



Dunkirk Planning Board

City Hall

342 Central Avenue

Dunkirk, New York 14048

366-9876

FAX: 363-6460

Ed Schober, Chairman

To: Ed Schober, Andy Bohm, John Mackowiak, Chris Piede, William Tuggle

Xc: Mayor Anthony J Dolce

Al Zurawski, Building Inspector

Stephanie Kiyak, Councilwoman-at-Large

Mike Michalski, First Ward Councilman

Bill Rivera, Second Ward Councilman

Andy Gonzalez, Third Ward Councilman

Stacy Szukala, Fourth Ward Councilwoman

Ron Szot, City Attorney

Gib Snyder, OBSERVER

Dave Rowley, WDOE/WKIX

From: Tim Gornikiewicz, Recording Secretary

Please be advised that the Planning Board Meeting has been scheduled for:

Thursday, November 1, 2012

5:45PM

Mayor's Conference Room

AGENDA

I. Call to Order

II. Acceptance of last meeting's minutes

III. Communications from the Public and Petitions

IV. Old Business

V. New Business

Parking Variance Review

1. 60 E Courtney St

Parking Lot Site Review

1. 510 Central Ave

Sign Review

1. 13 W Third St
2. 409 Central Ave

VI. Next Meeting- November 15, 2012

VII. Adjourn

Linda Blodgett
249 King Street
Dunkirk NY 14048
(716) 785-0795

October 22, 2012

Mr. Tim Gornikiewicz
Office of Economic Development
City of Dunkirk NY
Dunkirk NY 14048

Dear Mr. Gornikiewicz,

I have been referred to your office by the Dunkirk Mayor's Office regarding a Special Permit for parking at 60 East Courtney Street in Dunkirk NY. I have a special needs couple residing in the front apartment that need parking close to their door. Mr. & Mrs. Robert Tennamore have resided here over 2 years. I understand that a previous parking permit was not renewed in 2009.

I have owned the 3 apartment house, which was previously known as the Halas Hotel, for over 5 years and I did not know about the permit until now. The first few years parking on the Townsend side was no problem. Then, tickets started to be issued so I have been telling tenants and guests not to park there due to the tickets. This summer we tried having this tenant park in front of the garage on the Townsend side where there are 2 spots, but it was too far to walk. He is on oxygen and mobility is a challenge.

I am requesting a Special Permit for Handicapped Parking on the Townsend side of 60 East Courtney near the corner. This will allow Robert & Toni Tennamore parking near the entrance to their apartment that is off street and not have to follow the "Odd & Even" parking rules.

The base of the spot requested is gravel and supports car parking. I have attached photos of the area requested.

If you have any questions, please contact me. My cell phone is listed above. Thank you in advanced for any help you can give to grant this request.

Linda Blodgett, Owner/Landlord







Change of Zone/Variance/Special Permit/Site Plan Application

City of Dunkirk
City Hall
342 Central Avenue
Dunkirk, NY 14048
(716)366-9858
FAX: 366-0058

 VARIANCE
XX SPECIAL PERMIT
XX SITE PLAN
 ZONING CHANGE

Please print or type.
File in Triplicate with the City
Building Inspector.

Date: OCTOBER 8, 2012

Type of Permit/Approval Requested:

<u> </u> Rezoning	<u> </u> Variance (Use <u> </u> Area <u> </u>)
<u>XX</u> Site Plan Approval	<u> </u> Special Permit
<u> </u> Planned Unit Development	<u> </u> Subdivision
<u> </u> Building Permit	<u> </u> Administrative Review

 PART I: PROPERTY INFORMATION

Name of Owner: BROOKS MEMORIAL HOSPITAL

Address of Owner: 529 CENTRAL AVENUE

 DUNKIRK NEW YORK 14048

Phone of Owner: (716) 366-1111

Name of Agent: HABITERRA ARCHITECTURE & LANDSCAPE ARCHITECTURE, PC

Address of Agent: 1279 NORTH MAIN STREET

 JAMESTOWN, NEW YORK 14701

Phone of Agent: (716) 664-4710

Address of Property to be Rezoned/Variance/Special Permit/Site Plan
(Include Legal Description)

 510 CENTRAL AVENUE

 DUNKIRK, NEW YORK 14048

Proposed Use:

PARKING LOT TO SERVE BROOKS MEMORIAL HOSPITAL

How does the Application meet the Variance Criteria
Outlined in the City of Dunkirk Zoning Ordinance?
(Attach Additional Sheets If Necessary)

Nature and Extent of Relief Sought:
(Attach Additional Sheets If Necessary)

Reasons for Non-Compliance with Zoning Ordinance:
(Attach Additional Sheets If Necessary)

Existing Building Information

Ground Floor Area:

Gross Floor Area:

Width:

Length:

Height:

Proposed Building Information

Ground Floor Area: _____

Gross Floor Area: _____

Number of Stories: _____

Width: _____

Length: _____

Height: _____

Location of All Existing Buildings

Distance - Side Lot Line _____

Distance - Side Lot Line _____

Distance - Front Lot Line _____

Distance - Rear Lot Line _____

Existing Use of Property

THE SITE IS VACANT LAND

Proposed Use of Property

THE PROPERTY IS ADJACENT TO BROOKS MEMORIAL HOSPITAL. THE SITE WILL BE USED FOR PARKING LOT EXPANSION.

Land Uses Abutting Property

THE PROPERTY IS BORDERED BY BROOKS MEMORIAL HOSPITAL, PARKING LOTS ON THE SOUTH AND WEST, WEST 5TH STREET ON THE NORTH, AND CENTRAL AVENUE ON THE EAST.

Tax Map Number(s):

Section 79.18 Block 4 Lot(s) 2

List names, addresses and interest of all persons having legal or equitable interest in land subject to this petition (use additional sheets if necessary):

BROOKS MEMORIAL HOSPITAL
529 CENTRAL AVENUE
DUNKIRK, NEW YORK 14048

Existing easements, right of ways, restrictions on site:

Total Acreage: .36 AC

Lot Dimension

Frontage: 110'

Depth: 140'

Adjacent Property Owned by Applicant

Tax Map Number(s): 79.18 -- 4.1

Total Acreage: 4.5 AC

Frontage: 600'

Depth: 360'

Zoning Classification (include overlay districts)

Present: ~~R-3 (MULTIPLE FAMILY RESIDENCE)~~
H-D (HISTORICAL OVERLAY DISTRICT)
Proposed: ~~NO CHANGE~~

PART II: PROPOSED PROPERTY INFORMATION

Proposed Lot Coverage 95%

Proposed Building Coverage 0%

Present Land Use: VACANT LAND

BROOKS MEMORIAL HOSPITAL REQUIRES ADDITIONAL PARKING. THE EXISTING
Please explain: HOSPITAL PARKING LOT ABUTS THIS SITE. A PARKING LOT WILL BE CONSTRUCTED
ON THIS SITE THAT WILL BE CONNECTED TO THE EXISTING PARKING LOT.

Will Flood Plain Permit be filed? NO

What extent of grading is proposed for the project?

Type _____

Purpose THE SITE WILL BE GRADED TO CONSTRUCT A PARKING LOT.

Number of cubic yards 1430 CY

Are there any structures on the site? NO

Present Use: _____

Proposed Use: _____

Age: _____

Architectural Style: _____

Condition: _____

Size: _____

Will structures be demolished? NO

Will Asbestos Survey be conducted? N/A

Will structures be relocated? N/A

Are structures listed on the National or State Register? N/A

PART IV: ADDITIONAL INFORMATION

For use variances describe the business. Include number of employees, hours, of operation, deliveries, signage, days of operation.

PART V: ATTACHMENTS

Attach a copy of the deed, contract or option which establishes the legal or equitable interest in the property subject to this petition.

Attach a description of the property and reasons for the rezoning request.

Attach a scaled location map that shows the property to be rezoned and all streets, lots and parcels of land within 300 feet of said property.

Attach a list of all land owners within radius of 100 feet of the subject property prepared on a 1" x 3" mailing labels.

Attach a site plan as described in the City of Dunkirk Zoning Code including, but not limited to, dimensions and use of existing and proposed structures, easements, water courses, fences and curbs cuts on the property to be rezoned.

Include three sets of New York State Architectural plans.

Attach a completed State Environmental Quality Review Act form as determined by the City of Dunkirk.

Attach other _____

I hereby state that the above statements and accompanying materials are completed and accurate. I understand the process and time frames associated with this application made to the City of Dunkirk.


Signature of Owner or Authorized Agent

(For Official City of Dunkirk Use Only)

Application Number: _____ Date of Hearing: _____
Application Fee Paid: _____ Date of Action: _____
Date Received: _____ Action: _____
Received By _____

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 BROOKS MEMORIAL HOSPITAL	2. PROJECT NAME PARKING LOT EXPANSION
3. PROJECT LOCATION: Municipality <u>DUNKIRK, NEW YORK</u> County <u>CHAUTAUQUA</u>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <u>501 CENTRAL AVENUE</u> <u>SOUTHWEST CORNER OF CENTRAL AVENUE AND WEST FIFTH STREET</u>	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: THE PROJECT IS BEING DONE TO EXPAND THE EXISTING BROOKS MEMORIAL HOSPITAL PARKING LOT.	
7. AMOUNT OF LAND AFFECTED: Initially <u>.5</u> acres Ultimately <u>.5</u> acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Describe: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other THE HOSPITAL PARKING LOT IS LOCATED ON THE SOUTH AND WEST SIDES OF THE PROPOSED PROJECT AREA, A MIX OF RESIDENTIAL AND COMMERCIAL FACILITIES ARE LOCATED ON THE NORTH AND EAST SIDES OF THE PROJECT.	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: <u>CITY OF DUNKIRK - SITE PLAN REVIEW</u>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: BROOKS MEMORIAL HOSPITAL Date: 10/8/12

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

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.

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

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

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:

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

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

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

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

Name of Lead Agency _____ Date _____

Print or Type Name of Responsible Officer in Lead Agency _____ Title of Responsible Officer _____

Signature of Responsible Officer in Lead Agency _____ Signature of Preparer (if different from responsible officer) _____

Reset

BROOKS MEMORIAL HOSPITAL

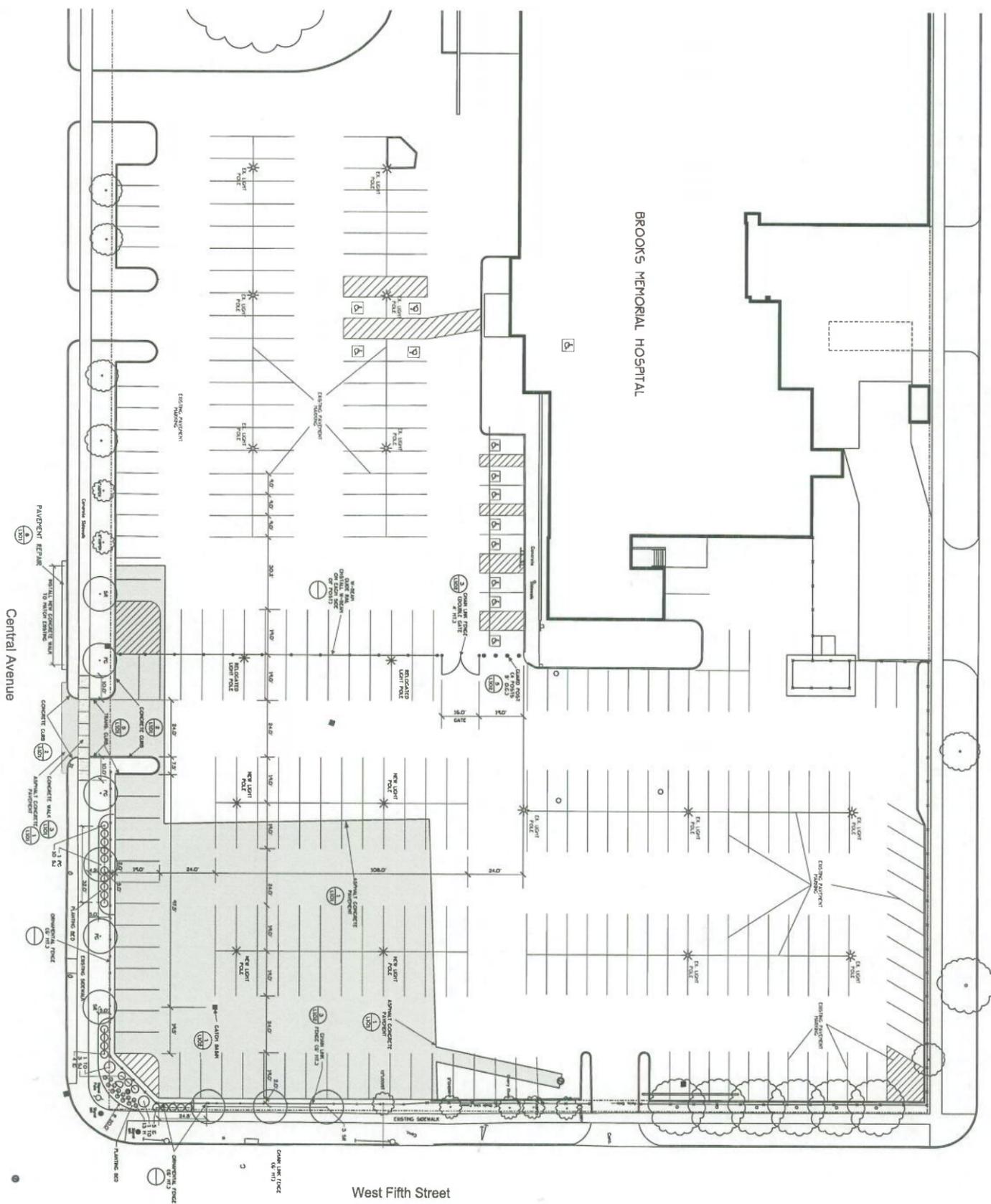


PROPOSED PARKING LOT EXPANSION
ILLUSTRATION OF INTERSECTION AT CENTRAL AVE. & WEST 5TH ST.
DUNKIRK, NEW YORK

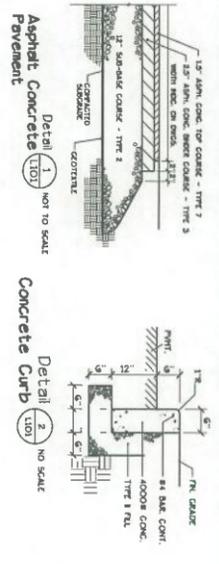


Eagle Street

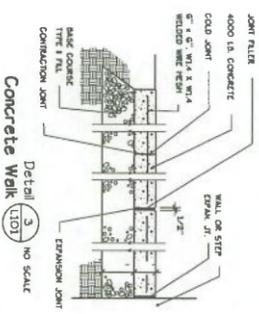
BROOKS MEMORIAL HOSPITAL



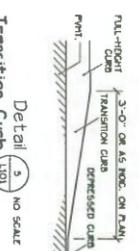
West Fifth Street



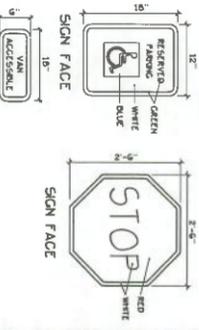
Detail 1
Asphalt Concrete Pavement
NOT TO SCALE



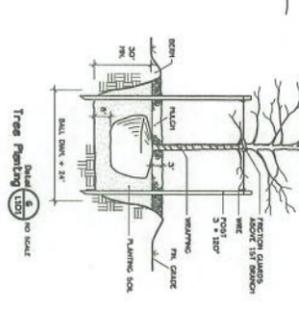
Detail 2
Concrete Curb
NOT TO SCALE



Detail 3
Concrete Walk
NOT TO SCALE



Detail 4
Traffic + Parking Sign
NOT TO SCALE



Detail 5
Tree Planting
NOT TO SCALE

KEY QUANTITY	SCIENTIFIC NAME	COMMON NAME	SIZE	ROOTS	REMARKS
1	HEMLOCK	HEMLOCK	2\"/>		

LEGEND

SYMBOLS

EXISTING

NEW

CONCRETE

ASPHALT

PAVEMENT

GRASS

PLANTING

UTILITIES

STREETS

BOUNDARIES

ADDITIONAL NOTES:

1. ALL DIMENSIONS ARE IN FEET AND INCHES.

2. ALL MATERIALS TO BE USED SHALL BE OF THE BEST QUALITY AVAILABLE.

3. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE STANDARD SPECIFICATIONS FOR HIGHWAY CONSTRUCTION.

Habiterra
AMERICAN & LAMBERT ASSOCIATES P.C.
ARCHITECTS, ENGINEERS, PLANNERS
100 WEST 10TH STREET
ANN ARBOR, MI 48106
PH: 734.769.1100
WWW.HABITERRA.COM

DESIGN DEVELOPMENT PROGRESS PRINT
NOT FOR CONSTRUCTION
DATE PLOTTED: 3/01/2018

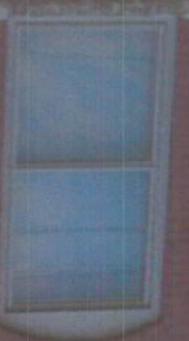
PROJECT NUMBER: 64246-00
DESCRIPTION: Parking Lot Expansion
REVISIONS:

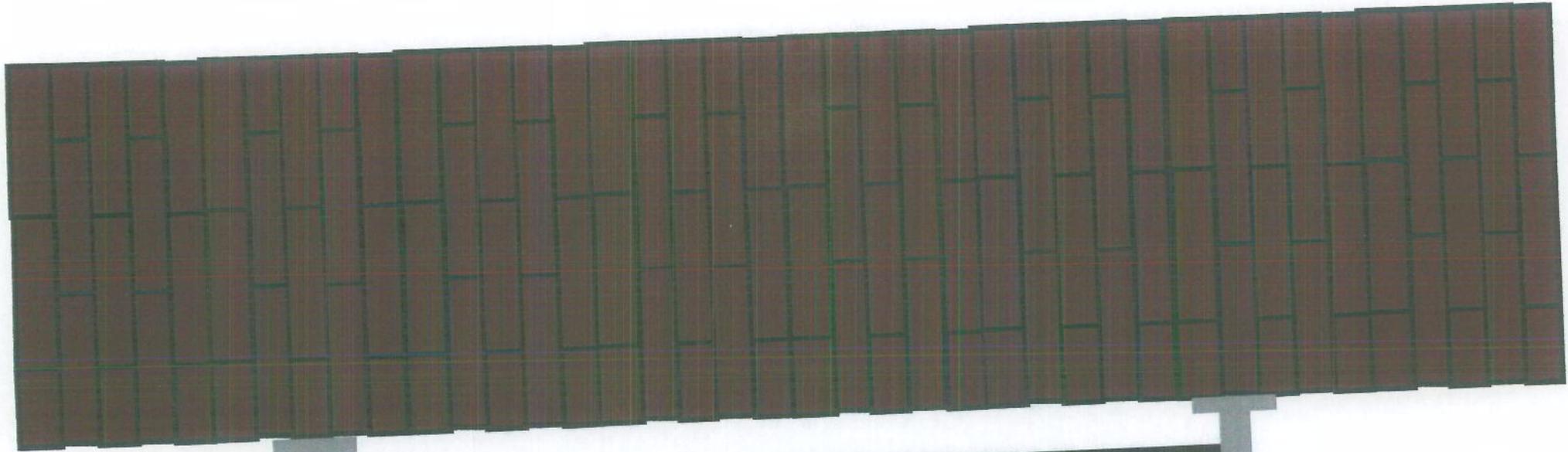
DATE: 03/01/2018
DRAWN BY: J. HARRIS
CHECKED BY: J. HARRIS
SHEET TITLE: LOCATION PLAN

SHEET NUMBER: L101

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SERVICE
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PRINTING





36 in

72 in

COMPANY

RE sign & design

RE sign & design is a company specializing in signage and design services. The logo features the company name in a serif font, with 'COMPANY' written in a smaller font above it. Below the name are four green square icons representing different design and signage elements: a lightbulb, a hand holding a pencil, a fountain pen nib, and a tablet device. The sign is mounted on a dark brown wood-grain textured header.



← 31 →



RE sign & design

← 31 →