

CITY OF GLENS FALLS
ZONING BOARD OF APPEALS
NOTICE OF A PUBLIC HEARING

NOTICE IS HEREBY given that a Public Hearing will be held in the Common Council Chambers at City Hall in the City of Glens Falls, New York on the 15th day of October 2018 at 6:30 p.m. on the following matters before the Zoning Board of Appeals:

1. Area Variance 18-0011: Kevin Herlihy/Irongate Center, Inc., owner of tax map no. 309.27-4-4, commonly known as 19 Pine Street, is seeking relief from the maximum lot coverage of 70% to 75% coverage on this property, a 7% increase. Pursuant to zoning chapter 220, sections 220-15 I, this application requires Zoning Board review and approval.

Dated: October 2, 2018

JEFF PURNER
ZONING BOARD OF APPEALS
CITY OF GLENS FALLS

18-2011



42 Ridge Street, Glens Falls, New York 12801 (518) 761-3810 Fax: (518) 761-3839

APPEAL NO.: _____

**APPLICATION TO THE ZONING BOARD OF APPEALS
CITY OF GLENS FALLS, NEW YORK
REQUEST FOR AREA VARIANCE(S)
(TYPE OR PRINT IN DARK INK)**

I. PROPERTY S IRONGATE CENTER

TAX MAP DESIGNATION: SECTION: 309.27 BLOCK: 41 LOT: 41

ZONING DISTRICT: CP

II. PROPERTY OWNERSHIP:

NAME OF OWNER: IRONGATE CENTER, INC.

ADDRESS: 19 PINE ST. GLENS FALLS NY 12801

III. APPLICANT INFORMATION

APPLICANT NAME: KEVIN HEALIHY / IRONGATE CENTER, INC.

ADDRESS: S IRONGATE CENTER

PHONE #: [REDACTED]

(IF THE APPLICANT IS NOT THE OWNER, WRITTEN PROOF THAT THE OWNER CONSENTS TO THE APPLICATION MUST BE SUBMITTED WITH THIS APPLICATION.)

IV. SUBJECT TO APPEAL

Pursuant to the provisions of Section 220-47 of the Zoning Ordinance, this application, relative to the above referenced property, constitutes an appeal from the decision of the Code Enforcement Officer, or other City of Glens Falls agent, whose name and title follows:

A copy of this decision, dated _____, must be attached.

V. APPEAL REQUEST

This appeal makes a request for the following number of area variances:

[] Area Variance(s)

Please be advised that all sections under this heading must be answered completely. Bear in mind that a variance is actually relief from the strict application of the requirements of the law (the Zoning Ordinance), and the Zoning Board of Appeals is required to give sound reasons, based on the criteria set forth in this application, for granting any such relief. It is incumbent upon the applicant to demonstrate to the Board that these criteria are satisfied. Additional sheets may be attached as necessary. Please also note carefully the list of required attachments on the last page of this application.

	REQUIRED	PROPOSED	VARIANCE REQUESTED
Parking	42	55	N/A
Lot Area	7500 SQ FT	41332	N/A
Lot Width	75	180	N/A
Lot Depth	100	217	N/A
Front Yard	10	7.6	
Side Yard	15	6.6	
Rear Yard	30	35.6	
Bldg. Height			
Lot Coverage	70% MAX	75%	17%
Other			
Other			

VI. VARIANCE REQUEST

I/We, IRON GATE CENTER, hereby apply to the Zoning Board of Appeals for a variance of the following requirements of the Zoning Ordinance.

LOT COVERAGE - 30% GREEN SPACE
REQUIRED - PROPOSED 25% GREEN SPACE.

- (i) Will the granting of the variance produce an undesirable change in the character of the neighborhood or be a detriment to nearby properties:
(If not, please explain why. (For example, will parking, traffic, noise, lighting, aesthetics be affected?))

NO - PART OF EXISTING IRONGATE
COMPLEX - PROPOSED SUBDIVISION WILL
NOT CHANGE USE OF COMPLEX.

- (ii) Explain if the granting of the variance is necessary, or whether the same result could be achieved by some other method not requiring a variance.
(For example, can you change your construction plans, purchase or own land next door so that lot requirements are met.)

ANY SUBDIVISION OF THIS PROPERTY WOULD
REQUIRE A VARIANCE. PROPOSED PLAN
WILL INCREASE THE GREEN SPACE.

- (iii) Explain if the requested variance(s) is substantial, and if not, explain why it is not substantial.
(For example, zone requires 10 feet side yard and your property has 8 feet, so only asking for 2 foot variance or many other properties on the street have set backs similar to the one your are requesting?)

MODERATE - 17% RELIEF FOR REQUESTED VARIANCE.

- (iv) Explain if the variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district. If not, please justify why it won't have an adverse effect.
(For example, drainage, topography, slopes, run-offs.)

NONE - PROPOSED PLAN WILL ADD GREEN SPACE AND PROVIDE BETTER TRAFFIC PATTERNS.

- (v) Explain if your need for an area variance is the result of self-created difficulties on your part. If not, please explain how the difficulties are not self-created.
(For example, did you own property before a zoning change requiring the variance?)

YES - ANY SUBDIVISION OF THIS PARCEL WOULD REQUIRE A VARIANCE.

VII. LIST OF ATTACHMENTS

1. Site or Plot Plan: Fifteen (15) copies. ✓
2. Letter or communication which resulted in application to the ZBA.
3. Other attachments deemed pertinent by the applicant (please list):
 - (a) _____
 - (b) _____
 - (c) _____
 - (d) _____
4. The appropriate completed NYSDEC SEQR form.

VIII. COUNTY PLANNING BOARD

Please check if any of the following apply:

1. NO Is the subject property within 500 feet of a city, town, or village boundary? NO
2. NO Is the subject property within 500 feet of the boundary of any existing or proposed county or state park or recreation area?
3. YES Is the subject property within 500 feet of the right-of-way of any existing or proposed county or state parkway, thruway, expressway, road or highway?
4. NO Is the subject property within 500 feet of the existing or proposed right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines?
5. NO Is the subject property within 500 feet of the existing or proposed boundary of any county or state-owned land on which a public building or institution is situated?

If any item 1-5 is checked, the application must be referred to the County Planning Board by the City of Glens Falls Zoning Board of Appeals before the City can act on the request.

VIII. SIGNATURE AND VERIFICATION

Please be advised that no application can be deemed complete unless signed below.

STATE OF NEW YORK)

) ss.:

COUNTY OF WARREN)

THE APPLICANT HEREBY STATES THAT ALL INFORMATION GIVEN IS ACCURATE AS OF THE DATE OF APPLICATION. THE APPLICANT IF NOT THE OWNER OF THE PROPERTY, HEREBY SWEARS THAT THIS APPLICATION IS MADE WITH THE INFORMED KNOWLEDGE AND CONSENT OF THE OWNER.

Kevin J. Herlihy MD
SIGNATURE OF APPLICANT

9/19/18

DATED:

On the 19th day of September in the year 2018, before me the undersigned, a Notary Public or Commissioner of Deeds in the State, personally appeared Kevin J. Herlihy, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted; executed the instrument.

Notary: Susan V. Collett **Susan V. Collett**
Notary Public, State Of New York
No. 01000017474

Qualified in Warren County

City of Glens Falls Zoning Board Appeals **Commission Expires Dec 14, 2018**

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: IRONGATE CENTER, INC.			
Project Location (describe, and attach a location map): S IRONGATE CENTER			
Brief Description of Proposed Action: PROPOSED TWO LOT SUBDIVISION.			
Name of Applicant or Sponsor: IRONGATE CENTER, INC.		Telephone:	
Address: 9 PINE ST		E-Mail:	
City/PO: GLENS FALLS		State: NY	Zip Code: 12801
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 <input type="checkbox"/>
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: PLANNING BOARD. SITE PLAN & SUBDIVISION			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		4.16 acres	
b. Total acreage to be physically disturbed?		.25 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		4.16 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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? 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: _____ _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/> Urban <input 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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Kevin J. Healy MD</u>	Date: <u>9/19/18</u>	
Signature: <u>Kevin J. Healy MD</u>		

STOP HERE

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?"

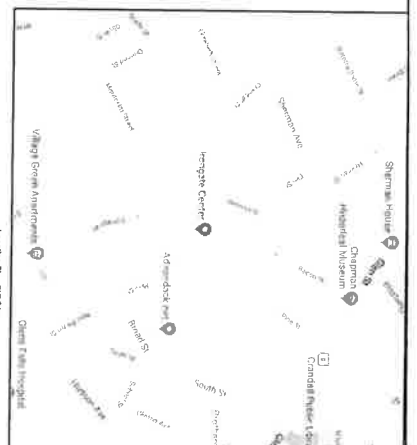
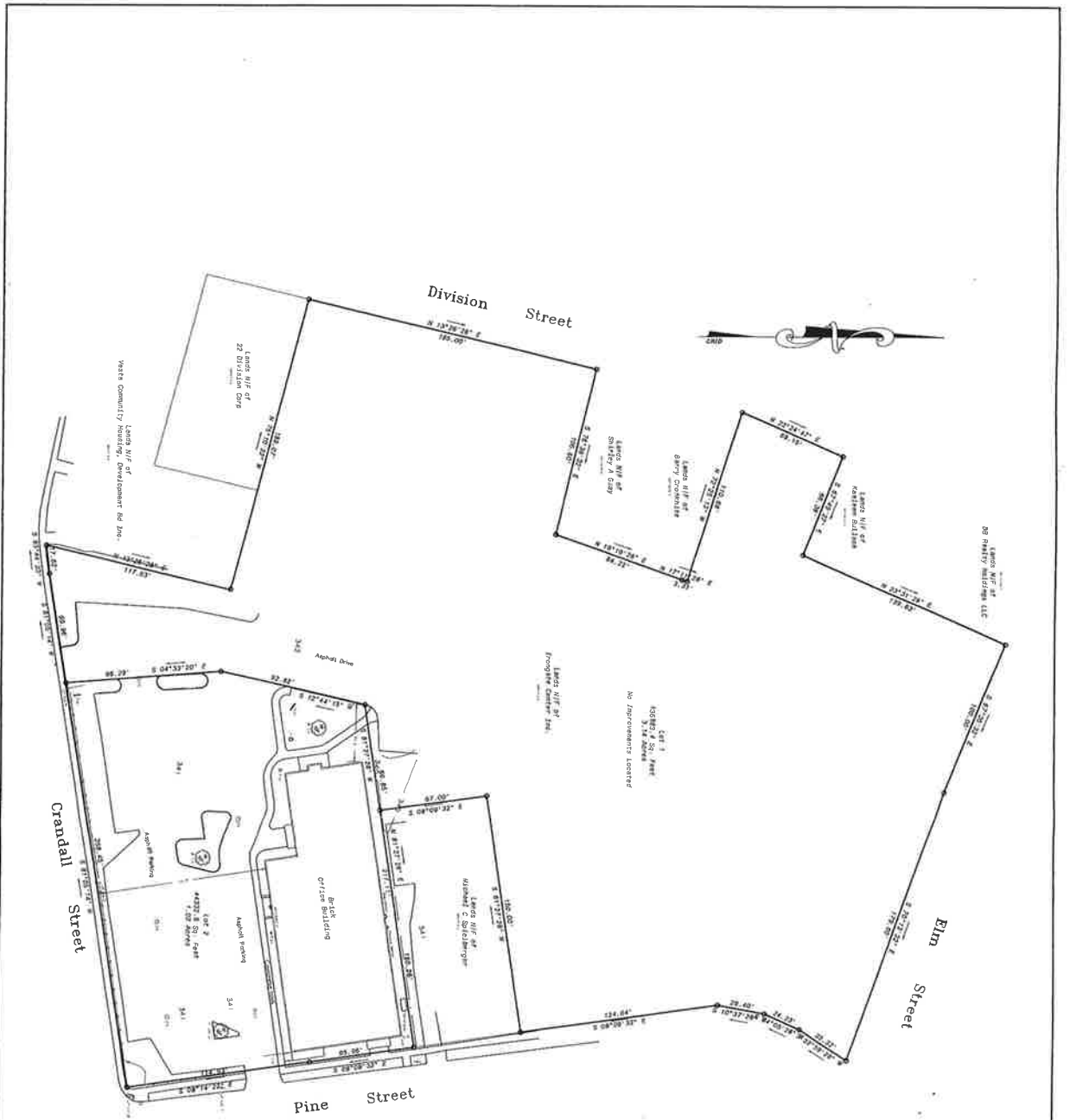
	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	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?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

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.

<input type="checkbox"/>	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.
<input type="checkbox"/>	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)

PRINT



Subdivision Plan

Van Dusen & Steves
Land Surveyors
 100 Bayland Road
 Queensbury, New York 12204
 (518) 782-8474
 New York Lic. No. 50135

Zoning Information:
 Town of Warren
 Map, Lot Area = 7,600 sq. ft.
 Maximum Lot Coverage = 75%

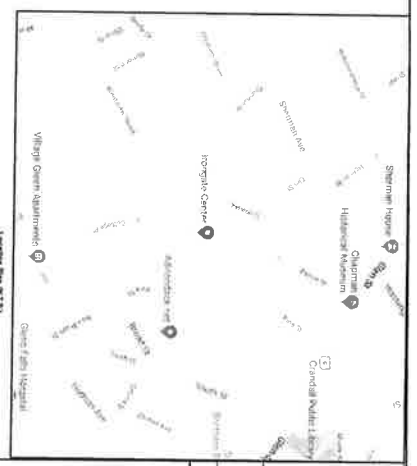
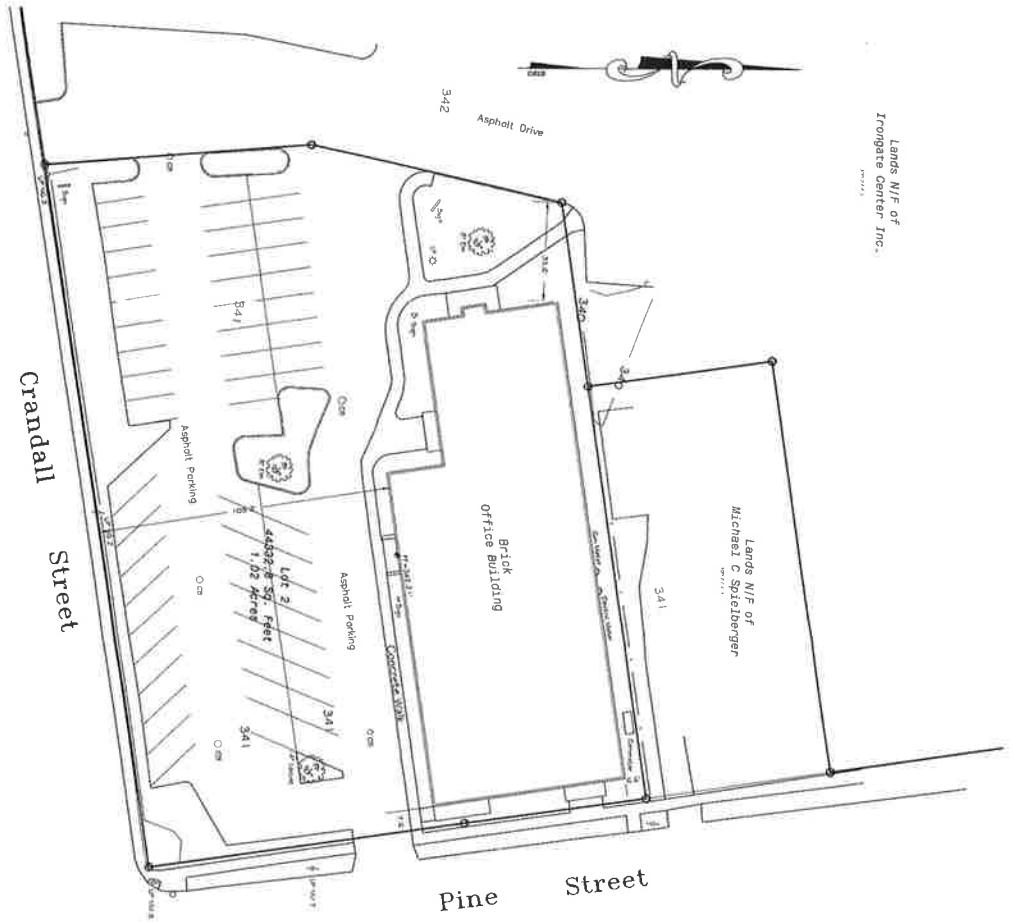
Setbacks:
 Front = 5 ft.
 Side = 5 ft.
 Rear = 5 ft.

Other Information:
 6 Per. Parking Requirements
 1 Per. Employee

Date: January 06, 2018
 Scale: 1"=50'

Drawn: [Name]
 Checked: [Name]
 300.27-4-4

S-1 SHEET 1 OF 3 300.27-4-4	Date: January 06, 2018 Scale: 1"=50'	Map of a Survey made for Kevin Herlihy City of Glens Falls, Warren County, New York	1 06/27/18 TOPOGRAPHY AS BLD
	100 Bayland Road Queensbury, New York 12204 (518) 782-8474		01 04/17 TOPOGRAPHY AS BLD



Existing Conditions Plan

Zone Information:
 Max. Lot Width = 75.00 ft.
 Max. Lot Depth = 100.00 ft.
 Existing Site Coverage = 50%
 * Per Professional & Per Employee

Date:
 10/11/2018
 10:23:10 AM

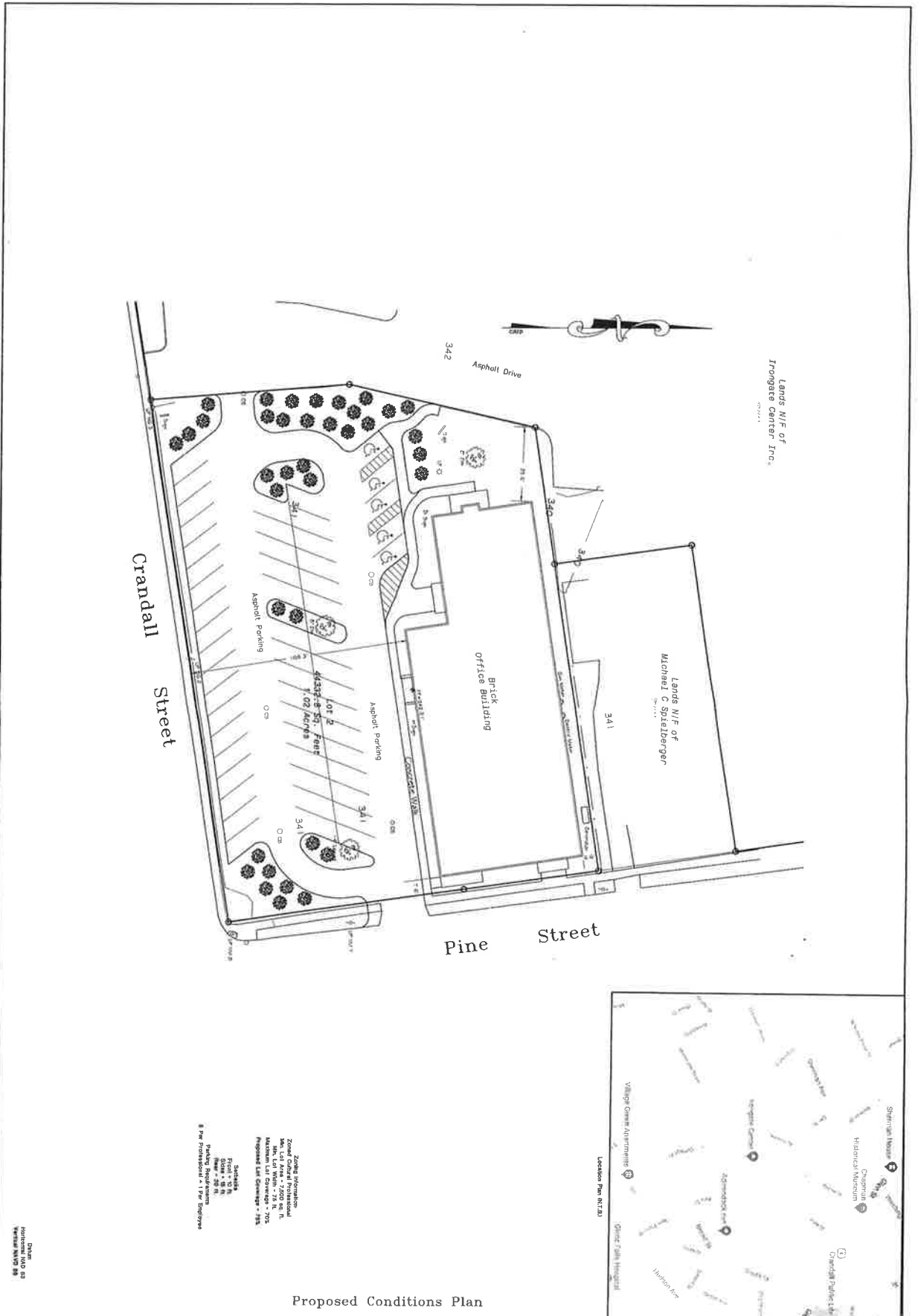
S-2

Date September 8, 2018
 Scale 1"=50'

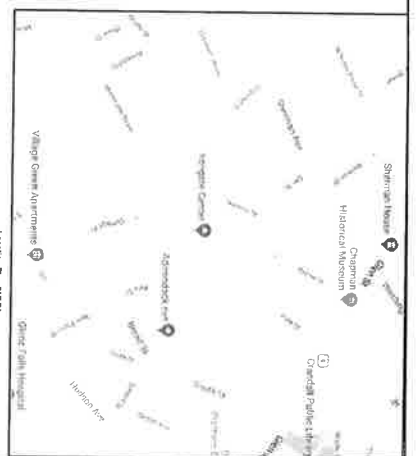
Van Dusen & Steves
Land Surveyors
 189 Haviland Road
 Queensbury, New York 12804
 (518) 782-2474 New York Lic. No. 50126

Map made for
Kevin Herlihy
 City of Glens Falls, Warren County, New York

NO.	DATE	DESCRIPTION



Proposed Conditions Plan



<p>S-3</p> <p>SHEET 3 OF 3</p> <p>DATE: 12-12-10</p> <p>SCALE: 1"=50'</p>	<p>Van Dusen & Steves Land Surveyors</p> <p>100 Haviland Road Queensbury, New York 12804 (518) 282-8474</p> <p>Queensbury, New York 12804 New York Lic. No. 50135</p>	<p>Map made for</p> <p>Kevin Herlihy</p> <p>City of Glens Falls, Warren County, New York</p>	NO.	DATE	DESCRIPTION