



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

V-01-LER-11-25

Review Date

11/13/2025

Municipality

LEROY, V.

Board Name

VILLAGE BOARD

Applicant's Name

Joe Spadaro

Referral Type

Special Use Permit

Variance(s)

Description:

Special Use Permit and Site Plan Review to convert an existing commercial building into an apartment building (up to 14 units).

Location

1 Church St., LeRoy

Zoning District

Residential (R-2) District

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modification is that the applicant provide a parking plan acceptable to the LeRoy Planning Board prior to approval. With this required modification, the proposed apartment building 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 to the apartments that meet Enhanced 9-1-1 standards.

Director

November 13, 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 # V-01-LER-11-25



*** GENESEE COUNTY ***
PLANNING BOARD REFERRAL

RECEIVED

By the Genesee County Dept. of Planning at 4:36 pm, Oct 21, 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) INFORMATIONBoard(s) Village BoardAddress 3 West Main Street.City, State, Zip LeRoy, New York 14482Phone (585) 768 - 2527 Ext. 2215**2. APPLICANT INFORMATION**Name Joe SpadaroAddress 118 East Main StreetCity, State, Zip LeRoy, New York 14482Phone (585) 444 - 3333 Ext. Email sslimoseicloud.comsslimos@icloud.comMUNICIPALITY: ☐ City ☐ Town ☒ Village of LeRoy**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 1 Church streetB. Nearest intersecting road Church and East Main StreetC. Tax Map Parcel Number 7.-2-31D. Total area of the property 11958 SQFT Area of property to be disturbed 11,600E. Present zoning district(s) R-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

215-28 B(9)C. Please describe the nature of this request applicant looking to convert a previous embroidery shop into and apartmentBldg.**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 Michael Risewick Title CEO Phone (585) 768 - 6910 Ext. 223Address, City, State, Zip 48 Main St LeRoy, NY 14482 Email mrisewick.code@leroyny.org

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TOWN/VILLAGE of LEROY
Application

SPECIAL USE PERMIT

PERMIT # 52-2025

For office use only
Applicant: Joe Spadaro Date Received: _____
Address: 118 E Main St Date advertised: _____
Leroy, NY 14492 Date of Hearing: _____

Phone # 585-444-3333 SBL # _____
Fee: \$250.00 (R+A Zones)
\$200.00 (all other zones)

Decision _____

I hereby apply for a Special Use to:
Convert Church st. to Apartments (up to 14 units)
totaling 11,600 Sq Ft

Reasons for proposed change of present status:
1] Current use is pre existing non-Conforming
Multi-Family Residential is allowed in R-2 district with
Special Use Permit (215-28 item 9)

2] _____

If additional information is necessary, use reverse side and so indicate 1

Signature of Applicant: [Signature] Date: 10-21-25

Signature of CEO [Signature]

Amt. Rec'd. _____ Ck. # _____ Date rec'd. _____

By [Signature] Town Clerk

Town of LeRoy

James R. Farnholz
Supervisor

Patricia A. Canfield
Town Clerk/Tax Collector

Darryl Sehm
John Duyssen
Town Justices

Dave Paddock
Deputy Supervisor

John Armitage
John Johnson
Ron Pangrazio
Town Council

Eric Stauffer
Supt. of Highways



APPLICATION FOR SITE PLAN REVIEW

PROPERTY INFORMATION

ADDRESS: 1 Church Street
ZONING CLASSIFICATION: R-2 Tax Map ID # 7-2-32.2
PRESENT USE OF PROPERTY: Embroidery Shop
PROPOSED USE OF PROPERTY: Apartment Complex

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

Looking to Convert 1 Church St. into Apartments up to 14 units.
Have made arrangements to Rent A Portion of the Parking Lot across the Street to provide adjacent parking

APPLICANT CONTACT INFORMATION NAME:

NAME: Joe Spadaro PHONE: 585-444-3333
ADDRESS: 118 E Main St, LeRoy ZIP: 14482
EMAIL: SSLIMOSEICloud.com

PROPERTY OWNER CONTACT INFORMATION (IF DIFFERENT FROM APPLICANT)

NAME: Joe Spadaro PHONE: 585 444-3333
ADDRESS: 118 E Main St, LeRoy ZIP: 14482

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

[Signature]

Application Fee 100.00 Part of Special Use Permit

Code Enforcement Officer Signature: Michael Rodwin Date rec'd. 10.21.25

Clerk's Signature: _____ Ck. No. _____

"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.asc.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.inquiries@usda.gov."

1 Church looking North



04/04/2025

1 Church looking West



04/04/2025

