SEE COL	GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION		
1802 HW XOR	GCDP Referral ID V-01-LEROY-1-22		
10000000000000000000000000000000000000	Review Date 1/13/2022		
Municipality	LEROY, V.		
Board Name	PLANNING BOARD		
Applicant's Name	Sandra Howard		
Referral Type	Special Use Permit		
Variance(s)			
Description:	Special Use Permit to convert the ground floor of a mixed-use building from a law office into an apartment.		
Location	15 Clay St. (NYS Rt. 19), LeRoy		
Zoning District	Central Commercial (C-2) District		

PLANNING BOARD DECISION

## APPROVAL

## **EXPLANATION:**

The proposed residential use should pose no significant county-wide or inter-community impact.

Director

January 13, 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 PLANN 3837 West Main Street Road Batavia, NY 14020-9404 Phone: (585), % !+ \$%	NING Clear Form	<b>DEPART</b> GCDP Referral # <u>V-C</u>	MENT USE ONLY: D1-LEROY-1-22		
SEAL GENERAL MUN	* GENESEE CO PLANNING BOARD Required Accordin NICIPAL LAW ARTICLE Please answer ALL questions a	REFERRAL g to: 12B, SECTION 23	RECEIVED Genesee County Dept. of Planning 12/16/2021 39 L, M, N		
1. <u>Referring Board(s) Informati</u>	ION 2. <u>Applican</u>	<u>t Information</u>			
Board(s) LeRoy Planning Board	Name Sandra	a Howard			
Address 48 Main Street	Address 9889	South Street Road			
City, State, Zip LeRoy, NY 14482	City, State, Zip	LeRoy, NY 14482			
Phone (585) 768 - 6910 Ext	. 225 Phone (585) 233	- <b>5022</b> Ext. Er	nail		
MUNICIPALITY: City Town Village of LeRoy					
3. <b><u>TYPE OF REFERRAL:</u></b> (Check all application)	able items)				
Area Variance       Zoning Map Change       Subdivision Proposal         Use Variance       Zoning Text Amendments       Preliminary         Special Use Permit       Comprehensive Plan/Update       Final         Site Plan Review       Other:					
4. LOCATION OF THE REAL PROPERT	TY PERTAINING TO THIS REA	FERRAL:			
A. Full Address 15 Clay Street					
B. Nearest intersecting road Myrtle S	treet				
C. Tax Map Parcel Number 92-3					
D. Total area of the property 4900	Area of pro	operty to be disturbed 12	200		
E. Present zoning district(s) C-2 - Ce	entral Commercial				
<ul> <li>5. <u>REFERRAL CASE INFORMATION:</u></li> <li>A. Has this referral been previously ret</li> <li>NO YES If yes, give date</li> </ul>		Planning Board?			
B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law					
LeRoy Village Code, Section 215	-30				
C. Please describe the nature of this re	equest Conversion of a curren	t 1200 square foot la	w office into two apartments.		
C-2 zoning allows the use of a law	w office and a special use pe	rmit allows for a resid	dential use.		
The surrounding zoning is R-2.					
6. <u>ENCLOSURES</u> – Please enclose copy(s)	of all appropriate items in regard	l to this referral			
<ul> <li>Local application</li> <li>Site plan</li> <li>Subdivision plot plans</li> <li>SEQR forms</li> </ul>	<ul> <li>Zoning text/map amendmer</li> <li>Location map or tax maps</li> <li>Elevation drawings</li> <li>Agricultural data statement</li> </ul>	nts New or up Photos Other:	odated comprehensive plan		
7. <u>CONTACT INFORMATION</u> of the perso	on representing the community i	n filling out this form (re	equired information)		

Name Anne Podolak	Title Code Enforcement	Phone (585) 768 -6910	Ext. <b>225</b>
Address, City, State, Zip 48 Main Street, L	eRoy NY 14482	Email apodolak.code@ler	royny.org

TOWN/VILLAGE of LEROY Application

## SPECIAL USE PERMIT

PERMIT # 5 2- JUSA

SBL # 9,-2-3

	For office use only	
Applicant: Sandra Howard	Date Received:	
Address: 9889 South St Rd	Date advertised:	
Letoy NY 14482	Date of Hearing:	

Phone # <u>585-233-5022</u> Fee: \$250.00 (R+A Zones) \$200.00 (all other zones)

Clay Street 15 LI: Decision

I hereby apply for a Special Use to: <u>Convert my deceased husband's law office into</u> <u>a double apartment (upstairs and downstairs)</u>

1] Property is no longer used as a law office

2] Property was used earlier as an upstairs a partment and downstairs office. Property only needs a downstairs kitchen to be a nice apartment.

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

Signature of Applicant: Andra Howard Date: 12-16-21 un modolid Signature of CEO\_\_\_ 00 0 Ck. # 50 Date rec'd. 12 16 2021 U Town Clerk Revision 4-2015



## V-01-LEROY-1-22

