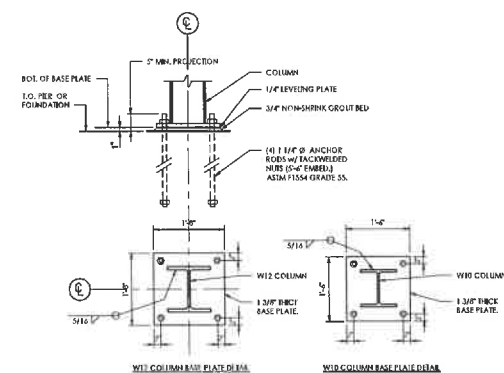
7 BRACING DETAIL  
S103 SCALE: 1" = 1'-0"



4 TYPICAL BRACING ELEVATION  
S103 SCALE: 1/4" = 1'-0"



8 BRACING DETAIL  
S103 SCALE: 1" = 1'-0"



5 COLUMN BASE PLATE DETAIL  
S103 SCALE: 3/4" = 1'-0"



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HANSON AGGREGATES  
STORAGE SILO

6895 ELLICOTT STREET  
PAVILION, NEW YORK 14525

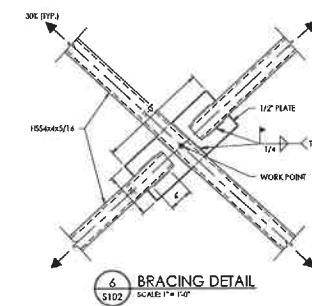
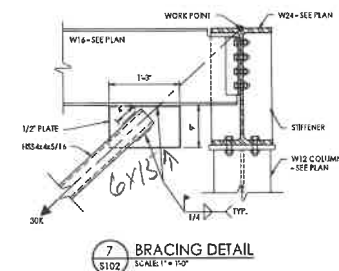
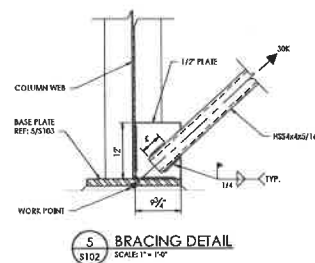
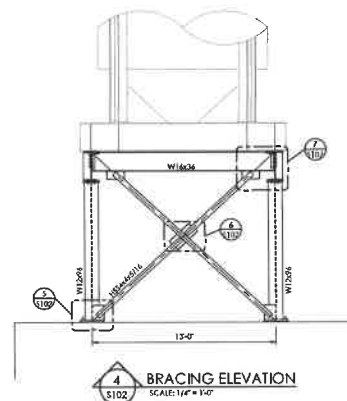
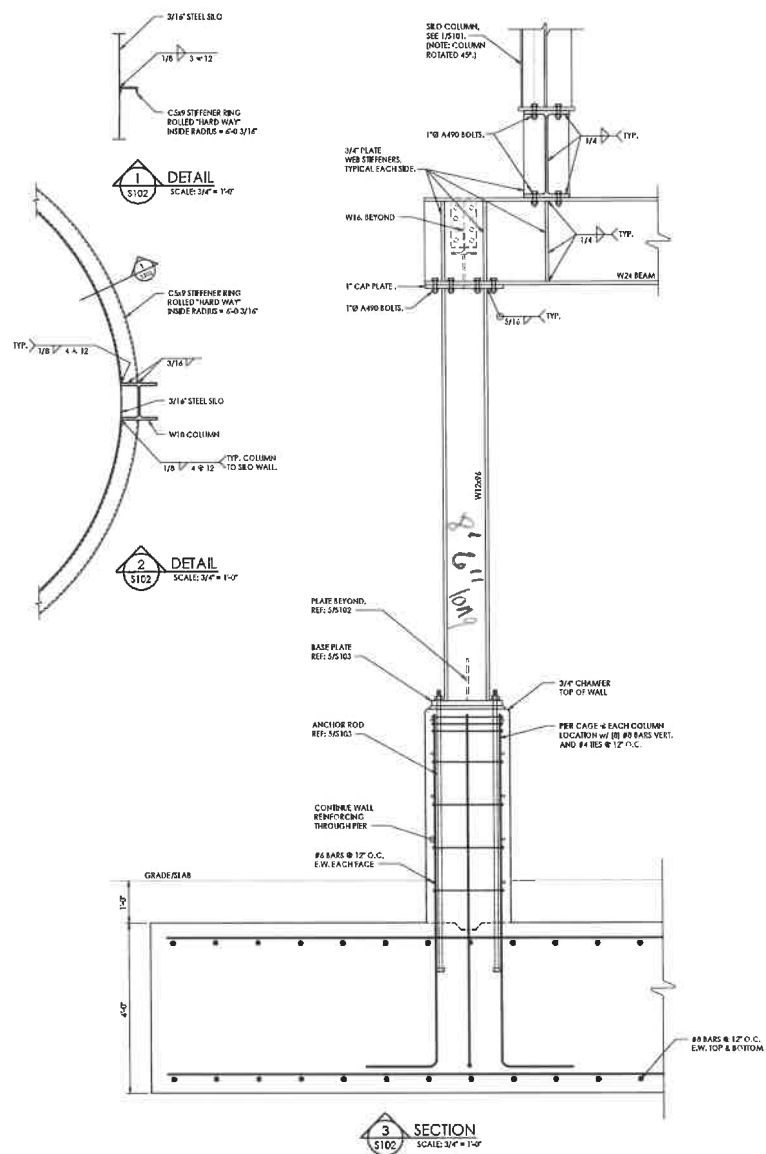
6895 ELLICOTT STREET  
PAVILION, NEW YORK 14525

DATE	DESIGN	CHECKED
8/12/13	BSC	LDW
SCALE AS NOTED		
SHEET TITLE		
"LOW" STORAGE SILO ELEVATION, FOUNDATION PLAN, SECTIONS AND DETAILS		

PROJECT NUMBER	12871.01
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HA  
S103

OPAYAK'S HUMORS



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**HANSON AGGREGATES  
STORAGE SILO**

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 BAYLION, NEW YORK 11525

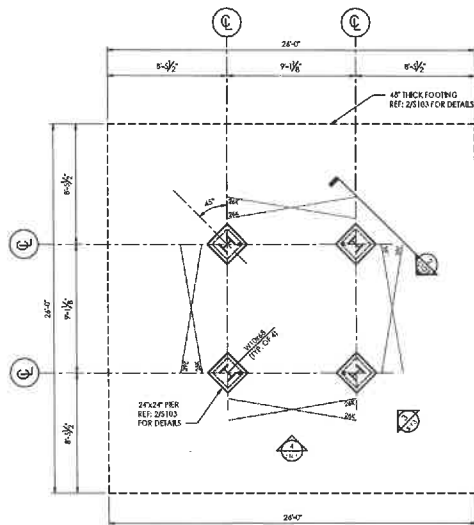
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**JEEF TITLE**  
**STORAGE SILO**  
**SECTIONS AND**  
**DETAILS**

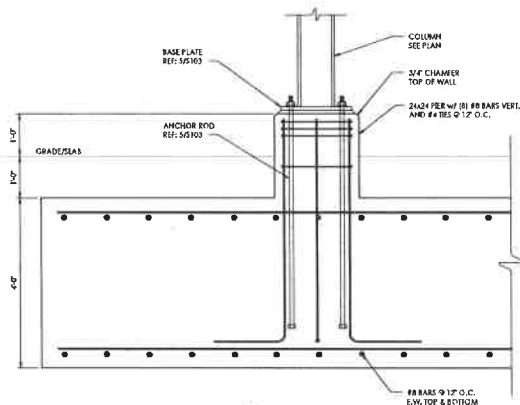
PROJECT NUMBER  
12871.01

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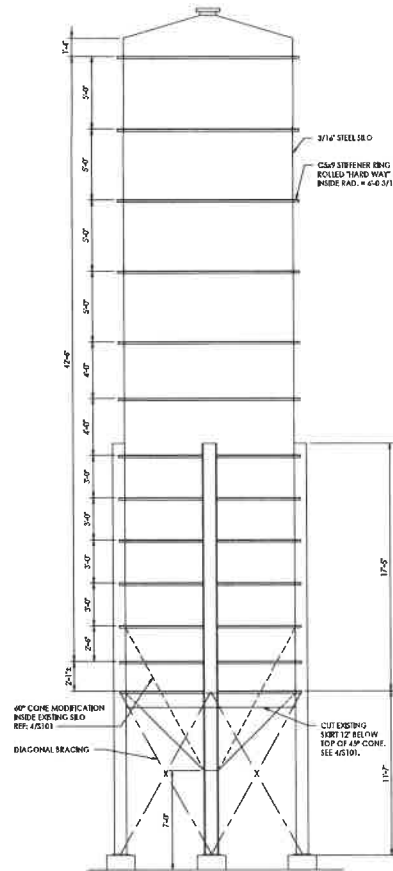
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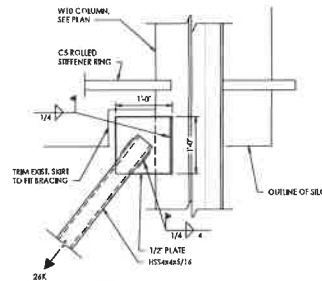
1 FOUNDATION PLAN  
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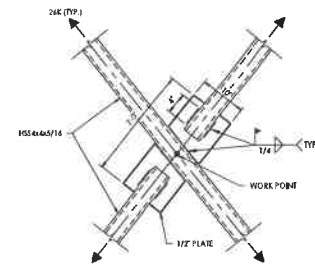
2 SECTION  
SCALE: 3/4" = 1'-0"



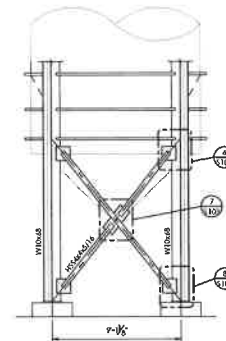
3 ELEVATION 1  
SCALE: 1/4" = 1'-0"



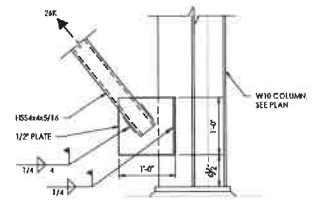
6 BRACING DETAIL  
SCALE: 1" = 1'-0"



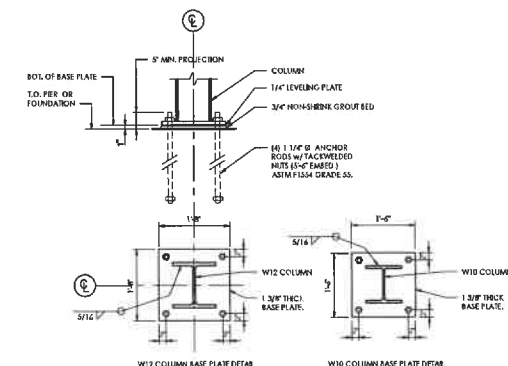
7 BRACING DETAIL  
SCALE: 1" = 1'-0"



4 TYPICAL BRACING ELEVATION  
SCALE: 1/4" = 1'-0"



8 BRACING DETAIL  
SCALE: 1" = 1'-0"



5 COLUMN BASE PLATE DETAIL  
SCALE: 3/4" = 1'-0"



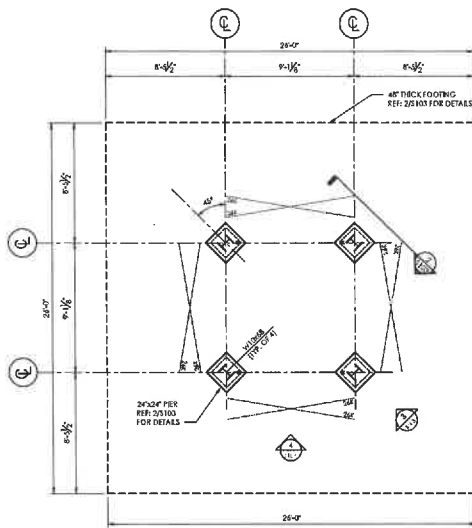
CLARK PATTERSON LEE  
PROFESSIONAL ENGINEERS  
305 ST. PAUL STREET, SUITE 500  
ROCKFORD, ILL. 61101  
TEL: (815) 274-8000  
FAX: (815) 274-8111  
www.clarkpatterson.com

REVISIONS	NO.	DATE	BY	DESCRIPTION

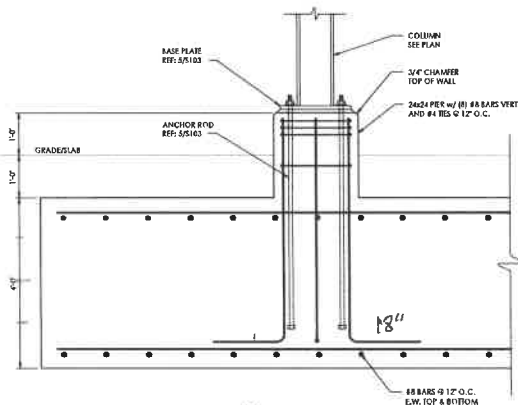
HANSON AGGREGATES  
STORAGE SILO  
6805 ELLICOTT STREET  
PAWSON, NEW YORK 14525

DATE	BY	CHECKED
8/12/13	BSC	LDW
DATE	AS NOTED	

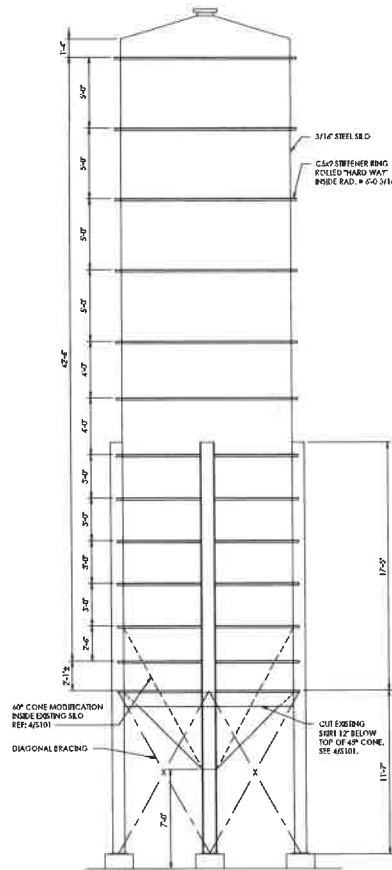
PROJECT NUMBER:  
12871.01  
HA  
S103  
DWG NUMBER



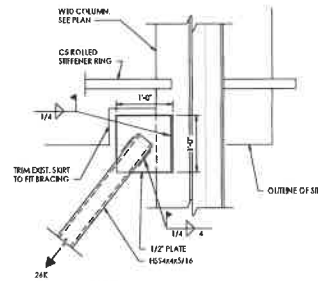
1 FOUNDATION PLAN  
SCALE: 1/4" = 1'-0"



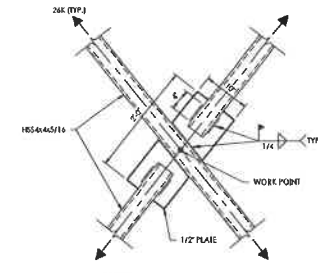
2 SECTION  
SCALE: 3/4" = 1'-0"



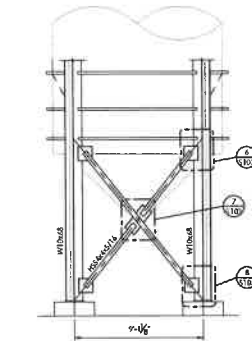
3 ELEVATION 1  
SCALE: 1/4" = 1'-0"



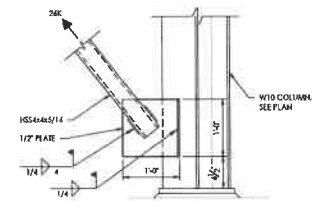
6 BRACING DETAIL  
SCALE: 1" = 1'-0"



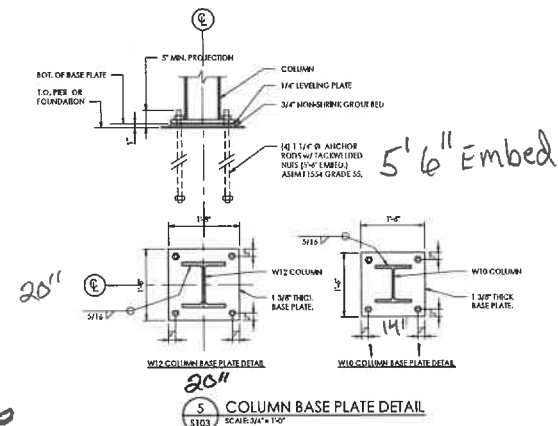
7 BRACING DETAIL  
SCALE: 1" = 1'-0"



4 TYPICAL BRACING ELEVATION  
SCALE: 1/4" = 1'-0"



8 BRACING DETAIL  
SCALE: 1" = 1'-0"



5 COLUMN BASE PLATE DETAIL  
SCALE: 3/4" = 1'-0"

Silo Brace

4 - 18" x 18"  
4 - 20" x 20"

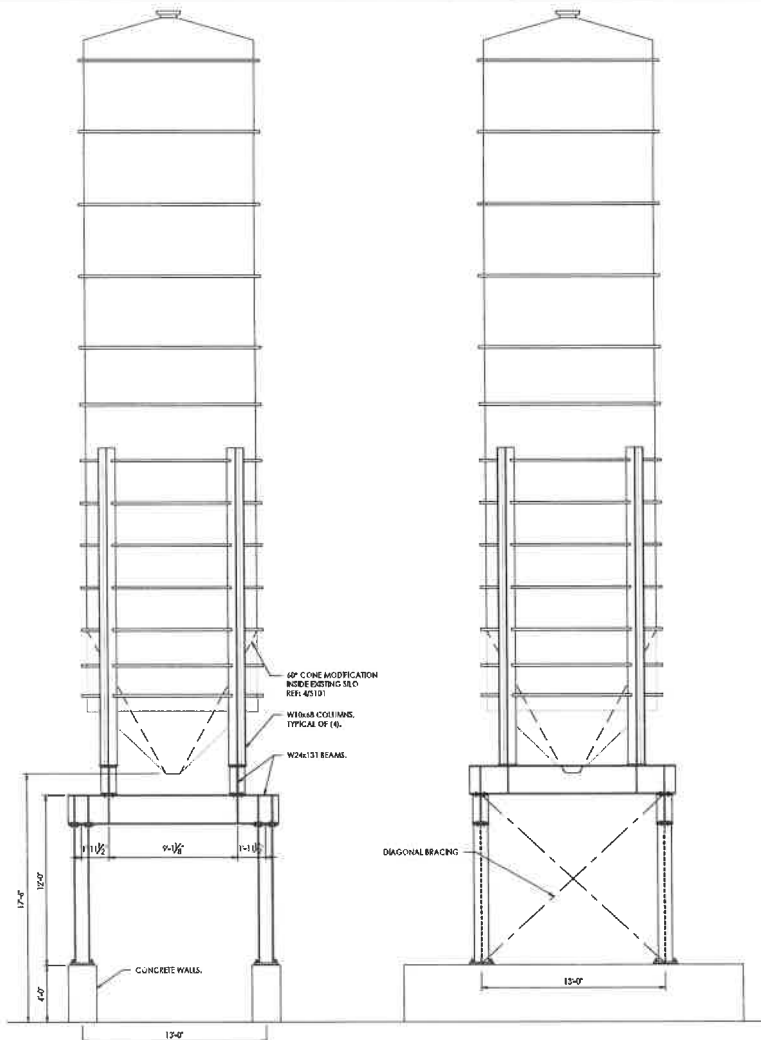
CLARK PATTERSON LEE  
DESIGN PROFESSIONALS  
303 ST. PAUL STREET, SUITE 800  
ROCHESTER, NEW YORK 14604  
TEL (800) 374-9900  
FAX (800) 454-7918  
www.clarkpatterson.com

REVISIONS	DATE	BY	DESCRIPTION

HANSON AGGREGATES  
STORAGE SILO  
4000 ELICOTT STREET  
PAINESVILLE, NEW YORK 14453

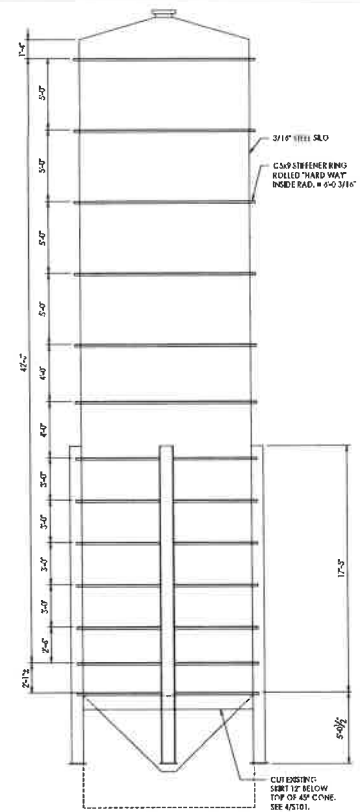
DATE	8/12/13	DRN/BVS	CHECKED
SCALE	AS NOTED	BSC	LDW

PROJECT NUMBER:  
12071.01  
HA  
S103  
DWG NUMBER

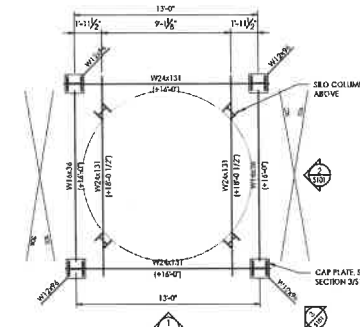


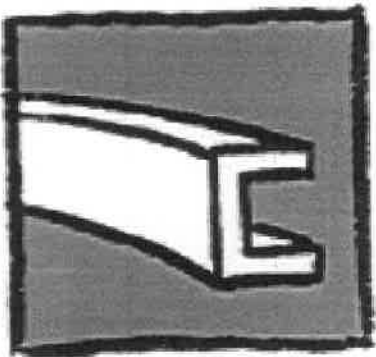
**1 ELEVATION 1**  
SCALE: 1/4" = 1'-0"

**2 ELEVATION 2**  
SCALE: 1/4" = 1'-0"

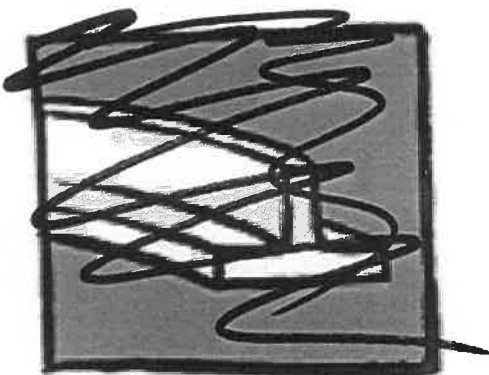


**3 ELEVATION 3**  
SCALE: 1/4" = 1'-0"

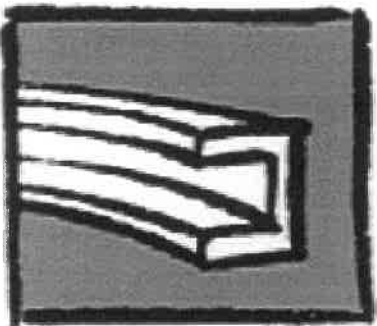




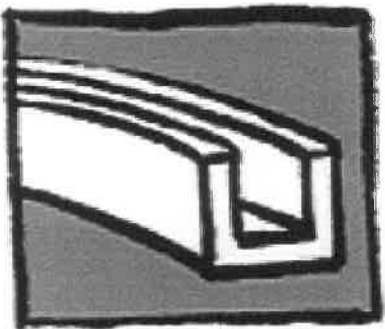
CHANNEL  
FLANGES  
OUT



~~CHANNEL  
FLANGES  
OUT~~



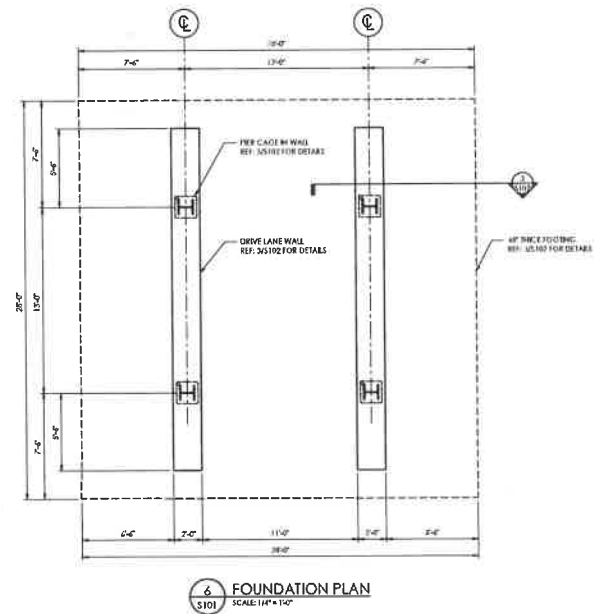
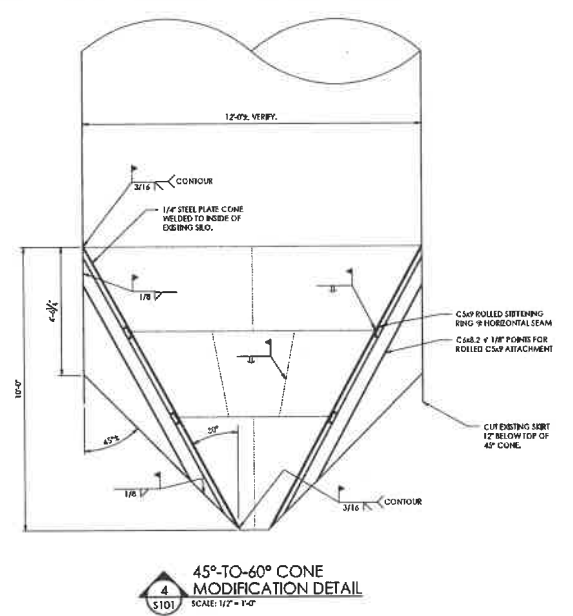
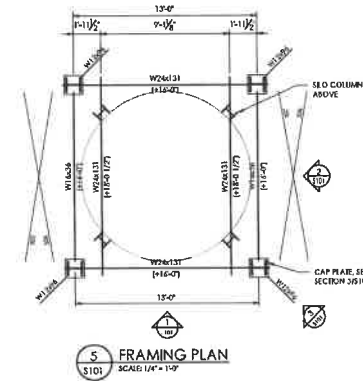
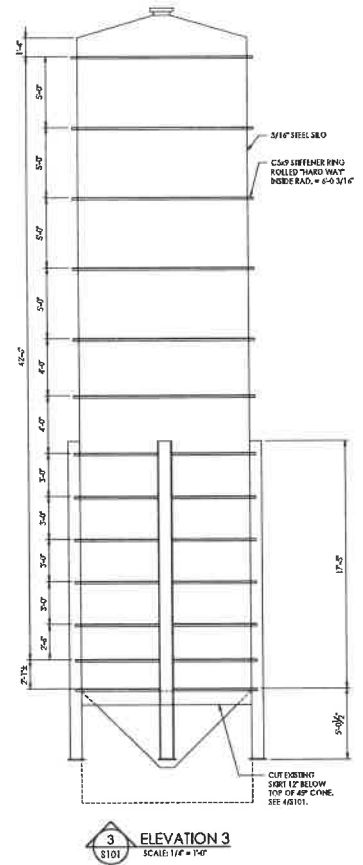
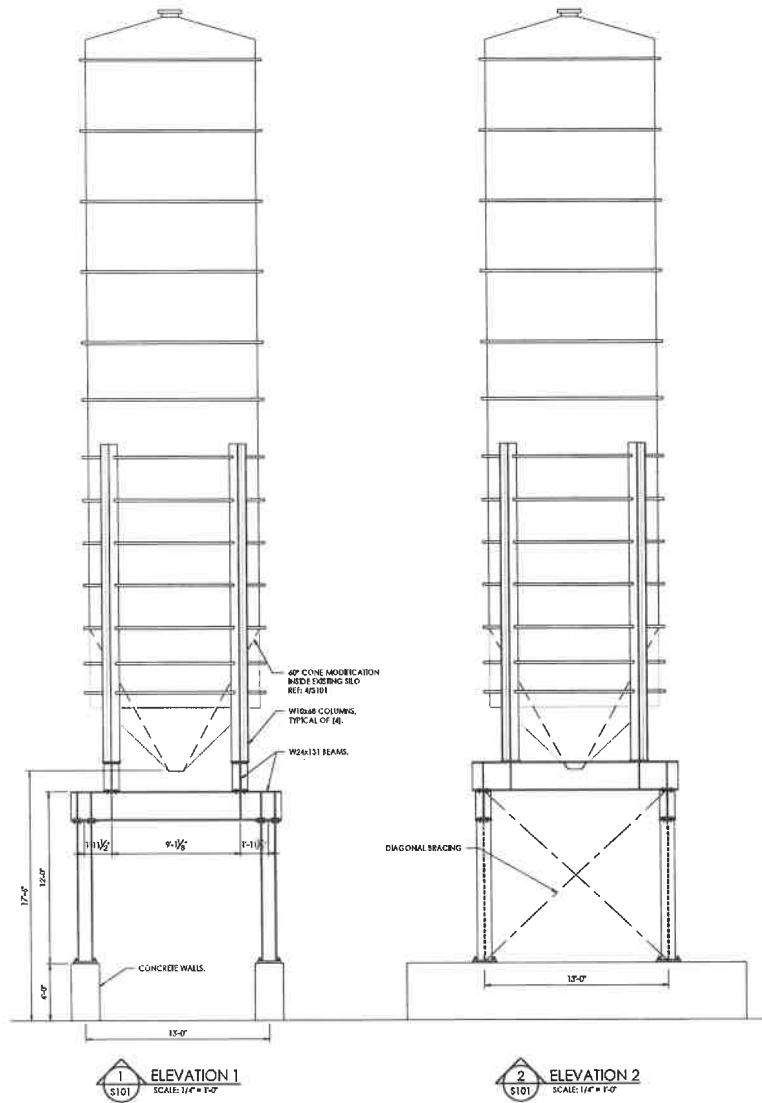
CHANNEL  
FLANGES  
IN



CHANNEL  
HARD  
WAY

Flange  
up





**CLARK PATTERSON LEE**  
DESIGN PROFESSIONALS, INC.  
100 N. MAIN STREET, SUITE 200  
ROCHESTER, NEW YORK 14604  
TEL (716) 371-8800  
FAX (716) 371-8801  
www.clarkpatterson.com

NO.	DATE	DESCRIPTION

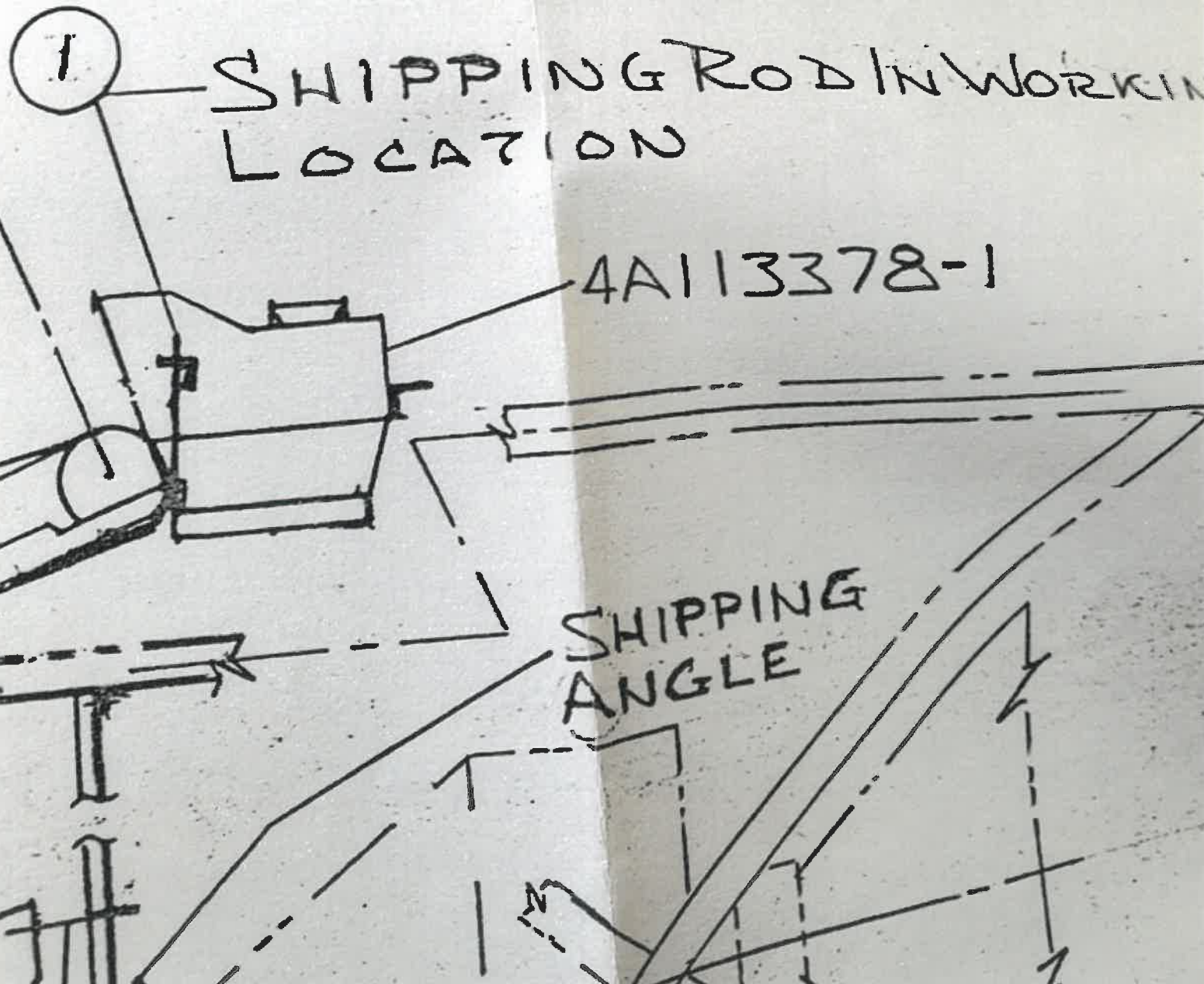
**HANSON AGGREGATES**  
**STORAGE SILO**  
6895 ELLICOTT STREET  
PATERSON, NEW YORK 14225

DATE: 8/12/13  
DRAWN: BSC  
CHECKED: LDW  
APPROVED: AS NOTED  
PROJECT: HIGH STORAGE S&O  
ELEVATIONS, FRAMING PLAN AND FOUNDATION PLAN

PROJECT NUMBER: 12871.01  
**HA**  
**S101**  
DWG NUMBER

DWG. <input type="checkbox"/>		A 214381-3		DESCR. 30" CONVEYOR BELT SHIP ASSY.	
ITEM NO.	QTY.	DESCRIPTION		LENGTH EA.	
1	2	ROD 1/2" X 1'-0"		FT.	IN.
2				TOT. WT.	
3				ITEM ③	
				PIECE MARK	
				1A-11276	

485-26 Erie stayer







New Silo Located  
At: 42°52'53"N  
78°01'29"W



# T-06-PAV-10-25



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04/04/2025