Site Plan Application

Town of Franklinville Building / Zoning Permit Application
11 Park Square, PO Box 146, Franklinville, NY 14737
Office: 716-676-3077 (Ext. 5) Email: _____
Cell: 716-378-9820 Website: franklinvilleny.org (TOWN GOV'T)

PLEASE FILL OUT ALL REQUIRED INFORMATION OR THE APPLICATION WILL NOT BE ACCEPTED.
NOTE: **PAYING AND SUBMITTING THIS APPLICATION TO THE TOWN DOES NOT MEAN YOU HAVE A BUILDING PERMIT.** ONLY THE CEO/BSI CAN REVIEW THE APPLICATIONS AND ISSUE PERMITS. Permit and Fees do apply to all Agricultural Buildings.
NOTE: THE HOMEOWNER (OR THEIR AGENT) IS RESPONSIBLE TO REQUEST AN INSPECTION APPOINTMENT WITH AT LEAST 2 BUSINESS DAYS ADVANCE NOTICE.

Property Description Number / Tax ID Number: VL Pine St + Kingsbury Hill Rd. SBL No. 40.003-2-2.11

Property Owners Name, Address and Phone Number: Schwab Land Holdings, LLC 10090 Pigeon Hill Rd., Delevan, NY 14042 716.353-8389
Site Plan Applicant: T.L. Schwab Transport, LLC - same address + phone

Address of Project Site: VL Pine St + Kingsbury Hill Rd.

Builders Name, Address and Phone Number: TBD after Site Plan Approval

Description of Project: See attached

Structural Specifications:

Length: 130' Width: 400' Height: 24' Sq. Footage: 52,000

Number of Rooms: Bedrooms 0 Bathrooms 0 Total Rooms 5

Type of Foundation: Piered w/ concrete footer Type of Heating System: oil

Total Project Cost: $3 Million Health Dept. Permit: Yes _____ No ✓ - To be applied for, if needed.

Owner's Signature: P.S. - see attached Date: 2-21-2024

*By signing this form, I declare that all Information provided is true and accurate. False statements are punishable by law. I allow the CEO / BSI to do on-site pre-permit and all permit required inspections.

****

AGENCY USE ONLY Application/Permit Number: 1-2024

Application Received 2-22-2024 Project Approval: Yes _____ No X Date 2-22-2024

Reason for Denial: Section 6.1.2.C 13

CEO / BSI Signature: _____ Date: _____

Permit Fee: $ 25.00. Checks Payable to **Town of Franklinville**. Return Check Fee.

1/2020

Amended 3.12.2024 to update FEAF

Site Plans Application

RECEIVED
APR 15 2024
BY:
Initial:

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Property Owners Name, Address and Phone Number: Schwab Land Holdings, LLC
10090 Pigeon Hill Rd., Delevan, NY 14042 716. 353-8389
Site Plan Applicant: T.L. Schwab Transport, LLC - same address + phone

Address of Project Site: VL Pine St + Kingsbury Hill Rd.

Builders Name, Address and Phone Number: TBD after Site Plan Approval

Description of Project: See attached

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Total Project Cost: $3 Million Health Dept. Permit: Yes _____ No ✓ - To be applied for, if needed.

Owner's Signature: PS - see attached Date: 2-21-2024

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****

AGENCY USE ONLY Application/Permit Number: _____
Application Received _____ Project Approval: Yes _____ No _____ Date _____
Reason for Denial: _____
CEO / BSI Signature: _____ Date: _____
Permit Fee: $ _____. Checks Payable to **Town of Franklinville**. Return Check Fee.

1/2020

Any reference to Kingsbury Hill Road is hereby amended to Pine Street
(Pine Street becomes Kingsbury Hill Road, but frontage of project site is on Pine Street.)

Application to Zoning Board of Appeals

Town of Franklinville, New York

Date Received: 2.23.24 **By:** Peter Sorgi office.

Application Number: I-20224 **Fee Paid:** $ 100.00.

Part A: To Be Completed by Applicant

Application for a (an):
- ☐ **Interpretation/Clarification of the Zoning Ordinance**
- ☒ **Special Use Permit** (Article 9)
- ☐ **Use Variance** (Section 14.4)
- ☐ **Area Variance** (Section 14.5)
- ☐ **Other** _____.

Location or address of property for which permit or variance is requested:

41.25 acres of Vacant Land fronting on Pine Street and Kingsbury Hill Road, Town of Franklinville, NY

Tax Map Number of Property: 40.003-2-2.11.
(Found on a Tax Bill)

Applicant's Name: T.L. Schwab Transport, LLC **Owner's Name:** Schwab Land Holdings, LLC.
(If different from Applicant)

Applicant's Mailing Address:
(If different from above)

10090 Pigeon Hill Rd
Delevan, NY 14042

10090 Pigeon Hill Rd
Delevan, NY 14042

Applicant's Phone Number: Home: Not Applicable Work: 716-353-8398.

Reason for application:
(Applicants for variance should explain why their proposal meets the specific criteria contained in section 14.4 or 14.5, as applicable. Attach additional sheets if necessary.)

See attached letter from Peter J. Sorgi, Esq., Project Attorney

Previous Appeal: No ☒ Yes ☐ **Date:** _____.
Board Decision: _____.

Signature of Applicant: P S. **Date:** 2.21.2021.

Signature of Owner: P S **Date:** 2.21.2021.
(If different from Applicant)

See attached Authorization

Part 6: Action Taken By Zoning Board of Appeals

Date of Public Hearing: _____.

Date of Zoning Board Action: _____.

Zoning Board Decision:
- ☐ Approved
- ☐ Denied
- ☐ Approved with the following conditions:

Signatures of Zoning Board of Appeals members in attendance:

_____. _____.

_____. _____.

_____.

Signature of Chairperson, Zoning Board of Appeals

Note: The granting of this variance or special use permit shall become void two years from the date of decision, if applicant has not completed construction and/or commenced operation of the use by that time.