

Town of Canandaigua

5440 Routes 5 & 20 West
Canandaigua, NY 14424
(585) 394-1120 / Fax: (585) 394-9476

Established 1789

PLANNING REVIEW COMMITTEE (PRC) Meeting Notes of December 14, 2015

TO: MELISSA BUCHANAN FOR MARK CASE
FROM: AMANDA CATALFAMO, DEVELOPMENT OFFICE
FAX #: VIA EMAIL – MELISSA@STUDIOBSTRONG.COM
DATE: TUESDAY, DECEMBER 15, 2015

All applicants are hereby given notice that the following report provides positive input to keep the application process moving forward.

Please be aware that failure to submit the requested information by the deadline listed below will likely result in your application being deemed incomplete. Incomplete applications are not placed on any agenda and will not be referred to outside agencies for review.

Melissa Buchanan representing Mark Case (CPN-109-15) (Special Use Permit) (2465–2485 State Route 332 / TM #70.11-1-24.000)

Application Information:

1. The applicant is seeking a Special Use Permit for installation of a commercial speech sign for “Studio B. Fitness and Wellness,” 36 square feet in size.
2. State Environmental Quality Review (SEQR)—Type II action
3. A referral to the Ontario County Planning Board is required.
4. The PRC will forward a copy of the application and supporting documentation to the following agency for its review and recommendation:
 - Ontario County Planning Board

The applicant shall submit the following requested information to the Town Development Office prior to 4:00 p.m. on **FRIDAY, DECEMBER 18, 2015**, to be considered for the January 26, 2016 Planning Board agenda:

1. The applicant shall provide a request for a waiver from the requirement to submit a professionally prepared site plan.
2. The applicant shall provide the dimensions of the sign on the application and on the submitted drawing.

Information for the Applicant:

1. The applicant will receive a copy of the Planning Board meeting agenda approximately 10 days prior to the meeting date. The applicant is required to be in attendance at the meeting.

If the applicant cannot attend this meeting and wishes the Planning Board to act on the application in their absence, the applicant shall contact the Development Office prior to 12:00 pm the day of the meeting.

2. Your application will be referred to an outside consultant hired by the Town of Canandaigua (Town Engineer, Watershed Inspector, Town Attorney, etc). The property owner will be invoiced by the Town for the reimbursement of these expenses. The property owner is on notice that they are responsible for reimbursing the Town for any/all consultant fees accrued by the Town regarding this application. This includes resolutions written by the Town Engineer for each Planning Board meeting.
3. The property owner is on notice that a new Special Use Permit cannot be issued by the Town's Development Office until the Planning Board has granted the renewal.
4. The property owner is on notice that they will be required to renew the Special Use Permit as specified by the Town Planning Board within their decision notification.

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RCD.
11-23-15

PLANNING BOARD APPLICATION SITE PLAN / SPECIAL USE PERMIT

CPN 109-15

FOR: ☐ Sketch Plan Review

☐ One Stage Site Plan Approval (Preliminary & Final Combined)

☐ Two Stage Preliminary Site Plan Approval

☐ Two Stage Final Site Plan Approval

☒ Special Use Permit (New)

☐ Special Use Permit (Renewal)

Permission for on-site inspection for those reviewing application: ☐ Yes ☐ No

1. Name and address of the property owner: MARK CASE
2580 CR 28

Telephone Number of property owner: 585-370-5701

Fax # X E-Mail Address: X

**If you provide your e-mail address, this will be the primary way we contact you **

→ 2. Name and Address Applicant if not the property owner: Melissa Buchanan
2465-2485 Route 332 Canandaigua, NY 14424

Telephone Number of Applicant: 585-697-4871

Fax # X E-Mail Address: Melissa@studiobuchanan.com

**If you provide your e-mail address, this will be the primary way we contact you **

3. Subject Property Address: 2485 Route 332

Nearest Road Intersection: 332 & North Rd.

Tax Map Number: 70.11-1-24.000 Zoning District: CC

4. Is the Subject Property within 500' of a State or County Road or Town Boundary? (If yes, the Town may refer your application to the Ontario County Planning Board.)

Please circle one:

YES

NO

5. Is the Subject Property within 500' of an Agricultural District? (If yes, an Agricultural Data Statement must be completed and submitted with this application.)

Please circle one:

YES

NO

(Continued on Back)

6. What is your proposed new project?

Changing the sign

7. Have the necessary building permit applications been included with this form? If not, please verify which forms are required to be submitted with the Development Office.
8. If applying for Site Plan Approval or Special Use Permit, attach a completed Soil Erosion and Sedimentation Control Plan and Permit Application as described in Chapter 165 of the Town Code.
9. Are you requesting a waiver from a professionally prepared site plan?

Please circle one:

YES

NO

If "yes" the property owner acknowledges and accepts full responsibility for any errors or misrepresentation depicted on the site plan and agrees to indemnify the Town of Canandaigua for any and all expenses, including reasonable attorney's fees, incurred by the Town as a result of any such error or misrepresentation.

_____ (property owner's initials)

10. If no, attach a professionally prepared site plan as described in Chapter 220 Article VII (Site Plan Regulations) of the Town Code.
11. If a Special Use Permit is requested, attach plans and documentation as required in Chapter 220 Article VI (Regulations Governing Special Permit Uses) of the Town Code.

The applicant / property owner is on notice that their personal/bank check submitted to the Town to meet the landscaping/soil erosion surety requirement(s) as noted in the Planning Board decision sheet will be deposited into a Town non-interest bearing bank account.

Property Owner is responsible for any consultant fees*
(Town Engineer, Town Attorney, etc.) incurred during the application process.

***See Town Clerk for current Fee Schedule**

I hereby acknowledge that I have reviewed all the questions contained in this application and certify that the information provided is accurate and complete to the best of my knowledge and ability. Finally, I hereby grant my designated person in Question #2 of this application form, permission to represent me during the application process.

Mark Case

(Signature of Property Owner)

1/23/15

(Date)

Town of Canandaigua

5440 Routes 5 & 20 West

Canandaigua, NY 14424

Phone: (585) 394-1120 / Fax: (585) 394-9476

SPECIAL USE PERMIT APPLICATION

CPN #: 109-15

Applying for a "NEW" Special Use Permit:

Proposed Use: New Sign

Section of Town Zoning Law Pertaining to Proposed Special Use: Chapter 220, Section _____

You must attach to this application (1) a detailed site plan in compliance with the Residential / Commercial Checklist; (2) a written statement detailing your compliance with the Town's zoning law; and (3) a statement of operations – a detailed description of your proposed business.

Applying to "RENEW" an existing Special Use Permit:

Type of Existing Special Use Permit: _____

Date of Original Planning Board Approval: _____

Section of Town Zoning Law Pertaining to Existing Special Use: Chapter 220, Section _____

Are there any proposed changes to the existing Special Use Permit? Yes No

If yes, please explain: _____

You must attach to this application (1) a copy of the most recent site plan showing the Planning Board chairperson's signature at the time the existing special use permit was granted/last renewed; (2) a written statement regarding your compliance with all past Planning Board conditions of approval; and (3) photographs of the subject property showing your compliance with all past Planning Board conditions of approval.

The undersigned represents and agrees as a condition to the issuance of these permits that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, and the plans and specifications annexed hereto.

**PERMIT APPLICATION CANNOT BE ACCEPTED WITHOUT THE
PROPERTY OWNER'S SIGNATURE.**

Owner's Signature: Mark Cas

Date: 11/23/15

Town of Canandaigua

SIGN PERMIT APPLICATION

(Complete a separate form for each proposed sign.)

SECTION I - APPLICANT / PROPERTY INFORMATION:

1. **Subject Property** Address: 2465 - 2485 Route 332 Canandaigua
Subject Property Tax Map Number: 70.11-1-24.000 Zoning District: CC
2. Name and address of **Property Owner**: ~~James~~ Mark Case
122 Granger St.
Telephone Number / E-mail Address: (585) 370-5701
3. Name and Address of **Applicant** if not property owner: Melissa Burman
2485 Route 332
Telephone Number / E-mail Address: 585 697-4871 Melissa@studioBStrong.com
4. Briefly describe the current structures on and use of the property: Fitness & Wellness studio

SECTION II - EXISTING SIGNS

Describe All Existing Signs on the Property: _____

SECTION III - DIMENSIONS FOR PROPOSED SIGN		ZONING OFFICER TO COMPLETE	
DIMENSIONAL DESCRIPTION	APPLICANT TO COMPLETE	Allowed By Code	Variance Needed
Square Footage of Display Area	<u>36 SF</u>		
Ground Sign:			
Front Setback (measured from the road or right-of-way)		15 ft	
Left Side Setback		15 ft	
Right Side Setback		15 ft	
Height of Proposed Sign (ground to top of supporting structure)	<u>10'</u>		
Building Sign:			
Existing Building Frontage			
Height of Proposed Sign	<u>30' tall</u>		

SECTION IV - DESCRIPTION DETAILS FOR PROPOSED SIGN

Proposed Wording of Sign: "Studio B Fitness & Wellness"

Type of Installation: ☐ Ground Sign ☒ Building Sign ☐ Other (Explain)

Material: ☒ Plastic Vexar ☐ Metal ☐ Wood ☐ Other

Illumination of Sign: ☒ Back - Lit ☐ Overhead (Down Lighting) ☐ Ground Lit (Up Lighting) ☐ Internal

☐ None

SECTION V – SITE INFORMATION: Per § 220-80-A: A sketch site plan shall be attached to this permit application showing the following information:

- Location of building, structure, or land to which or upon which the sign is to be erected; and
- Location and setbacks of any existing or proposed ground sign and the location and setbacks of all other signs and/or buildings on the property; and
- Location (drawn to scale not exceeding one inch equals 20 feet) and position of the sign on any buildings or structures, including a depiction of the building front view or elevation; and
- Detailed drawing or blueprint (to a scale not exceeding one inch equals one foot) showing the construction details of the sign, the lettering and/or pictorial matter and color of each, and the position of lighting or other extraneous devices; and
- Identification of all other signs existing on said parcel of land and whether each other sign is conforming or legally nonconforming.

Upon a determination of compliance, a sign permit shall be issued by the Zoning Officer. The applicant shall have 120 days from

the date of issuance to install the sign and submit a request for a certificate of sign compliance or the sign permit will expire.

Within five business days of the placement of any approved sign the applicant shall request for a certificate of sign compliance and provide two sets of photographs of the site and the sign to the Development Office. Upon verification of compliance with this

chapter and/or previous Town approval(s), the Zoning Officer shall issue a certificate of sign compliance.

Should the Zoning Officer, upon inspection, find the sign not to be in compliance with this chapter or previous Town approval(s), the applicant shall be so notified by certified mail. The applicant shall, within 30 days from the date of the notification letter, correct the cited deficiencies and notify the Zoning Officer of the corrections. In no event shall said thirty day period extend the

one-hundred twenty day validation period for the sign permit prescribed within this subsection.

SECTION VI – CONTRACTOR INSURANCE INFORMATION:

General Contractor: Swine Graphics
Address: Hook Rd. Farmington NY
Telephone: 924

CONTRACTOR INSURANCE CERTIFICATES REQUIRED

☐ C-105.2 / U-26.3 and DB-120.1 or ☐ CE-200 / BP-1

The undersigned represents and agrees as a condition to the issuance of these permits that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, approvals/conditions described on the ZBA / PB decision sheet, and the plans and specifications annexed hereto.

PERMIT CANNOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE

Please **DO NOT** send payment with this application.

Owner's Signature: Mach Case

Date: 11/23/15

***** FOR OFFICE USE ONLY *****

Proposed signage complies with the Town's Sign regulations.

Yes No

Planning Board and/or Zoning Board of Appeals requirements have been met.

Yes No N/A

Zoning Officer

Date

Permit # _____

Total Permit Fee \$150.⁰⁰ per sign (Non-Refundable)

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AGRICULTURAL DATA STATEMENT

CPN #: _____

In accordance with NYS Town Law § 283-a, the Town of Canandaigua will use the following information to evaluate possible impacts that would occur on property within an agricultural district containing a farm operation or on property with boundaries within 500 feet of a farm operation.

A. Name and Address of Property Owner: _____

B. Name and Address of Applicant: _____

C. Description of the proposed project: _____

D. Project Location: _____

E. Tax Map #: _____

F. Is any portion of the subject property currently being farmed? ____ Yes ____ No

G. List the name and address of any land owner within the agricultural district that the land contains farm operations and is located within 500 feet of the boundary of the property upon which the project is proposed.

Name / Address

1. _____

2. _____

3. _____

H. Attach a tax map or other map showing the site of the proposed project relative to the location of farm operations identified in this Agricultural Data Statement.

FOR TOWN USE ONLY

Circle Type of Application:

Special Use Permit

Site Plan Approval

Subdivision

Use Variance

Circle Review Authority:

Zoning Board of Appeals

Planning Board

Town Board

Notice Provision:

Date when written notice of the application described in Part I was provided to the land owners identified in the Agricultural Data Statement.

Date referral sent to the Ontario County Planning Department:

Name of Official Completing Form

Date

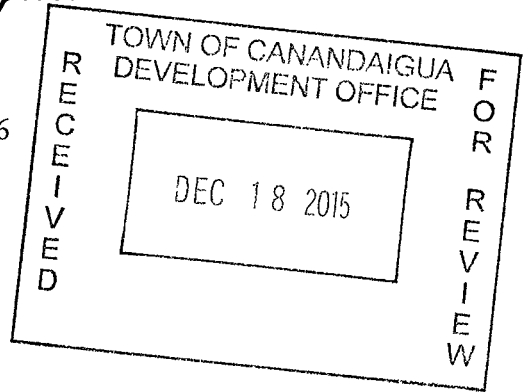
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WAIVER REQUEST

PURSUANT TO TOWN CODE §220-65 (L)



Applicant: Melissa Buchanan

Telephone #: 585 697-4871 Email: Melissa@studiobestny.com

Subject Address: 2485 Route 332 Canandaigua, NY 14424

Tax Map #: 70.11-1-24.000 CPN #: 109-15

Waiver requested for: From requirement to submit professionally prepared site plan.
(i.e. a professionally prepared site plan, landscaping requirements, etc.)

Reasons for Waiver:

1. Just applying for new sign permit.

2. _____

3. _____

Additional Information: _____

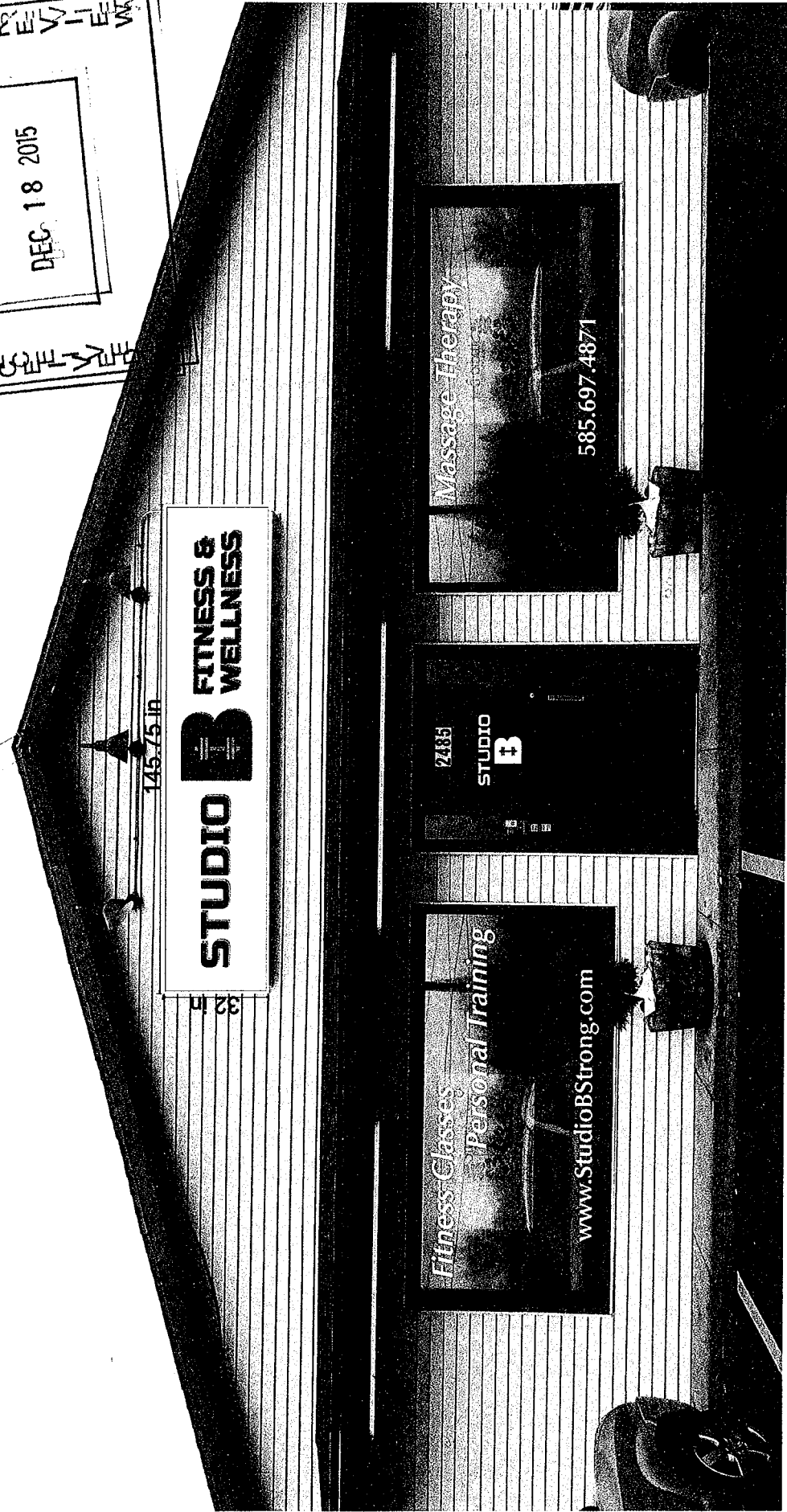
I hereby request a waiver of requirement(s) as described above pursuant to Town Code § 220-65(L).

[Signature]
Signature of Applicant

12/18/15
Date

Planning Board approval of waiver (date): _____

TOWN OF CANANDAIA
DEVELOPMENT OFFICE
RECEIVED
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585-924-8370

Job#: 71115	Prepared by: MT	Sales:
File: Studio B Building Lettering.fs	File Location: O:\S\Studio B Fitness\SIGN	Date: 12/18/2015
Revision #2	Authorized Signature _____ Date _____	

PLEASE REVIEW PROOF CAREFULLY. Mark any revisions or corrections clearly. It is the policy of Ewing Graphics that production will not proceed without a signed proof. Customer alterations from original instructions will be at the customer's expense. Actual print or vinyl colors may vary slightly from colors on proof. If Approved Please Sign and Fax to: 585-924-8373



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Job#: 71115	Prepared by: MT	Sales:
File: Studio B Building Lettering.fs	File Location: O:\Studio B Fitness\SIGN	
Date: 11/17/2015	Revision #: 2	
Authorized Signature _____		Date _____

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