Appendix I
Zoning Information & SEQR

TOWN OF HANOVER

DEPARTMENT OF CODE ENFORCEMENT
ZONING BOARD OF APPEALS
68 Hanover St. * Silver Creek, N.Y. 14136
Phone (716) 934-2920

NOTICE OF DECISION

TO: Joseph Dolce/TLC Health Care Network
Bennett State Road
Forestville, NY 14062

Location: **SECTION 83.00 BLOCK 2 LOT 26**

Upon your request for an **SPECIAL USE VARIANCE/PERMIT**

Pursuant to: **Zoning Law Article 7.1-3(15) Local Law No. 1 Adopted in 1998.**

To: **request a Special Use Permit for the construction of a health care clinic**

Official notice of the Zoning Board of Appeals decision on the above request is given herewith:

☐ * GRANTED
☒ * GRANTED WITH THE FOLLOWING PROVISION(S): Provided that the provision of the subdivision of the lot is approved by the Planning Board.

☐ DENIED FOR THE FOLLOWING REASON(S):

TABLED UNTIL:

*** IF VARIANCE IS GRANTED YOU MUST APPLY FOR A BUILDING PERMIT.**

DATE: July 20 ,2010

Applicant's Signature
SIMMONS RECOVERY CONSULTING
REPRESENTING
TLC Health Network

Town of Hanover / ZBA

Richard Erdle / Chairman

Chautauqua County
DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
200 Harrison Street • Jamestown, New York 14701
Phone (716) 661-8900 • Planning Fax (716) 483-6679 • www.planningchautauqua.com

July 16, 2010

MR. RICHARD ERDLE, Chair
Town of Hanover ZBA
12229 HANFORD ROAD
SILVER CREEK, NY 14136

RE: MUNICIPAL ZONING REFERRAL
SPECIAL USE PERMIT - HANOVER
TLC HEALTH CARE NETWORK / Ron Simmons, representative (*Joseph C. Dolce, property owner*)
EAST SIDE of BENNETT STATE ROAD (approx. 450' north the of village boundary - a 2 acre portion of the parcel)
SECTION 83.00 - BLOCK 3 - LOT 26 **(Old Parcel # 13 - 1 - 17)**

Dear Mr. Erdle,

This letter is in response to your municipal zoning referral that was recently received by this office. A copy of the first page of your referral form is enclosed for your information and reference.

As one of the designated staff to the Chautauqua County Planning Board, I have reviewed the above noted referral. With regard to General Municipal Law 239-m, this proposal is subject to a referral to the county since it affects property within 500 feet of one or more of the following: a state or county road, a municipal boundary, a farm operation in a state agricultural district, an existing or proposed state or county park or recreation area, a public building on state or county owned land.

I have reviewed the pertinent inter-community and county-wide considerations with respect to this proposal and its effect on the relevant concerns that are listed under General Municipal Law 239-l. Based on this review, I find that the proposed action would have no significant county-wide or inter-community impact and that the proposal would be a matter of local concern. The following informal comments are for your board's review and consideration.

> Prior to your decision, it is recommended that your board review and consider the following factors or concerns if applicable: the existing character of the neighborhood; the location of nearby residences; the compatibility of the requested use with adjacent properties; the location of the access drive; the parking lot capacity; hours of operation; exterior lighting; signage; landscaping; stormwater drainage plans; buffering for residences where necessary; and any other applicable concerns the town or its residents may have regarding this proposed health clinic use.

If you have any questions or concerns regarding this matter, please contact this office at 661-8900 or 664-3262.

Respectfully,

Douglas Jacobs

Douglas Jacobs
Chautauqua County Planning Division

cc: Linda DeFries, Code Enforcement Officer; Janine Salzman, Town Clerk

William J. Daly, Director
dalyw@co.chautauqua.ny.us

Gregory J. Edwards, County Executive
edwardsg@co.chautauqua.ny.us

06/16/10 WED 10:58 FAX 716 934 7991 TOWN OF HANOVER 008

CHAUTAUQUA COUNTY MUNICIPAL ZONING REFERRAL FORM

July 2009

SEND TO:
CHAUTAUQUA COUNTY PLANNING BOARD
c/o COUNTY PLANNING DIVISION
200 HARRISON ST.
JAMESTOWN, NY 14701

FOR COUNTY USE ONLY:
MUNICIPALITY: HANOVER
DATE RECEIVED: 6-16-10
POSTMARK DATE: FAXED
HEARING DATE: 7-20-10
DECISION DATE:
DATE COUNTY RESPONSE SENT 7-16-10

1. **TYPE OF ACTION:**
- ☐ Zoning Ordinance or Local Law (Adopt / Amend)
- ☐ Comprehensive Plan (Adopt / Amend)
- ☐ Use Variance
- ☐ Site Plan Approval
- ☑ Special Use Permit
- ☐ Area Variance

2. **REASON FOR REFERRAL: affects property lying within 500 feet of:** (Please check all that apply.)
- ☒ Municipal Boundary * (name) FORESTVILLE
- ☐ County-Owned Drainage Channel
- ☐ Existing/Proposed County/State Park or Recreation Area
- ☑ County or State Road Route # Bennett St Rd RL 85
- ☐ Operating Farm Located in a State Certified Ag District (except area variances)
- ☐ County or State owned land with Public Bldg.

* Has neighboring municipality been notified 10 days prior of hearing date for special use permit, use variance, or site plan approval per NYS Gen. Municipal Law 239-nn? ☑ Yes ☐ No ☐ Not Applicable

3. **NAME OF APPLICANT:** TLC Health Care (JOSEPH C. DOLCE - PROP OWNER)

TAX PARCEL #: PORTION OF: Sect 83.00 Block 3 Lot 26; Sect ____ Block ____ Lot ____; OLD# Sect 13 Block 1 Lot 17

STREET ADDRESS: EAST SIDE of Bennett St Rd, Forestville (450' NORTH of VILLAGE BDY.) **ZONING DISTRICT:** AG.

4. **GENERAL DESCRIPTION OF PROPOSED PROJECT** IN ENOUGH DETAIL TO ALLOW THE COUNTY PLANNING BOARD TO EVALUATE ITS POTENTIAL IMPACTS – INCLUDE CONCERNS IDENTIFIED BY REFERRING MUNICIPALITY (attach additional page if needed).

To Build A Health Care Clinic on a 2AC parcel disturb less than 1AC.

5. **SUPPORTING DOCUMENTS:** Please check all information requested below, unless not required by your board to make its decision, and **attach:**
- ☑ Completed Environmental Assessment Form
- ☐ Location map with scale
- ☐ Basic sketch of the proposal
- ☑ **Copy of applicable zoning ordinance or law section**
- ☐ In the case of the adoption or amendment of a zoning ordinance or local law, the complete text of the proposed ordinance or local law as well as all existing provisions.
- ☐ Other(s)

6. **WHY ACTION IS NEEDED** (e.g. 5 foot side yard request while law requires 10 feet; required parking not provided; not use by right; use not allowed in district, etc. – attach page if additional space needed):

Listed As Use By Special Use

7. **PREVIOUS REQUEST:** Has this request been made in the past? ☐ Yes ☑ No If yes, why was it denied/withdrawn?

(over)

KIDENEY ARCHITECTS

Appendix P – Town of Hanover Subdivision Approval

TOWN OF HANOVER

PLANNING BOARD

68 Hanover Street
Silver Creek, NY 14136
(716) 934-2920

NOTICE OF DECISION

A meeting was held at 7:30 PM on February 21, 2011 before the Hanover Planning Board, in the Zoning Office at the Hanover Town Hall, 68 Hanover Street, Silver Creek, New York. An application will be reviewed for land subdivision per Town of Hanover Land Sub-Division Regulations, Article I through Article VI, dated December 13, 1971.

The application of Joseph Dolce, 11024 Bennett State Road, Forestville, NY 14062 for a minor subdivision of property located on Bennett State Road Forestville, NY 14062 Tax ID 83.00-3-26 in the Town of Hanover

Official notice of the Planning Board's decision on the above request is given herewith:
Motion by

- **Granted** ___x___ Motion Gene Richter , seconded by Sam Chiappone
-
- **Not Granted** _____

Carol DePasquale
Chairman, Hanover Planning Board
Date: 2/21/2011

FINAL APPROVAL AND FILING

After receiving final approval as described in Section 310 Building Code. Section 24-22-2 by a Notice of Decision properly signed by the appropriate office of the Planning Board, the applicant must file/ record the DEED with the County Clerk. Any special use not filed or recorded within 90 days of the date upon which such decision is approved shall become null and void.

10/5940

TOWN OF HANOVER

DEPARTMENT OF CODE ENFORCEMENT
ZONING BOARD OF APPEALS
68 Hanover St. * Silver Creek, N.Y. 14136
Phone (716) 934-2920

RECEIVED
JUN 21 2010
DMC
HISTORIC PRESERVATION
FIELD SERVICES BUREAU

PUBLIC NOTICE:

Notice is hereby given that a public hearing will be held before the Zoning Board of Appeals of the Town of Hanover on the 20th day of July, 2010 at 7:30 p.m. in the Town of Hanover Hall, 68 Hanover St. Silver Creek, N.Y. to consider the Appeal of:

Joseph Dolce / TLC Health Care Network
Bennett State Road
Forestville, N.Y. 14062

Tax Map: Section 83.00-2-26

The permit has been denied on the basis of Use by Special Use to Section 7.1-3 (15) of the Zoning Law adopted 1998 which deals with building a health care clinic on a 2 acre parcel within the Agricultural District of the Town of Hanover. A Special Use Permit has been requested.

Said board of appeals will consider the application for a Special Use Variance, and the interpretation of the zoning ordinance as it applies to Joseph Dolce / TLC Health Care Network.
All persons may appear in person or by agent or attorney. All persons interested shall be heard.

Chairman:
Richard Erdle
ZBA/ Town of Hanover
Chautauqua County

TOWN OF HANOVER
ZONING BOARD OF APPEALS
68 Hanover St., Silver Creek, N.Y. 14136
(716) 934-2920

RECEIVED
JUN 21 2010
HISTORIC PRESERVATION
FIELD SERVICES BUREAU

REQUEST FOR USE VARIANCE

I. **USE PERMIT DEFINED**: A use Permit is a zoning device which relates to uses specifically listed as being not allowed by Special Use Permit or by Use By Right. It allows conditions to be imposed on those potentially troublesome uses in order to preserve the character of a neighborhood and reduce incompatible situations. A Use Permit is not the same as a variance.

II. **WHEN TO USE THIS FORM**: The Zoning law itself will specify which uses are to be allowed by Special Use Permit or by Use By Right and the standards which must be met. An application must be made to the Zoning Board of Appeals (Planning Board) whenever a Special Use or Use Permit not listed is proposed.

III. NAME OF APPLICANT: TLC Health Network / Ron Simmons

Mailing Address: 845 Rt 5+20, Irving, N.Y. 14081

Town: Hanover Phone: 951-7264

IV. **PROPERTY IDENTIFICATION**: (include diagram, parking to be provided, etc.)

Section 83.00 Block 2 Lot 25

Section _____ Block _____ Lot _____

Street Address: Bennett St Road, Forestville

Town: Hanover

V. **PROJECT DESCRIPTION**: (Include diagram, parking to be provided, etc.)

The use requested (specify) Health Care Clinic
Is listed as a permitted use in the 7.1-3 Special Use (15) Health Care Unit District (Section).
The following describes the proposed project:

A. General description: To Build A Health Care Clinic on 2 AC. Site. Will disturb Less than 1 AC

B. Dimensional description: _____

C. Parking provided: yes

D. Buffers: _____

E. Signs / Lighting: According to Code

F. Flood Plain / Wetlands / Grading: N/A

G. Other: _____

VI. **CONDITIONS TO BE SELF-IMPOSED:** To preserve the character of the neighborhood and reduce incompatible situations, the following conditions will be self-imposed or are presently in place. Examples include: vegetation buffers; absence of noise, smoke, etc.; sufficient parking, etc.:

Clinic will be placed on 2 AC. Lot
Ample parking Provided will meet All Local
Setback requirements

VII. **HEARING:** The Zoning Board of Appeals convenes every third Tuesday of the month. You will be notified in writing of the time and place for the hearing.

VIII. SIGNATURE OF APPLICANT: R M

Date: 6/15/10

Fee: $70.00 ☑ Paid ☐ Not Paid

Adjoining Properties:

Section 83.00 Block 3 Lot 26	Section 83.00 Block 2 Lot 27
Section 100.05 Block 2 Lot 6	Section 83.00 Block 3 Lot 23
Section 83.00 Block 3 Lot 24	Section 100.05 Block 2 Lot 10
Section 83.00 Block 2 Lot 29.2	Section 83.00 Block 2 Lot 28
Section 100.05 Block 2 Lot 9	Section ____ Block ____ Lot ____
Section 83.00 Block 3 Lot 25	Section ____ Block ____ Lot ____
Section 83.00 Block 3 Lot 14	Section ____ Block ____ Lot ____

7.1-3 SPECIAL USES: The following uses may be allowed by Special Use Permit in accordance with the provisions of Section 13.7:

(1) Airports or aircraft land fields;

(2) Animal hospitals;

(3) Cemeteries, including crematories and mausoleums in conjunction therewith, if not located within five hundred feet (500') of any dwelling;

(4) Dog kennels;

(5) Filling of holes, pits, quarries, or lowland with non-combustible material free from refuse and food wastes.

(6) Fur-bearing animal farms;

(7) Gun clubs, if located not nearer than one thousand feet (1,000') to any residence other than that of the owner or lessee of the site, and if not so operated as to withdraw the land from its primary agricultural use;

(8) Light industry;

(9) Mining, loading and hauling of sand, gravel, topsoil or other aggregate, but not including equipment, buildings or structures for screening, crushing, mixing, washing, or storage, except as may be specifically authorized for a limited period of time;

(10) Multi-family residence;

(11) Private recreational area or camps only when the application is accompanied by plans approved by the New York State Department of Health for sanitary disposal of sewage;

(12) Public service uses;

(a) Filtration plant, pumping station, and water reservoir;

(b) Sewage treatment plant;

(c) Police and fire stations; and

(d) Other governmental uses;

(13) Radio and television towers, commercial;

(14) Railroad rights-of-way and tracks;

(15) Rest homes, nursing homes, hospitals and sanitariums, institutions for the aged and for children, for human beings only;

(16) Saw mills;

(17) Stable, livery;

617.20

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR: TLC HealthCare Network

2. PROJECT NAME: TLC Clinic

3. PROJECT LOCATION: Bennett St. Rd, Forestville, N.Y.
Municipality: Town of Hanover County: Chautauqua

4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)
Co. Rt 85/Bennett St. Rd, Forestville
83.00-3-26

5. PROPOSED ACTION IS:
☑ New ☐ Expansion ☐ Modification/alteration

6. DESCRIBE PROJECT BRIEFLY:
Build Health Care Clinic

7. AMOUNT OF LAND AFFECTED:
Initially 2 acres Ultimately _____ acres less than 1 ac. disturbed

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?
☑ Yes ☐ No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?
☑ Residential ☑ Industrial ☐ Commercial ☑ Agriculture ☐ Park/Forest/Open Space ☐ Other
Describe:

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?
☑ Yes ☐ No If Yes, list agency(s) name and permit/approvals:
Local- Use by Special Use Local Law

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
☐ Yes ☑ No If Yes, list agency(s) name and permit/approvals:

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?
☐ Yes ☑ No

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Applicant/sponsor name: TLC Health Care Network Date: 10/15/10
Signature: [signature]

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER
1

Reset

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
☐ Yes ☑ No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
☑ Yes ☐ No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

NO

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

NO

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

NO

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

NO

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

NO

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

NO

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

NONE

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?
☐ Yes ☒ No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
☐ Yes ☒ No If Yes, explain briefly:

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

☐ Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

Hanover ZBA Name of Lead Agency	6/15/2016 Date
Richard Eudler Print or Type Name of Responsible Officer in Lead Agency	Chairman Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

Reset

CHAUTAUQUA COUNTY MUNICIPAL ZONING REFERRAL FORM

July 2009

SEND TO:
CHAUTAUQUA COUNTY PLANNING BOARD
c/o COUNTY PLANNING DIVISION
200 HARRISON ST.
JAMESTOWN, NY 14701

FOR COUNTY USE ONLY:
MUNICIPALITY: _____
DATE RECEIVED: _____
POSTMARK DATE: _____
HEARING DATE: _____
DECISION DATE: _____
DATE COUNTY RESPONSE SENT _____

1. TYPE OF ACTION:

- ☐ Zoning Ordinance or Local Law (Adopt / Amend)
- ☐ Comprehensive Plan (Adopt / Amend)
- ☐ Use Variance
- ☐ Site Plan Approval
- ☑ Special Use Permit
- ☐ Area Variance

2. REASON FOR REFERRAL: affects property lying within 500 feet of: (Please check all that apply.)

- ☐ Municipal Boundary * (name) _____
- ☐ County-Owned Drainage Channel
- ☐ Existing/Proposed County/State Park or Recreation Area
- ☑ County or State Road Route # Bennett St Rd Rt. 85
- ☐ Operating Farm Located in a State Certified Ag District (except area variances)
- ☐ County or State owned land with Public Bldg.

* Has neighboring municipality been notified 10 days prior of hearing date for special use permit, use variance, or site plan approval per NYS Gen. Municipal Law 239-nn? ☑ Yes ☐ No ☐ Not Applicable

3. NAME OF APPLICANT: TLC Health Care

TAX PARCEL #: Sect 83.00 Block 2 Lot 26 ; Sect _____ Block ___ Lot ___ ; Sect _____ Block ___ Lot ___

STREET ADDRESS: Bennett St Rd, Forestville ZONING DISTRICT: AG.

4. GENERAL DESCRIPTION OF PROPOSED PROJECT IN ENOUGH DETAIL TO ALLOW THE COUNTY PLANNING BOARD TO EVALUATE ITS POTENTIAL IMPACTS – INCLUDE CONCERNS IDENTIFIED BY REFERRING MUNICIPALITY (attach additional page if needed).

To Build A Health Care Clinic on a 2AC. parcel
disturb less than 1AC.

5. SUPPORTING DOCUMENTS: Please check all information requested below, unless not required by your board to make its decision, and attach:

- ☑ Completed Environmental Assessment Form
- ☐ Location map with scale
- ☐ Basic sketch of the proposal
- ☑ **Copy of applicable zoning ordinance or law section**
- ☐ In the case of the adoption or amendment of a zoning ordinance or local law, the complete text of the proposed ordinance or local law as well as all existing provisions.
- ☐ Other(s) _____

6. WHY ACTION IS NEEDED (e.g. 5 foot side yard request while law requires 10 feet; required parking not provided; not use by right; use not allowed in district, etc. – attach page if additional space needed):

Listed AS Use By Special Use

7. PREVIOUS REQUEST: Has this request been made in the past? ☐ Yes ☑ No If yes, why was it denied/withdrawn?

_____

(over)

8. **WETLANDS/PROTECTED WATER BODIES/FLOOD ZONE//DRAINAGE**:

Is land in question in a designated state* or federal wetland? ☐ Yes ☑ No ☐ Unknown

* (If unknown, this information can be obtained from the NYS DEC at (716) 372 – 0645)

Will the project result in disturbance of land within 50 feet of the bed or banks of a protected water body? ☐ Yes ☑ No ☐ Unknown

Is land in question within a flood zone as shown on National Flood Insurance rate maps? ☐ Yes ☑ No ☐ Unknown

Will project result in short or long-term drainage problems? ☐ Yes ☑ No ☐ Unknown

9. **STATE ENVIRONMENTAL QUALITY REVIEW ACT (SEQR) :** (Please check all that apply.)

☑ Type I action (Requires long Environmental Assessment Form [EAF], **requires** designation of Lead Agency) – Lead Agency for this action Town of Hanover ZBA

☐ Unlisted action (Requires short EAF, long EAF optional, coordination for Lead Agency optional)

☐ Type II action (Not subject to SEQR review according to Part 617.5)

10. **WATER & SEWAGE**:

Is municipal water available for this project? ☑ Yes ☐ No ☐ Not Applicable

If no, will sufficient well water be available? ☑ Yes ☐ No ☐ Unknown

Are municipal sewers available for this project? ☐ Yes ☐ No ☑ Not Applicable

If no, has on-site treatment system been approved? ☐ Yes ☐ No ☑ Unknown

11. **TRAFFIC SAFETY:**

Will this project have an impact on traffic safety and/or congestion? ☐ Yes ☑ No ☐ Unknown

Describe impact and mitigation measures to relieve negative impacts:

12. **PRESENT CHARACTER OR USE OF PROPERTY IN QUESTION** (e.g. - single-family house, commercial use, farm / agriculture, woods, etc.):

Single family homes, Commercial use, Farm land

CHARACTER OF NEIGHBORING PROPERTY: (e.g. - uses or structures, and zoning district):

	CHARACTER	ZONE		CHARACTER	ZONE
NORTH:	Single Family Home	AG	SOUTH:	Single Family	AG
EAST:	Farm land	AG	WEST:	Manufact. Plant	AG

13. **PUBLIC HEARING**: Date 7/20/10 Time : 7:30 pm **FINAL DECISION:** Date ~~7/20/10~~ Time 7:30

14. **FROM**: Town / ~~Village / City~~ of Hanover Date 6/15/10

REFERRING OFFICIAL (Must be the chair of the board that will make a decision regarding this zoning referral)

☑ Chair, ZBA ☐ Chair, Planning Board ☐ Mayor ☐ Supervisor ☐ Council Chair

Name & Mailing address of above Referring Official: Richard Erdle ZBA Chairman

68 Hanover St, Silver Creek, N.Y 14136 Phone

Signature of Referring Official as listed above:

Building Inspector/Zoning Officer or other person who can provide additional information:

Linda Dettries/CEO Phone 934-2920

TOWN ~~VILLAGE~~ CITY OF Hanover Application # 10-042
(circle one)

Agricultural Data Statement

Date 6/15/10

Instructions: This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant	Owner if Different from Applicant
Name: TLC Health Network / Ron Simmons Address: 845 Rt 5 & 20 IRving, N.Y 14081	Name: Joseph Dolce Address: 11024 Bennett St. Rd Forestville, N.Y 14062

1. Type of Application: ☑ Special Use Permit; ☐ Site Plan Approval ; ☐ Use Variance;
   (circle one or more) ☐ Subdivision Approval

2. Description of proposed project: Build A Health Care Clinic on 2AC.

3. Location of project: Address: Bennett St. Rd, Forestville N.Y 14062
   Tax Map Number (TMP) 83.00-2-26

4. Is this parcel within an Agricultural District? ☐ NO ☑ YES (Check with your local assessor if you do not know)
5. If YES, Agricultural District Number A-1
6. Is this parcel actively farmed? ☐ NO ☑ YES
7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: Joseph Dolce Address: Bennett St Rd Forestville, N.Y 14062 Is this parcel actively farmed? ☐ NO ☑ YES	Name: QUINN KAYE Address: 10966 Dennison Rd Forestville, N.Y. 14062 Is this parcel actively farmed? ☐ NO ☑ YES
Name: Address: Is this parcel actively farmed? ☐ NO ☐ YES	Name: Address: Is this parcel actively farmed? ☐ NO ☐ YES

Signature of Applicant

Signature of Owner (if other than applicant)

Reviewed by: Richard Erdle
Signature of Municipal Official

6/15/10
Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

New York State Office of Parks, Recreation and Historic Preservation
Historic Preservation Field Services Bureau
Peebles Island Resource Center, PO Box 189, Waterford, NY 12188-0189 (Mail)
Delaware Avenue, Cohoes 12047 (Delivery)
(518) 237-8643

PROJECT REVIEW COVER FORM

Rev. 5-05

Please complete this form and attach it to the top of any and all information submitted to this office for review. Accurate and complete forms will assist this office in the timely processing and response to your request.

This information relates to a previously submitted project.

PROJECT NUMBER ____ **PR** _____

COUNTY Chautauqua

☐ If you have checked this box and noted the previous Project Review (PR) number assigned by this office you do not need to continue unless any of the required information below has changed.

2. This is a new project. ☑ If you have checked this box you will need to complete ALL of the following information.

Project Name TLC Health Care Clinic

Location Bennett St. Rd, Forestville, N.Y. Rt 85
You MUST include street number, street name and/or County, State or Interstate route number if applicable

City/Town/Village Town of Hanover
List the correct municipality in which your project is being undertaken. If in a hamlet you must also provide the name of the town.

County Chautauqua County
If your undertaking* covers multiple communities/counties please attach a list defining all municipalities/counties included.

TYPE OF REVIEW REQUIRED/REQUESTED (Please answer both questions)

A. Does this action involve a permit approval or funding, now or ultimately from any other governmental agency?

☐ No ☑ Yes

If Yes, list agency name(s) and permit(s)/approval(s)

Agency Involved	Type of permit/approval	State	Federal
		☐	☐
		☐	☐
		☐	☐

B. Have you consulted the NYSHPO web site at **http://nysparks.state.ny.us to determine the preliminary presence or absence of previously identified cultural resources within or adjacent to the project area? If yes: ☑ Yes ☐ No

Was the project site wholly or partially included within an identified archeologically sensitive area? ☐ Yes ☑ No

Does the project site involve or is it substantially contiguous to a property listed or recommended for listing in the NY State or National Registers of Historic Places? ☐ Yes ☑ No

CONTACT PERSON FOR PROJECT

Name Richard Erdle Title Chairman ZBA

Firm/Agency Town of Hanover ZBA

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**http://nysparks.state.ny.us then select HISTORIC PRESERVATION then select On Line Resources

The Historic Preservation Review Process in New York State

In order to insure that historic preservation is carefully considered in publicly-funded or permitted undertakings*, there are laws at each level of government that require projects to be reviewed for their potential impact/effect on historic properties. At the federal level, Section 106 of the National Historic Preservation Act of 1966 (NHPA) directs the review of federally funded, licensed or permitted projects. At the state level, Section 14.09 of the New York State Parks, Recreation and Historic Preservation Law of 1980 performs a comparable function. Local environmental review for municipalities is carried out under the State Environmental Quality Review Act (SEQRA) of 1978.
regulations on line at:
http://nysparks.state.ny.us then select **HISTORIC PRESERVATION** then select **Environmental Review**

Project review is conducted in two stages. First, the Field Services Bureau assesses affected properties to determine whether or not they are listed or eligible for listing in the New York State or National Registers of Historic Places. If so, it is deemed "historic" and worthy of protection and the second stage of review is undertaken. The project is reviewed to evaluate its impact on the properties significant materials and character. Where adverse effects are identified, alternatives are explored to avoid, or reduce project impacts; where this is unsuccessful, mitigation measures are developed and formal agreement documents are prepared stipulating these measures.

ALL PROJECTS SUBMITTED FOR REVIEW SHOULD INCLUDE THE FOLLOWING MATERIAL(S).

☑ **Project Description**

Attach a full description of the nature and extent of the work to be undertaken as part of this project. Relevant portions of the project applications or environmental statements may be submitted.

☑ **Maps Locating Project**

Include a map locating the project in the community. The map must clearly show street and road names surrounding the project area as well as the location of all portions of the project. Appropriate maps include tax maps, Sanborn Insurance maps, and/or USGS quadrangle maps.

☐ **Photographs**

Photographs may be black and white prints, color prints, or color laser/photo copies; standard (black and white) photocopies are NOT acceptable.

- *If the project involves rehabilitation*, include photographs of the building(s) involved. Label each exterior view to a site map and label all interior views.

- *If the project involves new construction*, include photographs of the surrounding area looking out from the project site. Include photographs of any buildings (more than 50 years old) that are located on the project property or on adjoining property.

NOTE: Projects submissions will not be accepted via facsimile or e-mail.

**Undertaking* is defined as an agency's purchase, lease or sale of a property, assistance through grants, loans or guarantees, issuing of licenses, permits or approvals, and work performed pursuant to delegation or mandate.

Joseph Dolce / TLC Clinic Site

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GIS
3 N. Erie St.
Mayville, NY 14757

GIS Maps

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