

TOWN OF CORTLANDVILLE
3577 TERRACE ROAD
CORTLAND, NY 13045

USE VARIANCE FINDINGS & DECISION

Applicant: David Hinchman, Director of Facilities Phone #: 607-756-3994 or 3652
Guthrie Cortland Medical Center
Address: 134 Homer Ave

Property Owner: Dr. Charlotte Hawkins

Appeals Concerns Property at the following address: 4077 West Road

Tax Map Number: 86.09-04-07.000

Zoning District Classification:

Use for which Variance is requested: Permanent Signage

Applicable Section of Zoning Code:

Signature: Date:

TEST: No Use Variance will be granted without a showing by the applicant that applicable zoning regulations and restrictions have caused unnecessary hardship. The following test must be met for each and every use allowed by zoning on the property, including uses allowed by special use permit.

1. Has the Applicant demonstrated that the Applicant cannot realize a reasonable return, and that the lack of return is substantial and has been demonstrated by competent financial evidence?
Yes ___ No ___

Proof: It could be a financial hardship if we do not have proper signage directing community members to the medical practice for services.

2. Has the Applicant demonstrated that the alleged hardship relating to the property in question is unique and does not apply to a substantial portion of the district or neighborhood?
Yes ___ No ___

Proof: The State DOT took away our free-standing sign when West Road/281 was widened. The best place for a sign now would be to mount on the building.

Use Variance Findings & Decision

3. Has the Applicant demonstrated that the requested use variance, if granted, will not alter the essential character of the neighborhood? Yes _____ No _____

Proof: _____ The surrounding neighbors have illuminated signage. Our professional sign is
_____ appropriately done for a medical practice. The prior two-sided sign was mounted out by
_____ the road with good visibility from either direction for patients to see the doctor's location.
_____ The best location now that the road has been widened is to be mounted on the building.

4. Has the Applicant demonstrated that the alleged hardship has not been self-created?
Yes _____ No _____

Proof: _____ The change in the width of the road was out of our control.

DETERMINATION OF ZBA BASED ON THE ABOVE FACTORS:

The ZBA, after reviewing the above four proofs, finds:

That the applicant has failed to prove unnecessary hardship through the application of the four tests required by the state statutes.

That the applicant has proven unnecessary hardship through the application of the four tests required by the state statutes. In finding such hardship, the ZBA shall grant a variance to allow use of the property in the manner detailed below, which is the minimum variance that should be granted in order to preserve and protect the character of the neighborhood and the health, safety and welfare of the community:

(USE) _____

USE VARIANCE FINDINGS & DECISION

Question #1

ILLUSTRATIONS OF FINANCIAL EVIDENCE

Bill of sale for the property, present value of property, expenses for maintenance.

Leases, rental agreements.

Tax bills.

Conversion costs (for a permitted use).

Realtor's statement of inability to rent/sell.

Question #2

ILLUSTRATIONS OF UNIQUENESS

Topographic or physical features preventing development for a permitted use.

Why would it be possible to construct the applicant's proposal and not any of the permitted uses?

Board member observations of the property and surrounding area.

Question #3

ILLUSTRATIVE NEIGHBORHOOD CHARACTER FACTORS

Board members' observations of neighborhood.

Expected effect of proposal on neighborhood, for example, change in parking patterns, noise levels, lighting, traffic.

Question #4

SELF-CREATED

What were the permitted uses at the time the property was purchased by the applicant?

Were substantial sums spent on remodeling for a use not permitted by zoning?

Was the property received through inheritance, court order, divorce?

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: Permanent Signage			
Project Location (describe, and attach a location map): 4077 West Rd.,			
Brief Description of Proposed Action: Permanent signage was removed as a result of the widening of Route 281/West Rd. We would like to mount our new permanent sign on the building itself.			
Name of Applicant or Sponsor: David Hinchman Guthrie Cortland Medical Center		Telephone: 607-756-3652 or 3994 E-Mail: David.Hinchman@guthrie.org	
Address: 134 Homer Ave.			
City/PO: Cortland NY		State: NY	Zip Code: 13045
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO	YES
		✓	
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
		✓	
3.a. Total acreage of the site of the proposed action?		0	acres
b. Total acreage to be physically disturbed?		0	acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			acres
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	X		
b. Consistent with the adopted comprehensive plan?	X		
		NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?			X
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	X		
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	X		
			X
			X
b. Are public transportation service(s) available at or near the site of the proposed action?			X
			X
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?			X
			X
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	X		
10. Will the proposed action connect to an existing public/private water supply? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing potable water: _____	NO	YES	
	X		
11. Will the proposed action connect to existing wastewater utilities? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____	NO	YES	
	X		
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	X		
b. Is the proposed action located in an archeological sensitive area?	X		
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	X		
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	X		
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	X		
16. Is the project site located in the 100 year flood plain?	NO	YES	
	X		
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	X		
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	X	
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	X	
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	X	
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Guthrie Cortland Medical Center</u> Date: <u>5/13/19</u>		
Signature: <u>Daniel Hutchinson</u>		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- 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.

Name of Lead Agency

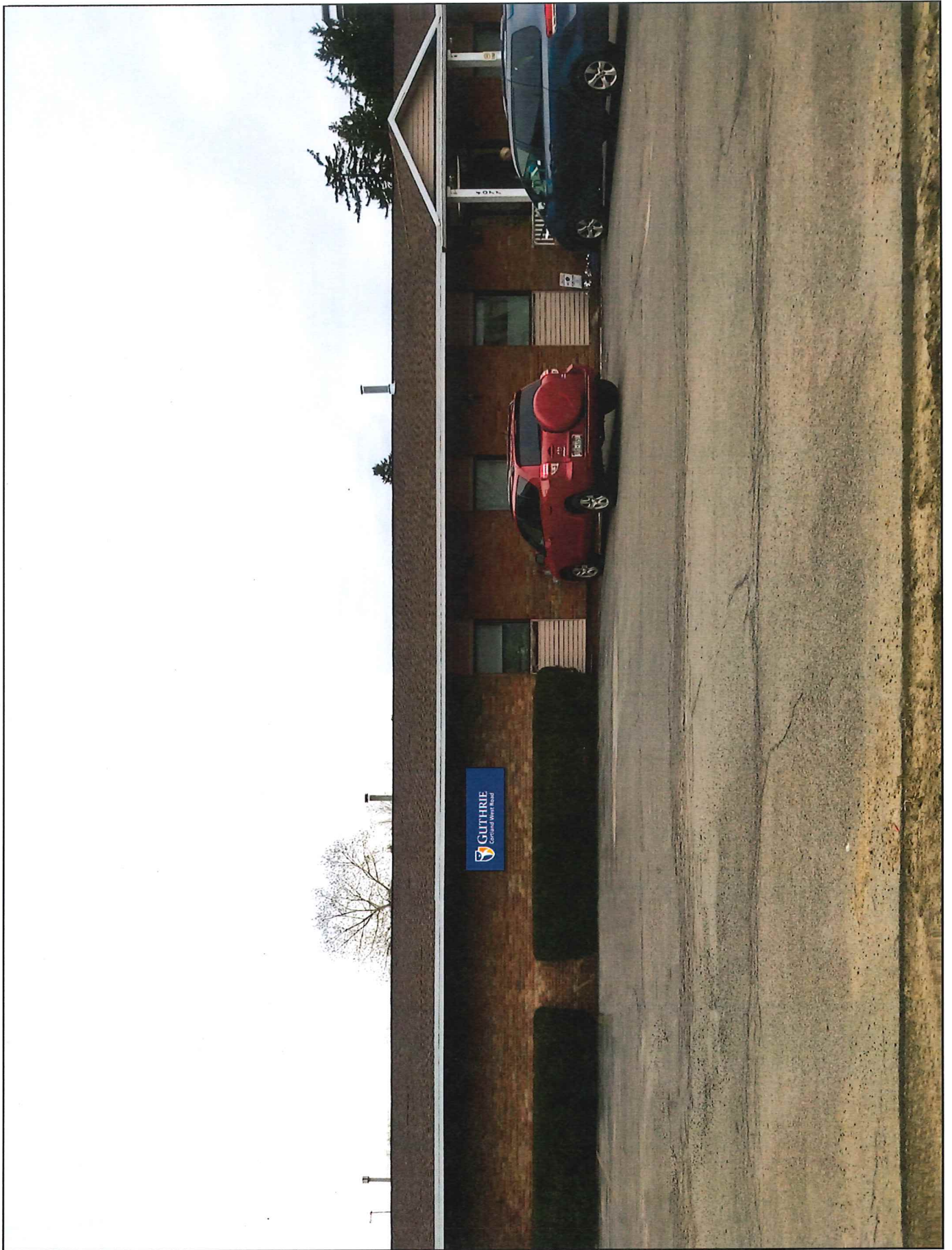
Date

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)





Wall Mount
Internally Illuminated

1. 8" Deep box form to be .0937" aluminum with 1.5" panel retainer. Painted Blue.
2. Symbol and copy to be masked off on face panel.
3. Sign Face Panel to be .177" translucent fiberglass impregnated acrylic. Painted Blue.
4. Symbol detail to be applied translucent vinyl in Gold, Yellow, and Blue.
5. Attach to building with lag bolts appropriate to building structure.
6. All electrical components to be UL listed to meet or exceed all applicable local, state, and national codes.

NOTE: Unit is Single Faced.

Paint: All Paint to be a color-matched with a two-part polyurethane by Matthews in a satin gloss and applied as a baked enamel finish.

Vinyls: PMS Color-matched, translucent 3M High Performance vinyl.

Colors:
Gold: PMS 145, Yellow: PMS 130 and Blue: PMS 2755

Formula: x = height of "E" in Logo



*Sign size is based on logo height and bulb width not all signs will have 1x Right Margin
Shown: 96" wide x 36" high Unit with 18.5" high Logo

Hi MaryJane,

I have attached a pdf with the sign cabinet on the building. The supply power line needed is 120V. The power source that we will be putting the the cabinet is 120v/60w, The led lumens is 6500.

Scott

Scott A. Corr

SIGNAGE SYSTEMS

6321 S. Salina Street

Nedrow, New York 13120

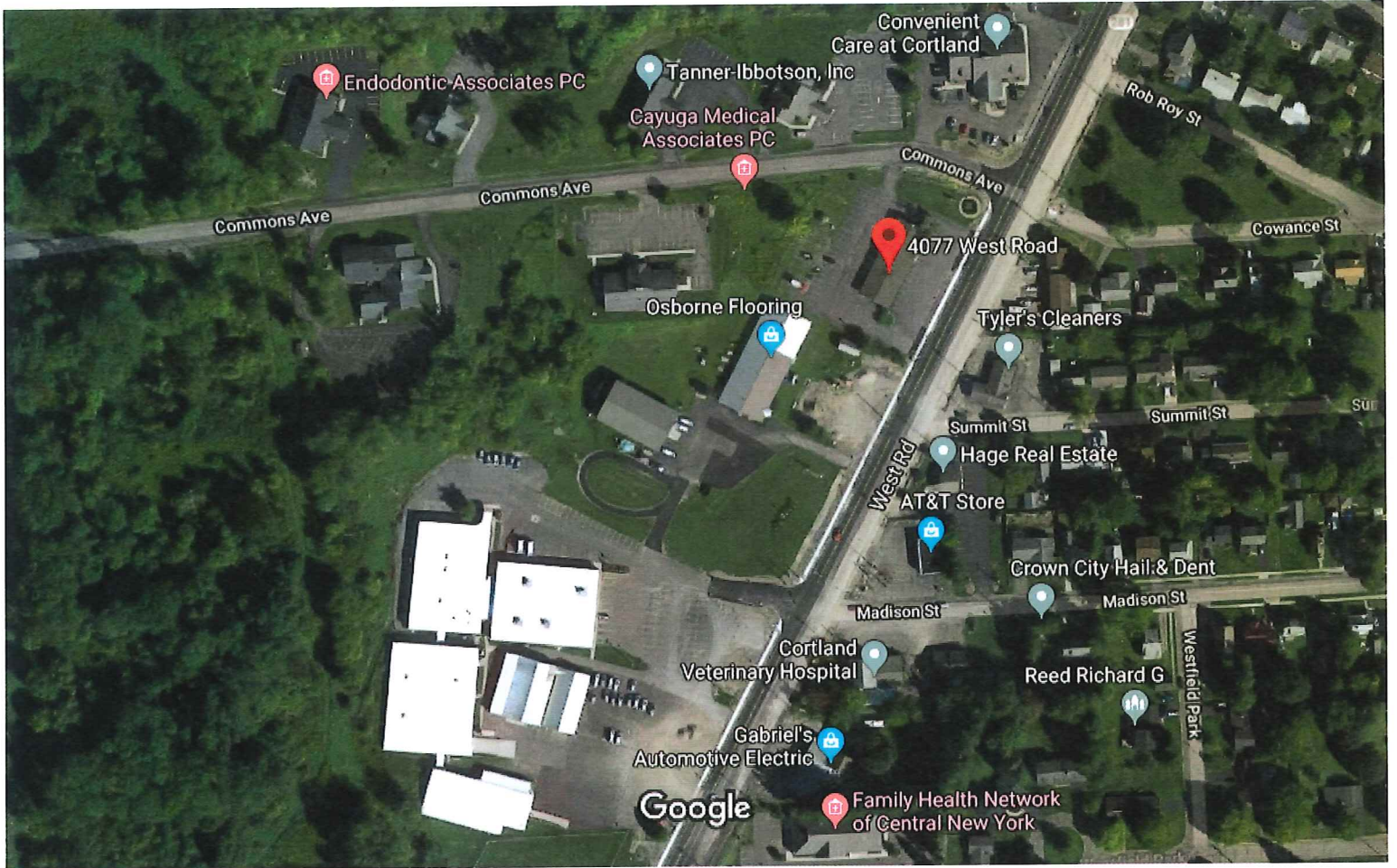
Voice: 315-469-7783

Fax: 315-469-8970

SACorr@signagesystems.com

www.SignageSystems.com

Google Maps 4077 West Rd








Imagery ©2019 Google, Map data ©2019 Google 200 ft



4077 West Rd

Cortland, NY 13045

- 
Directions
- 
Save
- 
Nearby
- 
Send to your phone
- 
Share



Property Card: 4077 Route 281
Town of Cortlandville, NY

<p>NO PHOTO AVAILABLE</p>	<p>Parcel ID: Crtv-86.09-04-07.000 PID: 86.09-04-07.000</p> <p>Owner: Hawkins, Charlotte Mailing Address: 4077 Route 281 Cortland, NY 13045-1015</p>
General Information	
<p>SWIS Code: 112289 Municipality: Cortlandville School Code: 113001 Property Class: 465 Land Use: COMMERCIAL Use Class: 400 Roll Year: 2013 Acres: 1.1</p>	



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5/9/2019

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