

TO: Village of Ellicottville

FROM: Greg Dekdebrun 716-490-1621

DATE: 6/21/2021

SUBJECT: Subdivide Existing Property At 18 Washington St, Ellicottville, NY

Being the owner of the property at 18 Washington St. in Ellicottville, I am considering selling the property. I have been involved in Ellicottville all of my adult life and would like to keep a presence here, thus I would like to pursue the idea of subdividing the property. Splitting the property might make it more attractive to a potential buyer who would only want the main building. I am proposing that the property be subdivided ten feet south of the existing wood and concrete building at the North end of the property.

I can be reached at 716-490-1621 for further questions.

Thanking you in advance for your consideration of this request.



**TOWN AND VILLAGE OF ELLICOTTVILLE
BUILDING / CODE ENFORCEMENT
DIVISION**

17 MILL ST. ELLICOTTVILLE, NY 14731

Code Enforcement Officer: Kelly Fredrickson, (716) 699-4773,

E-MAIL: kelly.fredrickson@evlengineering.com

Planner: Gary Palumbo, (716) 923-1325, E-MAIL: gary.palumbo@aecom.com

COMBINED APPLICATION

Check all that apply: TOWN VILLAGE App. # _____

- | | |
|---|--|
| <input type="checkbox"/> PRE-APPLICATION CONFERENCE | <input type="checkbox"/> SPECIAL USE PERMIT |
| <input checked="" type="checkbox"/> INTENT TO SUBDIVIDE | <input type="checkbox"/> MASTER PLANNED DEVELOPMENT |
| <input type="checkbox"/> HISTORIC DISTRICT REVIEW | <input type="checkbox"/> ARCHITECTURAL DESIGN REVIEW |
| <input type="checkbox"/> SITE PLAN REVIEW | <input type="checkbox"/> AMENDMENT TO SITE PLAN |
| <input type="checkbox"/> ZONING ORDINANCE AMENDMENT | <input type="checkbox"/> ZONING MAP AMENDMENT |

APPLICANT INFORMATION:

* Applicant's name: GREG DEKDEBRUN Date: 6/23/2021
 Mailing address: PO Box 574, ELLICOTTVILLE NY 14731
 Cell Phone Number: 716-490-1621 E-Mail: GREG.DEKDEBRUN@EMAIL.COM
 Applicant must be (check all that apply): Owner Operator Lessee
 Applicant's Engineer or representative: _____
 Address: _____
 Phone #: _____ E-Mail: _____

PROPERTY OWNER INFORMATION (if different than Applicant)

* Name: _____
 Mailing Address: SAME
 Cell Phone Number: _____ E-Mail: _____

PROPERTY / FACILITY NAME

* Address: 18 WASHINGTON ST. ELLICOTTVILLE NY 14731
 Property tax map #: 55.035-3-44

Current use of property:

RETAIL & RESIDENTIAL

Description of Proposed Project/Use (attach additional pages, survey and plans):

USE OF PROPERTY WILL NOT CHANGE

Zoning Requirements from Town/Village Zoning Law

Front yard setback: _____ Rear yard setback: _____
 Side yard setback: _____ Combined side: _____
 Minimum lot size: _____ Width: _____
 Height: _____ Floor area ratio: _____ (Village)
 Usable Open space: _____

*

Site Information

Size of site: 3,857 Sq. Ft. Size of area to be developed: 1,140 Sq. Ft.

Number of proposed lots: 2

Proposed method of Sanitary Sewage disposal: EXISTING

Proposed method of Water Supply: EXISTING

If public utilities are proposed, are they available to site?

Sanitary Sewer: Yes No Water: Yes No

Will the project require the formation or extension of a Water and/or Sanitary Sewer District?

Sanitary Sewer: Yes No Water: Yes No

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Main Structure: Store

Construction type: CONCRETE Front yard setback: 0 feet
 Height: _____ stories, _____ feet Side yard setback: ~~10~~ 0 feet
 # of family units: 1 Total of both side yard setbacks: 0 feet
 Size of lot: _____ Sq. Ft. Rear yard setback: 37 feet
 Usable Open Space: _____ % Floor area ratio: _____ (village)
 Corner or interior lot? _____ Other: _____

*

Accessory Building: Garage / Apt.

Description:

PROPOSED LOT IS 19' X 60'

Percentage of yard: _____ Height: 24' feet
 Setback from rear lot line: 10' feet Setback from side lot line: LESS THAN 1 FT feet
FRONT SET BACK IS LESS THAN 2' N.E.
W.S.

Floodplain:

FIRM Zone AE

BFE _____

Flood Plain Development Permit Required? YES NO

ATTACHMENTS

Attach all relevant items listed in the Town/Village of Ellicottville Zoning Law for type of application(s) being submitted. Additional copies of all plans, documents and other application materials may be required. See attached list of required forms and information needed for type of application being submitted. Deadline for submittal is three (3) weeks prior to regularly scheduled meeting date. Meeting dates are subject to change by the Board Chair.

SIGNATURES

Applicant and Owner (if different) must sign the application.

I hereby certify that I have examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The acceptance or approval of this application does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction, land use or the performance of construction. I have read and am familiar with the Town/Village of Ellicottville zoning law that is relevant to this application(s).

Permission to inspect – I hereby consent to Town/Village of Ellicottville Staff inspection of the project site and adjacent property areas. Town/Village staff may enter the property without notice. Inspection may occur without the owner, applicant or agent present, If the property is posted with “keep out” signs or fenced with an unlocked gate, staff may still enter the property. Agency staff may take measurements, analyze site physical characteristics, take soil and vegetation samples, sketch and photograph the site.

Applicant Signature: [Signature] Date: 6/23/2021

Applicant must be (check all that apply): Owner Operator Lessee

Applicant Name:^{Print} _____

Property Owner’s Signature (if different than applicant) _____ Date: _____

Property Owner’s Name:^{Print} _____

Office use only:

Application Fee(s) Minor Subdivision \$345

Received by: _____ on _____ (Date)

Project Number(s): _____