December 5, 2018
Brighton Town Hall
2300 Elmwood Avenue
Rochester, New York 14618

PRESENT:

DENNIS MIETZ, CHAIRMAN
ANDREA TOMPKINS WRIGHT
JUDY SCHWARTZ
CHRISTINE CORRADO
JEANNE DALE
JENNIFER WATSON

DAVID DOLLINGER, ESQ.
Town Attorney

RICK DISTEFANO
Secretary

Reported By: BRIANA JEFFORDS
Forbes Court Reporting Service, LLC
21 Woodcrest Drive
Batavia, New York 14020
CHAIRPERSON MIETZ: Rick, are we ready to call the roll? I would like to call to order the December session of the Zoning Board of Appeals.

MR. DI STEFANO: Please let the record show that Mr. Clapp is not present.

CHAIRPERSON MIETZ: Sir, was the meeting properly advertised?

MR. DI STEFANO: Yes, Mr. Chairman, it was advertised in the Brighton-Pittsford Post on November 29th, 2018.

CHAIRPERSON MIETZ: Okay. When you are ready, Rick, you can find out if the applicant for 11-A-10-18 is here.
Application 11A-10-18. Application of Susan O'Toole, owner of property located at 71 Astor Drive, for (1) an Area Variance from Section 207-10E(2) to allow front yard pavement coverage to be 46% in lieu of the minimum 30% allowed by code; 2) an Area Variance from Section 207-10E(3) to allow rear yard pavement coverage to be 60% in lieu of the maximum 35% allowed by code; and 3) an Area Variance from Section 207-10E(5) to allow pavement throughout the site to extend up to property lines where a minimum 4 ft. Setback is required by code.

MR. DI STEFANO: Anybody for application 11A-10-18 present? So we will take care of that. Maybe we will call it again at the end.
Application 12A-01-18. Application of Chris Glyde, lessee, and John Nicastro, owner of property located at 1840 Monroe Avenue, for a Sign Variance from Section 207-32B(2) to allow for 43.5 sf of business identification signage (Existing tenant sign – 27.5 sf, proposed tenant sign – 16sf) on the building face in lieu of the maximum 33 sf allowed by code. All as described on application and plans on file.

CHAIRPERSON MIETZ: First thing you will do is tell us your name and your address.

MR. GLYDE: My name is Chris Glyde. This business is 1840 Monroe Avenue. It's down the street, basically.

CHAIRPERSON MIETZ: Okay. So you are speaking on your behalf and for Mr. Nicastro.

MR. GLYDE: Yes.

CHAIRPERSON MIETZ: Okay. So go ahead.

MR. GLYDE: Okay. So the project, basically, we want you to approve I believe 15 square footage or 13 square footage. You have the exact numbers in front of you for my business sign on the front of the business. That's basically it. I don't really know how else to say it.

CHAIRPERSON MIETZ: Okay. How about why don't you, just for the record, tell us what the
business is --

MR. GLYDE: It's a music school.

CHAIRPERSON MIETZ: -- and why you believe you need a sign that is bigger than what the code was.

MR. GLYDE: Okay. Great. So it's a music school, specifically guitar, but I teach voice inside as well. The actual extra room is so I can actually put a sign up. Right now I do not currently have a sign. There is a sign from another business up there now, and it takes up about 27.5 square feet out of 32 or 33 total. I'm looking for some extra footage so you can put the sign on the building.

CHAIRPERSON MIETZ: Okay. And the sign company that you worked with, Image360, designed it so they believe that's the correct size that, if I was along Monroe Avenue, that I might see your sign.

MR. GLYDE: Yeah. I mean, it's actually kind of smaller, but I figured it would be pressing it to get more than 13 or 15.

CHAIRPERSON MIETZ: You feel it would be adequate when cars approach that they will find you and the address of the building.

MR. GLYDE: They'll see it. Correct. I think it will help with location.

CHAIRPERSON MIETZ: Okay.
MS. CORRADO: And the sign you are proposing is the one that does not have the telephone number on it as shown in the packet?

MR. GLYDE: Correct.

CHAIRPERSON MIETZ: Judy, anything?

MS. SCHWARTZ: No, I'm fine with it.

CHAIRPERSON MIETZ: Go ahead.

MS. TOMPKINS WRIGHT: Is there an issue with logos on this one?

MR. DI STEFANO: No, I think they did measure it. It went to the Architecture Review Board, and it meets the 25 percent.

CHAIRPERSON MIETZ: Everybody else good?

Okay. You are all set.

MR. GLYDE: Fantastic. Thank you.

CHAIRPERSON MIETZ: Is there anyone in the audience that would like to speak regarding this application?

Okay. There being none, then the public hearing is closed.
Application 12A-02-18. Application of Janice and Thomas Clark, owners of property located at 2908 Brighton Henrietta Town Line Road, for an Area Variance from Sections 203.21B(6) and 203-9A(4) to allow a standby emergency generator to be located in a front yard in lieu of the rear yard behind the house as required by code. All as described on application and plans on file.

MR. CLARK: Tom Clark, 2908 Brighton Henrietta Town Line Road. I'm asking for a variance for a standby generator set. It's for the front of my house which, in all aspects to me, is a side, but we live 750 feet off of Brighton Henrietta Town Line Road.

Where we would like to place the generator, I'm standing in the location right here where I want to place it. The nearest home -- I only have one of these. I ran out of paper. I am facing the closest home to us. It's 65 or 68 feet. And I think -- I tried to get to all of my neighbors in regards to talking to them about whether or not they have any opinions about me putting in the generator. And I was able to get three neighbors' signatures on the variance request for myself.

Also, there is a fourth family that owns
the house you see there. Mr. Lee and his wife June
are out of town. And I have to wait also until their
children come back from college because they don't
speak English. They are Chinese. He is a great guy.
I get along with him great. I don't think I will have
any problems with him either. I still am, when he
comes back next week, going to go over and talk to
him, show him where it's going to be put in, and see
if he had anything that he could get ahold of the Town
and deny if he wishes.

MR. DI STEFANO: And he is the most
directly impacted neighbor; correct?

MR. CLARK: He's the closest. Yes, sir.
Yes, the next closest home is -- yes, that's his home
right there.

MS. THOMPSON WRIGHT: That's his home
right there?

MR. CLARK: Yep, it's 78 feet from the
wall where my house is. The next closest home, you
can't see it. It's 750 feet up the road. Behind us,
there is another house that's 575 feet. And the noisy
390, 780 feet.

So we are here to request a variance
though because the power has gone off in our house in
the last five years a total of 39 days. The last time
it went off was 11 days. It ruined a lot of stuff in our home including a furnace and everything. So we are going to have a standby generator put in for that reason.

CHAIRPERSON MIETZ: Can you, just for the record, tell us why this is the preferred location to put it?

MR. CLARK: Well, I had two people come in that we were working with the generators at. And their location, with all of the windows on my home, would be off to the side where the main meters on the house are and where the main feed for the gas line within the 25 feet that they request. You get the gas for the generator and the electric metering system. And the back of my home, it's like sliding glass doors. You can't put anything on the back right there. And where it's at on the side here, it is directly like 17 feet off the closest window but within the 25 feet where you can put the gas metering system in.

MS. TOMPKINS WRIGHT: What's the decibel of the generator that you are planning on putting in?

MR. CLARK: Ma'am, I have one bad ear. Is it alright if I walk closer to you?

MS. TOMPKINS WRIGHT: I'm sorry. What's
the decibel of the generator?

    MR. CLARK: It's 62. It's in the paperwork there. I also have another copy of that. On full throttle, the decibel level is 62 to 63.

    MS. TOMPKINS WRIGHT: Okay.

    CHAIRPERSON MIETZ: Okay. Any other questions? Questions?

    Okay. Thank you very much.

    MR. CLARK: Thank you.

    CHAIRPERSON MIETZ: Is there anyone in the audience that would like to speak regarding this application?

    Okay. There being none, then the public hearing is closed.
Application 12A-03-18. Application of Matthew Brodmann - Fitch Construction, contractor, and Ralph and Elizabeth Dalton, owners of property located at 132 Holloway Road, for 1) an Area Variance from Sections 203-2B(3) and 203-16A(4) to allow for the construction of a 576 sf detached garage 2 ft. (3ft. from wall, 2 ft from overhang) from both the north and west lot lines in lieu of the minimum 5 ft. Required by code; and 2) allow building lot coverage to be 32%, after construction of said garage, in lieu of the maximum 25% allowed by code. All as described on application and plans on file.

MR. BENEDENK: Good evening. I'm Paul. I'm with Fitch Construction.

MR. DI STEFANO: Paul, your last name, please?

MR. BENEDENK: Paul Benedek, B-e-n-e-d-e-k.

CHAIRPERSON MIETZ: And just an address for Fitch or whatever one you want to use.

MR. BENEDENK: Fitch is 7278 Pittsford Palmyra Road in Fairport.


MR. BENEDENK: The garage is proposed at 133 Holloway Road in Brighton.

So we are proposing to build a two-car
garage in place of a one-car garage that was destroyed by a tree earlier this year. We are using the same footprint as the single-car garage, but we are trying to expand it to a two-car garage for the homeowner's benefit of parking two cars in the garage and also storing lawn equipment, gardening tools, and things of that nature.

The setbacks that are there now are actually three feet as it is not five. So we are actually keeping it exactly where it was previously.

MR. DI STEFANO: Three feet from the wall, two feet from the overhangs, so that's why it is two feet. So there is that extra foot built into the overhangs, but it is three feet from the wall.

MR. BENEDIX: Yes. So basically, the two walls that neighbor closest to those lot lines are going to be in the same location as they are now.

MS. WATSON: Would you say the size of the garage is the minimum necessary to store what needs to be stored?

MR. BENEDIX: Yes, it is the smallest we can do.

MS. WATSON: And have the owners spoken to neighbors at all on the project?

MR. BENEDIX: Yes. Did you want to speak
about the neighbors?

MR. DALTON: Yes, and they both got letters.

CHAIRPERSON MIETZ: Sir, can you come up? We have to record what you are saying. Please just state your name, and you are the homeowner.

MR. DALTON: Yes, my name is Ralph Dalton. I'm the homeowner.

CHAIRPERSON MIETZ: Great. Okay.

MR. DALTON: Yes, we talked to our neighbors, and they have all gotten your letter. So I don't imagine there has been any problems with it. I don't think.

MR. DI STEFANO: I have not received anything, no.

CHAIRPERSON MIETZ: Have not?

MR. DI STEFANO: Have not received anything.

CHAIRPERSON MIETZ: Okay. Any other questions?

MS. WATSON: Not really.

CHAIRPERSON MIETZ: Judy?

MS. SCHWARTZ: No, I'm fine.

MS. CORRADO: The new garage will be finished to complement the appearance of the existing
home?

MR. BENEDÉK: Yes, it won't be sided in the exact same manner, but it is going to be in more of a pole barn look to it, but it will be similar to what's in the neighborhood.

MS. CORRADO: Okay.

CHAIRPERSON MIETZ: How about the color?

MR. BENEDÉK: White, same as the house; correct?

MR. DALTON: Yes.

MS. TOMPKINS WRIGHT: Just so I understand you, the garage that is replacing the one that is damaged is bigger though and that's why you are here for a lot coverage variance as well?

MR. BENEDÉK: Exactly, we are going from a single-car garage to a two-car garage.

MS. WATSON: Are you looking to run any utilities out there besides electric?

MR. BENEDÉK: No.

CHAIRPERSON MIETZ: Are we good?

Okay. Thank you.

MR. BENEDÉK: Thank you.
Application 12A-04-18. Application of Helio Health, Inc., contract vendee, and Genesee Valley Group Health Association, owner of property located at 1850 Brighton Henrietta Town Line Road, for a Use Variance from Section 203-93 to allow for an inpatient withdrawal and stabilization facility in an IG Light Industrial district where not allowed by code. All as described on application and plans on file.

MS. BRUGG: Hi, good evening. My name is Betsy Brugg. I am from the firm of Woods Oviatt Gilman, and I'm here representing this application. I am putting some boards up, but we got our whole team here tonight: Connie Lickstein, Jeremy Klemanski, Matt Collins. We have Daniel O'Neill, and we have some other folks. So we have a whole bunch of people here to answer any questions that you might have about the use we are proposing for the property. So we are here before you requesting a use variance for the property at 1850 Brighton Henrietta Town Line Road. Helio Health is a Syracuse not-for-profit healthcare provider. They treat folks suffering from substance use and mental health related disorders throughout central New York. They have many years of experience. They have located this site and would like to operate a medically supervised inpatient
withdrawal and stabilization program clinic at this location.

So this property has been vacant for about a year. It has been on the market for a year. Daniel O'Neill, who has been representing the property, the broker is here for any questions, but it was operated as medical offices. But as you all know, there has been consolidation in health care in the health care world. The property was offered to the health care networks in the area, the larger networks. They were not interested. They are all consolidating. I think you also know that most of the medical offices in town tend to be now concentrating in certain areas whether it's at White Spruce or at Clinton Crossing, but there are certain areas that are more desirable for those types of uses. The permitted uses in the light industrial district essentially include professional offices, professional office buildings, and banks. And there just has not been a demand for these types of uses. The hardship we are talking about is specific to the property.

We do have to demonstrate we meet the criteria for the use variance. We have addressed them. I'm happy to go through them. We would be happy to answer any questions you have about it and
provide you some additional information.

We actually think this will be a great location for this type of use. This is a medical facility. The reason that we require approval for a use variance is that this is an inpatient facility. Were this was a daytime office facility, we would not need this relief. That is to say, from the outside of this facility, nobody from the public would ever know what is going on here and that it is any different from any other type of medical office. There is not a lot of traffic. They basically treat people who are coming here voluntarily seeking treatment. They might be referred by a physician or by some agency in the community, or they might come here on their own, but they are all folks coming here looking for treatment for substance use.

They are here at a critical period of time. They stay for typically 3 to 14 days. So they come here. They are not feeling well when they are here. They are here primarily for -- you know, they are going to be in withdrawal. They are getting medical treatment. There is medical supervision. There are nurses. They will get counseling. And then, you know, after their stay ends here, they will move on into the community to continue treatment at
some other place. They will be referred to some other agency, whether it is something with the community, some type of outpatient treatment. So that's basically how this facility will operate.

It's a huge service to the community. I think everybody here probably knows that we are in an opioid type crisis. So there is a huge demand. There is a lot of information out there about the need for this type of facility. It will be funded and licensed by OASAS which is the Office of Alcoholism and Substance Abuse Services which is very anxious to see these types of operations in our communities. So that's the type of facility that this will be.

As far as the use variance itself, we need to demonstrate that the property cannot generate a reasonable return for permitted uses. I think what we presented to you in the package -- and I would be happy to answer any questions about it -- we demonstrated that the property has been marketed. It's been marketed by a professional brokerage firm with a lot of experience in commercial real estate. It was marketed for a reasonable price. They are essentially paying -- the price they are actually paying is the appraised value of the property. There just has been no interest in this property. It is too
large for a lot of the smaller office type users that would be out there. You know, we are not in Twelve Corners where a lawyer or some professional wants to open a small office.

It is a very large building. It is over 22,000 square feet in size. It is on Brighton Henrietta Town Line Road. The area -- it is directly opposite the Asian market. It is next to DiMarco Construction which, if you have driven by and taken a look at the property, this is really a very mixed area of Brighton Henrietta Town Line Road. We have large construction vehicles parked in the back. There is a variety of flex space and larger industrial uses. Most of the properties in this area are really self-contained. They are kind of spread out so you are not right next to your neighbor in this area. It is actually the ideal location for this type of facility. So this is the only offer that was made on the property over the course of the year.

We've also gotten into and given you some information on the actual expenses related to the property. We have to demonstrate that we can't generate a reasonable return. Honestly, the larger healthcare providers have very complicated bookkeeping. So we have given you a breakdown using
your income and expense statement to demonstrate that there have been losses and there continues to be losses generated from the property.

As far as any conversion of use, it would be very costly. The property is actually obsolete for its current Article 28 type of use. They are going to have to invest a significant amount of money to really do some interior renovations for what they are proposing. Any other type of permitted use, we would similarly have to invest a lot of money to reconfigure the interior.

Let's see, you have a letter from the broker. I think we have kind of -- I have kind of summarized the financial hardship. The hardship is unique to the property. You will not find another property with these issues in this neighborhood. Because of the size of the building and the location on Brighton Henrietta Town Line Road, I think it does have some limitations and who would be willing to go into this building. So that hardship is really unique to this particular property.

We are not going to impact the character of the neighborhood in any way. Anyone from the outside is not going to notice any difference of use. It's essentially going to have a sign that says Helio
Health. They will probably assume there is a medical office of some type there. It's a very low intensity type of medical use in that patients come in there. They come in. They come in for treatment. They are there for a short time. They don't have a lot of visitors. There's not a lot of in and out throughout the day. So it's actually a pretty low intensity type of use. Probably more comparable to some of the other office type businesses in the area where people go to work and they are there all day. You just don't see a lot of traffic in and out.

The hardship is not self-created. It arises from the unique characteristics of the property, primarily its location and the size of the building, the fact it is obsolete for office use. And I think we have demonstrated that the hardship is not self-created.

So I think we meet the criteria for the granting of the use variance. I think it will be a great asset for the community. Hopefully, we have provided you with sufficient information to demonstrate that we meet the requirements for the use variance. And again, we are happy to answer any questions. We have the whole team here.

MS. SCHWARTZ: What is the ratio of
medical staff to patients?

MS. BRUGG: I believe at any given time there will be approximately 15 employees, and this is designed for 60 beds.

MS. SCHWARTZ: And one other question, can you elaborate a little bit about the trails you were talking about?

MS. BRUGG: Yes. So this property has some woods in the back. So I think what we are doing is they are proposing to make some very minor modifications just to be able to use that space for a little trail, put a little outside patio area, really to give folks a chance to just go outside and get a little fresh air. They are under constant supervision 24/7 at this facility. So if someone were to go out to walk the trail, they would be accompanied as well.

MS. CORRADO: Will that open area be fenced in or will it be accessible to passersby?

MS. BRUGG: I don't think there is any plans for fencing. No. It is just really taking advantage of what's there and trying to have as little impact and draw as little attention as possible.

MS. CORRADO: So it won't end up appearing to be a public space or --

MS. BRUGG: No. In fact, I think most
people will not even know that there are trails.

MS. CORRADO: Okay. I have a couple other questions. So as far as the patients, are they -- is this facility going to be served by emergency vehicles or arriving in other ways?

MS. BRUGG: They are arriving primarily individually, independently. They are just coming in because they have been referred for treatment. So they come in their own vehicle or are brought in by a family member.

MS. CORRADO: And regarding family, the visiting hours, are they 24/7? Will they be limited to a particular time during the day?

MS. BRUGG: Do you want to come up and speak to that?

MR. KLEMANSKI: Sure. Jerry Klemanski, 555 East Genesee Street, Syracuse, New York, 13202. My name is Jeremy. I serve as the president, CEO, for Helio Health. First of all, thank you for hearing from us this evening.

In terms of the question that you are asking about our patients and visiting, every facility is different. This level of care is a medically supervised withdrawal and stabilization program. And then there will be some beds allotted to
rehabilitation for people who have completed detox, the street term for it if you will or the popular vernacular.

Visitation hours are going to be by appointment for a facility like this during daytime hours. It would be possible that somebody would come in an evening if that was -- maybe they work or that was the only time they can come and see somebody. We do facilitate things like if a mother or father are in treatment and their child is having a birthday or something. They might come and use the family visitation room to have a family meal together or something. It is under supervision. That can happen at night or on the weekend, but it is not frequent or common, if you will. It is very, very infrequent that anyone would be there from like the third shift, midnight to 8:00 a.m. But if someone worked second shift and had to drop off clothing, paperwork, or something, I guess somebody could stop by to drop something off at the desk but not a regular visitation, if you will.

Visitation is minimal at this level of care because people are only here for a brief period of time. And they are really focused on trying to get a proper assessment of what the person's needs are.
And where family are involved in a positive way is if a family member that brings them, they might stay for an hour or two to help them answer questions with the assessment to make sure it's the right facility or level of care for them. But then often times, the family does not come back in person until they are picking them up to take them back to the next level of care or to bring them home because it just usually gets in the way for the person's treatment at this point.

MS. CORRADO: Understandable. Thank you.

MR. KLEMANSKI: Sure.

MS. CORRADO: And related to that, at the end of the treatment there, are there particular times in which patients will be leaving the facility? Are they leaving them on their own? Are they expected to be met by a family member or any other medical professionals?

MR. KLEMANSKI: All of the above, so let me elaborate a little bit. Discharges are not scheduled for third shift. They are rarely scheduled for second shift, but they would if the program taking them were admitting them next and that was when their first appointment is. They are usually after breakfast on the first shift. That is when most
people who are leaving leave because most people are then going from here to an outpatient appointment and some sort of housing whether it is their own housing, if they have stable housing with a family member, or they are going to a residential treatment program for a longer stay. It's usually then. Sometimes it is not right after breakfast because we are scheduling transportation and we are coordinating with where they are going next.

What we like to do is a process called warm hand-off where we take them to their next level of care rather than discharging them with a card and hope they show up. That doesn't really work well with folks who have detoxed. So sometimes they might be staggered kind of throughout the day more.

To answer your question about transportation and who, it could be a family member. It could be a peer. There is a big movement in New York to have certified peers that help people stay engaged in treatment. They often times provide transportation and go with people to their first appointments. And then sometimes it will be us. If they don't have any of those resources in place, a driver or a counselor might take them to that next first appointment to try to make sure that a
connection happens properly.

CHAIRPERSON MIETZ: Good.

MS. CORRADO: I think that's all of the questions I had.

MS. TOMPKINS WRIGHT: I have some questions about how the property was marketed originally.

MR. KLEMANSKI: That will be for the brokers here.

MR. O'NEILL: Yes, I am Daniel O'Neil, 81 Aldridge Road, Fairport, New York.

MS. TOMPKINS WRIGHT: So I see from the Cushman and Wakefield and the Pyramid letter that it was marketed for sale. Was there any thought given to marketing it for rent instead or along with that in order to build up more interest in the property?

MR. O'NEILL: We would consider that, but the owner, which is Excellus Blue Cross and Blue Shield or Excellus Health Plan, they really would like to divest of the property. It would take a considerable amount of money to invest in there. Their charter is not to invest in real estate and then sell it. Their charter is healthcare. So it doesn't really work well for them to do that.

MS. TOMPKINS WRIGHT: So the property is
relatively obsolete for a medical office?

MR. O'NEILL: It was built in the early
eighties and renovated many times under Article 28 of
the State of New York Health Code, I believe.
The rooms are all the wrong sizes for what
people do now under Article 28 and what the hospitals
do. So it would take a considerable amount of money
to renovate it, and they didn't want to spend the
money, Excellus, or the developers that I had marketed
and walked through the building didn't want to spend
all that money at this time.

MS. TOMPKINS WRIGHT: Would it be
considered obsolete for general office use or
professional office use?

MR. O'NEILL: Well, there is a lot of
plumbing in the building. It would still take a lot
of -- because you have very small rooms that are eight
by eight and most people don't want an eight by eight
office. So it would be still be considered obsolete
by today's open floor plan standards that you have in
most modern office buildings.

CHAIRPERSON MIETZ: Are you good?

MS. THOMPSON WRIGHT: Yes.

CHAIRPERSON MIETZ: Any other questions?

Okay. I got a couple other questions. Do
you have anymore?

Okay. So maybe someone from Helio can
answer this one probably. As the program is being
operated, these patients, the maximum amount of
patients at any one time would be?

MR. KLEMANSKI: Sixty and that's assuming
the state ultimately approves 60 beds.

CHAIRPERSON MIETZ: So that's what you are
applying for the license for?

MR. KLEMANSKI: That is correct.

CHAIRPERSON MIETZ: Okay. So if a person
signs up for the program and starts day one, is there
some means that they must stay in that facility for
the duration, or are they free to leave day three if
they decided to?

MR. KLEMANSKI: So this is a -- in New
York State, this level of care is not secure meaning
it's voluntary. So these are not people that are in
custody or under lock and key. We do keep the doors
locked, but they can leave. They can administratively
discharge themselves or leave against medical advice.
That does happen at times. We discourage it. We
counsel against it, but it's like any other facility
where technically you are free to leave if you're not
in some form of custody. It is not a forensic mental
CHAIRPERSON MIETZ: Okay. So you operate a facility such as this in Syracuse currently?

MR. KLEMANSKI: We do.

CHAIRPERSON MIETZ: Okay. And how long have you operated that?

MR. KLEMANSKI: I'm aware of since sometime in the nineties. I have been with the organization for 15 years.

CHAIRPERSON MIETZ: So quite a long time.

MR. KLEMANSKI: Yes. We have a facility in Rochester currently that has 25 beds and is in the middle of an expansion of 40 beds because New York State doesn't -- we have been trying to find a site for some time. And the state doesn't feel we can continue to wait for the potential other beds. So they asked us to build, and they funded an expansion on a temporary basis. So we have 40 beds in operation on University Avenue but that is leased. It's not permanent, and it doesn't meet the needs of a program kind of on a going forward basis. And the state and we would rather put the money into staffing resources than leasing, if you will.

So we have actually been searching for a site that would meet the needs of the program for
between 8 and 10 years. And this is the first property that we, and the brokers, and everybody found that lays out well enough that the dormitory -- the Dormitory Authority of New York would oversee the renovation on OASAS behalf because the state would be funding the renovation. And this is the first time we have brought them, and OASAS, and the brokers, and everybody who runs our program to a site and they all said this could work. The footprint, the size of the building, being buffered from neighborhood houses for example but still being on a public transportation line if somebody did utilize public transport to come see somebody or to get to work, the green space behind it, and a whole bunch of other factors.

CHAIRPERSON MIETZ: So in your experience, and I know you don't probably have it at the tip of your tongue, but would you say 100 percent of the patients that would fill those 60 beds, what percentage of them might leave before it's over -- the whole program is over?

MR. KLEMANSKI: Well, this level of care usually changes from month to month, but 70 to 90 percent of folks usually complete their stay and do not leave against medical advice, but that's a little deceptive statistic and let me tell you why so that we
are having complete transparency here.

It is such a short level of stay care that it's not that hard. And folks that come to this level of care are in a place where they really want to begin the life of recovery, and they know they need to get stabilized medically to be successful at the next level of care. You are much more likely to be successful at an outpatient program or a residential program if you have had a couple days of medical stabilization. What that is is nurses and doctors overseeing your care, making sure you are sleeping right, making sure we get your medications straightened out properly, have a proper detox protocol, and make sure we have a good diagnosis on you before you try to stabilize in a lesser level of care.

MS. WATSON: Can you tell us a little bit about your security staffing?

MR. KLEMANSKI: Sure. We do not have security staffing at a facility like this. We don't have security staffing at any of our inpatient facilities. I never needed to. The only facilities that we have security staffing at in our entire system are OTP clinics and that is because it's a federal and state regulation because those clinics have methadone
on-site which is a controlled narcotic. This is not such a facility. And as a result, we never had a need for it. But we do have protective measures like good lighting. And the plan we proposed to the folks in planning was dark sky compliant downward facing LED lights in all the existing locations. We do use extensive networks of cameras. In a facility like this, there will be probably 60 to 100 plus of high definition color cameras that will record on a server basis that's backed up for somewhere between 30 to 90 days. That's a really good deterrent from anybody wanting to commit mischief of some sort if they were so inclined. And we do search patients upon admission. We do a search as part of their exam process of all their belongings, and they get a metal detector scan as well just to make sure nobody is bringing anything into the building they shouldn't be.

CHAIRPERSON MIETZ: Question?

MR. DOLLINGER: Yes. How does the building -- I'm interested a little bit in how the building gets configured. How big is the building?

MR. KLEMANSKI: It's about 23 -- 22,000 to 23,000.

MR. DOLLINGER: And that's on two to three floors?
MR. KLEMANSKI: Two floors, 22,000.

MR. DOLLINGER: So an 11,000 square foot footprint.

MR. KLEMANSKI: Yep.

MR. DOLLINGER: So that's in theory 30 units per floor. Is there an elevator?

MR. KLEMANSKI: There is. Do you want that pointed out?

MR. DOLLINGER: No, it's just -- is that actually a rendering of what it's going to look like?

MR. O'NEILL: This is the rendering of the first drafts. I can pretty much assure you that the colleagues at the state of New York will want us to make some sort of modifications to exact sizes in the final licensing process. The Dormitory Authority will probably ask us to move something around because they usually do. But in this setup here, this is the front entrance here. And there is an elevator right through here that is an already existing elevator. We are not proposing a new elevator tower.

CHAIRPERSON MIETZ: What's your question, Dave?

MR. DOLLINGER: I don't know. It just seems like a lot of people in a small place.

CHAIRPERSON MIETZ: What would you --
maybe to help --

MR. DOLLINGER: No, I'm just curious. No, I am actually just curious.

MR. DI STEFANO: I guess maybe a different question for it, maybe a different way of asking that question, is what is your typical square foot room that you are looking for per person or per patient?

MR. KLEMANSKI: So the state of New York has guidelines that they use for these facilities. And they have so far reviewed the facility. Their concern is that they thought the building might be a little too big. And we have assured them that we have proper use for the space. We can get the actual --

CHAIRPERSON MIETZ: Just a rough idea would be fine I think.

MR. KLEMANSKI: The State's standard per bedroom unit is 80 square feet or 120 square feet if there is two beds or a double room. They have different standards for like the size of group rooms, the size of eating areas, ancillary. I think their ancillary space is about 60 square feet per patient, if I remember correctly.

MR. DI STEFANO: I have two questions. One is, is this adult only?

MR. KLEMANSKI: Yes, this is an adult
MR. DI STEFANO: And 18 and over?

MR. KLEMANSKI: Let's see, I'm trying to remember what the federal definition of adult is now because they changed it with the Affordable Care Act. Generally speaking, it is a 17-year-old population and up. It is possible a 16 year old can be admitted but that is rare.

MR. DI STEFANO: So you would admit a 16 year old per the --

MR. KLEMANSKI: There are some special, like, guidelines that I'm not the expert on. It's possible, but that's not what this is intended for. It's very uncommon. The average age of our program participants -- the last time I saw the data which was yesterday, our average patient age yesterday in our entire system was 33 point something years old if that helps.

MR. DI STEFANO: Okay. And my other question is under New York State or federal codes, is this type of unit -- does this type of unit or facility have a specific classification? Like you mentioned your other one that had the methadone on-site. They were called an OTP type or something like that. Does this type of unit have a specific
classification that, if we were to grant the use variance, we can grant it for this specific type of use that has an actual classification under New York State?

MR. KLEMANSKI: Yes, New York State would consider this residential/inpatient rehabilitation care, detox and rehabilitation. And the reason I say inpatient/residential is depending on which code, which thing, you are looking at, sometimes it is defined as inpatient. Sometimes it is defined as residential. The state requires us to build to whatever the higher standard is per code. In other words, if there is a local code that is higher than the State's, they will make us build to the higher.

MR. DI STEFANO: Okay. And this type of use would only be permissible for a 3 to 14 day stay time. I mean, when you get to 14 days, are you out?

MR. KLEMANSKI: Not necessarily. That's why we say average. So the first 40 beds are designed for that. There is an additional 20 beds that the state and county still have to figure out are they going to be residential rehab or inpatient rehab which could be a couple of weeks to a few months, but the majority of the beds are a shorter duration stay. They may end up designating all 60 beds as that. It's
really up to the county and the state. They have a process of --

MR. DI STEFANO: The need basically?

MR. KLEMANSKI: Yes, it's a need type of assessment that they do based on how many people are going to facilities, but no you are not kicked out because -- well, there is a lot of reasons.

MR. DI STEFANO: Well, kicked out was not the right word to use.

MR. KLEMANSKI: No, it's not a definitive and like this is -- there is not -- it's not a 30 day or a 14 day program. It is variable based on your condition and your circumstances. And it is a combination of medical and do we have your next care lined up. What is your housing situation? We are not going to put somebody out if we know they are going to go to an unsafe circumstance and then probably end up in a shelter, or incarcerated, or something if they were on the street, too.

MR. DI STEFANO: Is there a maximum time that a person would stay there?

MR. KLEMANSKI: No, there is not maximum. But if the state -- but there is nobody that would be there for an indefinite period or anything. The state monitors all admissions and discharges from programs
like this, individually and aggregate, through a
system they call Compliant Data System. We have to
put all admissions and discharges in, and the state
monitors it as their way of making sure that people
are not gaming the system in terms of reimbursement or
something. They oversee all of that kind of stuff.

MR. DI STEFANO: So they can tell you that
we notice you had a patient there for 28 days, and
they will step in and try to figure out why.

MR. KLEMANSKI: Well, we wouldn't even get
to that in terms of them having to step in. We have
our own utilization review people and QA people who
are monitoring our programs. And they look for
outliners. They look for somebody. And the reason we
do that is just to make sure somebody is not falling
through the cracks or something, or if we need to put
more resources around somebody because for whatever
reason we are having a hard time placing them. And
occasionally, that could happen if you had a really
hard to place a person, maybe somebody who had a
number of disabling conditions and we are having a
hard time convincing somebody else to provide their
next care. We would then have other case management
and supervisory folks get involved to help make those
connections. Then if that wasn't successful, then the
state, themselves, would get involved and call the other providers and say why are you not taking this patient. Everyone deserves treatment.

MR. DOLLINGER: After a person left the 14-day 7, 10-day program, where would they go? What type of -- I'm just not familiar with the terms. Where is the next move? What are the options for the next --

MR. KLEMANSKI: So a lot of folks will go to outpatient care because they are at that point ambulatory. They are capable of showing up for appointments, taking medications on a schedule, and many of them will also -- if they are not, they will go to a longer term inpatient program somewhere else in the community or somewhere else in the state, or they will go to a residential program whether it's a community residence or rehab environment or supportive living environment. It really depends on each individual person. Some people who have housing will go back to their housing with their outpatient services in place next.

MR. DOLLINGER: And then you said it was voluntary. What do you mean by that? I mean, if a court wanted to direct someone to go here as part of a sentencing or some kind of adjournment process --
MR. KLEMANSKI: Sure.

MR. DOLLINGER: -- would that be considered voluntary? When you say voluntary, what do you mean by that?

MR. KLEMANSKI: So it's voluntary. So in a scenario like that, there are people that go to treatment because someone is mandating or leveraging them whether, if it's a wife that says if you don't go I'm throwing you out and we're getting a divorce, or it's an employer that says if you don't go you're going to lose your job, or it's a criminal justice system that says something like that. They are still voluntary because they are not under -- like we are not confining them. We don't have the right to make them stay there. They can still walk out if they don't like the quality of care, or if they don't like the experience, or they don't want to be there. Yes, they can have consequences from some other system, but that system is not -- this is not a jail program, if you will per say.

There is a big movement in New York State to make treatment available in the jails. That's a totally separate treatment confined thing.

MS. DALE: But it's 10:00 at night on a Tuesday, and they are looking around, and they are
grouchy, and a person is trying to help them, and they say -- and they walk out the door, and they just walk down the street.

MR. KLEMANSKI: That can happen. In a worst-case scenario, that can happen. And I'm sure it would occasionally. I don't want to paint a perfect rosy picture for you. We would try to discourage that. We would -- counselors would try to counsel them. We would call their family contacts, if we have releases, and say hey they are planning to leave and talk to them. We have a discharge process where we try to coach them through it, but they have the right, just like any other clinic or hospital in the area, to say no I'm out of here. I'm not staying for whatever reason. That is their kind of privilege, if you will.

CHAIRPERSON MIETZ: Sure. We can talk a little bit more about that later. I have a little bit of background to help with that.

Okay. Are there any more questions for the gentleman?

MS. TOMPKINS WRIGHT: Just for Rick, in the code, would this be more like a nursing home or rehabilitation center which are mostly conditional uses in the office districts? Is this how this is because this is sort of a unique use?
MR. DI STEFANO: Well, what really makes it for a use variance is truly the fact that it's open 24 hours. It is open 24 hours a day. So it is not really like a nursing home because that's a permanent residence. This is temporary.

MS. TOMPKINS WRIGHT: Yes, I guess a rehabilitation.

MR. DI STEFANO: Yes, it is a form of rehabilitation. So yes, it would, but the part of the variance really is 24 hours. Where most rehabilitation, you go there and you have an appointment and you leave.

MR. DOLLINGER: And they wouldn't need a use variance for that.

MR. DI STEFANO: No, if they were open 9:00 to 9:00 and they had people come in and get outpatient treatment, then they wouldn't need the use variance. It's the overnight stay. The 24-hour overnight stay inpatient care that requires the use variance.

MS. DALE: Does the overnight stay require any additional safety or anything?

MR. DI STEFANO: Well, because we don't permit it, we don't address it. So it's really -- the questions we are asking on whether or not we grant the
variance is, is there some type of extra care, or
security, or something that we want to see in place.
That's really what it comes more down to as a
condition of their approval.

MS. TOMPKINS WRIGHT: Are 24-hour
rehabilitation centers allowed in any zone?

MR. DI STEFANO: No.

MS. TOMPKINS WRIGHT: They are not.

MR. DI STEFANO: Well, it depends on what
you consider rehabilitation. I mean, a nursing home
might have rehabilitation associated with people who
go there after they have a fall. And they are there
and going through rehabilitation, but the nursing
home, itself, has the conditional use permit. And as
an ancillary use of the condition of the nursing home,
they have a rehabilitation.

MS. THOMPSON WRIGHT: But a straight rehab
center --

MR. DI STEFANO: Straight rehab, 24 hours, no.

CHAIRPERSON MIETZ: And there is a whole
complication of licensing issues related to that that
is well beyond the town of Brighton scope and zoning.

MR. KLEMANSKI: So maybe to help what you
are talking about, I know the state of New York has
very specific building code expectations for this type of care. And it goes into special fire protections and other things that they will make us do any renovations to those standards. And they intend to fund this as a complete interior renovation upgrading all systems. So I can give you some assurance that they are going to follow that.

MR. DI STEFANO: Yeah, I think a little bit of a concern is -- I mean, a little bit of a concern I have is when you say that you don't have security on staff. Somebody has the right to leave, I understand that. But when somebody leaves at midnight and they are walking down Town Line Road or West Henrietta Road, those are fairly busy avenues. And now you have a person who might be still distressed who are -- you know, at least if it's said there is no way you can get out of this place from 9:00 at night to 9:00 or 7:00 in the morning, there is some form of security that that person is not wandering at night and out. I think it's a little bit of a --

CHAIRPERSON MIETZ: You can't do that.

MR. DI STEFANO: I know you can't. That's a little bit of a concern.

MR. DOLLINGER: That is kind of mine. How is this different than -- there is no overnight. The
U of R programs, there is no overnight or something like that?

CHAIRPERSON MIETZ: No.

MR. DOLLINGER: That is all just in-house?

MR. KLEMANSKI: Yes, that is a very different type of program from what I understand.

MR. DI STEFANO: Yes, like Strong Ties and Strong Recovery.

MR. KLEMANSKI: That is outpatient. That is very different.

MR. DI STEFANO: But that patient from this, can go to Strong Ties or Strong Recovery type of facility; correct?

MR. KLEMANSKI: Sure. We would make --

MR. DI STEFANO: That would be their outpatient treatment after they got through your treatment.

MR. KLEMANSKI: Yes.

MR. DOLLINGER: One more question because this came up in the very beginning. The medical staff in relation to the patients, in theory there is 50 people. What is the staff that's there again? I don't know if that was asked already.

MR. KLEMANSKI: So the current staffing plan, again, subject to final approval from New York,
and budget, and everything else calls for a medical
director. That's usually a half-time physician that
is there certain hours of the day to oversee records
and check on things, see any patients that the staff
thinks needs to be seen by a physician.

There is one full-time physician there as
well who is there 35 to 45 hours a week, two nurse
practitioners or PAs, a service director who is an
administrative person, but they usually have a
clinical background, a program director who is
definitely a clinical person usually masters or a
higher level, a clinical team leader who is, again,
usually a credential licensed or masters level
clinician, a nurse manager, a nursing team leader, an
admissions team leader, someone who oversees the
admission process, a utilization case manager --
that's the person that manages everything we talked
about or somebody may be there longer there than they
should be -- ten counselors, twelve counselor aids, a
peer, seven RNs, eight LPNs, three guest services --
guest services are the people who go around and
straighten up the building, make sure things are
proper. There are snacks in the lounge. There are
things to read, help show people to their room, just
kind of maintain a certain decorum within the
building, if you will -- a driver, an administrative assistant, and a receptionist. There might be another driver depending on funding.

CHAIRPERSON MIETZ: Okay.

MR. DI STEFANO: And just real quick, I'm sorry to belabor this. And they have a full meal service, obviously. So you have whatever kitchen staff and everything. So it's a fairly heavily staffed building.

MR. KLEMANSKI: Yes, we didn't even get too deep into that. We subcontract food services out. It is prepared on-site. There is a kitchen plan and dining area. We have contracts with -- we are actually in the middle of rebidding it so I can't say who it will be, but usually it's the same vendor for all of our facilities. And they are vendors that do healthcare facilities, college campuses, municipal buildings, if you will.

MR. DI STEFANO: Thank you, just to get an idea of the activity.

CHAIRPERSON MIETZ: Okay. So anything else?

MS. BRUGG: I'm just going to point out one small thing that came to my attention the other day, a referral from my own doctor, to allow medical
uses to have overnight stays. You have two sleep clinics in town that have folks come and check themselves in. So I had the fun of doing that.

CHAIRPERSON MIETZ: Okay.

MS. BRUGG: I just wanted to share that.

MS. TOMPKINS WRIGHT: Well, just as a logistical issue, did the sleep clinics get a special area variance?

MR. DI STEFANO: Well, sleep clinics are a little different. They are overnight, but they are not staying there. They are there for 12 hours, all right, or not even. It is from 9:00 to 7:00, 9:00 at night to 7:00 in the morning. So it's not really an inpatient thing. It is a nighttime activity. And you know, usually you are there because you don't want to snore anymore. It is not that you are there because you have other problems.

MS. THOMPSON WRIGHT: I just wasn't sure.

MS. BRUGG: And this is a light industrial district and that's different as well.

CHAIRPERSON MIETZ: Okay. Any other questions over here because we can discuss this further? Okay. Great. Thank you very much.

MS. BRUGG: Thank you.

CHAIRPERSON MIETZ: Is there anyone in the
audience that would like to speak regarding this application?

Okay. There being none, then the public hearing is closed.
Application 12A-05-18. Application of Aaron Mills, owner of property located at 121 Sandringham Road, for an Area Variance from Section 203-1B(6) to allow a standby emergency generator to be located in a side yard in lieu of the rear yard behind the house as required by code. All as described on application and plans on file.

MR. MILLS: Hello, I'm Aaron Mills, 121 Sandringham Road. This is pretty self-explanatory. This is for a standby generator on the side of my house rather than the rear of my house. I would just like to go through the generator itself, all of my neighbors, and why it's on the side of my house and not on the rear of my house.

So the generator is what you call a typical standby generator. It's Generac. It's new. It's state of the art, 22 kilowatts, and 67 decibels. I believe you allow 72 decibels at full load. So it meets code. The setback from the property line also meets code.

So my only real issue is that it's on the side of my house instead of the back of my house. The reason it's on the side of my house and not the back of my house is that's where my gas meter and electrical meter are. I think some of you have been
out to my house, and you will see that my backyard is quite far from my gas meter and electrical meter. And it would be approximately 120 feet of ripping my yard out and putting in a gas line and electrical lines to put it in the back of my yard.

I talked to the one neighbor it impacts the most which is the neighbor directly on that side. And his only concern was that if we lose power, will I run an electrical cord to his house. I will also say that he is one of my few neighbors that does not have a standby generator. My neighbor directly on the other side of me has a standby generator on the side of their house and received a variance. And their neighbor has a very large standby generator on the side of their house, and they received a variance. My neighbor across the street has a standby generator in the rear of their house, but it's about twice the size of mine. So they are very common in my neighborhood.

The reason we are putting one in is because when the power is out and I am walking my dog around my neighborhood, I notice all of my neighbors that have one. And then I come home and don't have one. We typically didn't lose in power. I am a lifelong resident of Sandringham which is unusual. I have been there my whole life. As a child, we never
lost power. But as our infrastructure is getting older, we are losing power frequently. It is strange how it happens in our neighborhood. I can't remember a time where we all lost power. We are in a stable area. Even in the ice storm, we didn't lose power at our house but half of the neighborhood did. So there are different phases within our neighborhood. And now that I have two young kids of my own and I have a dog at home, our options, if we do lose power, are fewer than if I were living there alone or with my wife and we just have blankets and call it a day. We will be in this house a long time. I have been there my whole life, and I plan on being there a very, very long time. So I think it's a nice investment in the house.

It's completely screened by a row of hemlocks between us and the neighbors that it does impact the most. It cannot be seen by the street at all. It is far enough down the side of my house. And other than that, it is just a normal standby generator.


MR. MILLS: Thank you.

CHAIRPERSON MIETZ: Is there anyone in the audience that would like to speak regarding this
application?

Okay. There being none, then the public hearing is closed.
Application 11A-10-18. Application of Susan O'Toole, owner of property located at 71 Astor Drive, for (1) an Area Variance from Section 207-10E(2) to allow front yard pavement coverage to be 46% in lieu of the minimum 30% allowed by code; 2) an Area Variance from Section 207-10E(3) to allow rear yard pavement coverage to be 60% in lieu of the maximum 35% allowed by code; and 3) an Area Variance from Section 207-10E(5) to allow pavement throughout the site to extend up to property lines where a minimum 4 ft. Setback is required by code.

MR. DI STEFANO: I will just ask, anybody here for 11A-10-18?

There being none. Thank you.
CERTIFICATION

STATE OF NEW YORK:
COUNTY OF MONROE:

I, BRIANA L. JEFFORDS, do hereby certify that I reported in machine shorthand the above-styled cause; and that the foregoing pages were typed by computer-assisted transcription under my personal supervision and constitute a true record of the testimony in this proceeding;

I further certify that I am not an attorney or counsel of any parties, nor a relative or employee of any attorney or counsel connected with the action, nor financially interested in the action;

WITNESS my hand in the town of Brighton, county of Monroe, state of New York.

Bri ana L. J effords
BRIANA L. JEFFORDS
Freelance Court Reporter and Notary Public No. 01JE6325111
in and for Genesee County, New York
PROCEEDINGS HELD BEFORE THE ZONING BOARD OF
APPEALS AT 2300 ELMWOOD AVENUE, ROCHESTER, NEW YORK
On DECEMBER 5, 2018, COMMENCING AT APPROXIMATELY 7:00
P.M.

December 5, 2018
Brighton Town Hall
2300 Elmwood Avenue
Rochester, New York 14618

PRESENT:

DENNIS MIETZ, CHAIRMAN
ANDREA TOMPKINS WRIGHT
JUDY SCHWARTZ
CHRISTINE CORRADO
JEANNE DALE
JENNIFER WATSON

DAVID DOLLINGER, ESQ.
Town Attorney

RICK DI STEFANO
Secretary

Reported By: BRIANA JEFFORDS
Forbes Court Reporting Service, LLC
21 Woodcrest Drive
Batavia, New York 14020
Application 11A-10-18. Application of Susan O'Toole, owner of property located at 71 Astor Drive, for (1) an Area Variance from Section 207-10E(2) to allow front yard pavement coverage to be 46% in lieu of the minimum 30% allowed by code; 2) an Area Variance from Section 207-10E(3) to allow rear yard pavement coverage to be 60% in lieu of the maximum 35% allowed by code; and 3) an Area Variance from Section 207-10E(5) to allow pavement throughout the site to extend up to property lines where a minimum 4 ft. Setback is required by code.

Motion made by Mr. Mietz to table Application 11A-10-18 for further information as discussed in last month's meeting.

(Seconded by Ms. Corrado.)

(Ms. Corrado, yes; Ms. Schwartz, yes; Ms. Tompkins Wright, yes; Ms. Watson, yes; Ms. Dale, yes; Mr. Mietz, yes.)

(Open roll call, motion to continue tabling carries.)
Application 12A-01-18. Application of Chris Glyde, lessee, and John Nicastro, owner of property located at 1840 Monroe Avenue, for a Sign Variance from Section 207-32B(2) to allow for 43.5 sf of business identification signage (Existing tenant sign - 27.5 sf, proposed tenant sign - 16sf) on the building face in lieu of the maximum 33 sf allowed by code. All as described on application and plans on file.

Motion made by Ms. Schwartz to approve Application 12A-01-18.

FINDINGS OF FACT:

1. The space for a sign on the building face is limited due to the two large windows and the narrow width of the building face.

2. The existing building face sign of the other tenant used 27 and a half square feet of the allowable 33 square feet. Therefore, there is virtually no allowable space for this business identification sign.

3. The proposed sign will add a little life into the building and fits in well with all of the commercial businesses around it.

4. The proposed sign will not create an adverse effect on the area and will clearly identify the new business.

CONDITIONS:
1. This variance only applies to the building face sign as presented in the written application and testimony presented.

2. All necessary Architecture Review Board and Planning Board approvals shall be obtained.

   (Seconded by Ms. Corrado.)

   (Ms. Corrado, yes; Ms. Schwartz, yes; Ms. Tompkins Wright, yes; Ms. Watson, yes; Ms. Dale, yes; Mr. Mietz, yes.)

   (Open roll call, motion to approve with conditions carries.)
Application 12A-02-18. Application of Janice and Thomas Clark, owners of property located at 2908 Brighton Henrietta Town Line Road, for an Area Variance from Sections 203.21B(6) and 203-9A(4) to allow a standby emergency generator to be located in a front yard in lieu of the rear yard behind the house as required by code. All as described on application and plans on file.

Motion made by Ms. Tompkins-Wright to approve Application 12A-02-18.

FINDINGS OF FACT:

1. The granting of the requested variance will not produce an undesirable change in the character of the neighborhood or be a detriment to nearby properties. Due to the unique configuration of the lot and its setback from Henrietta Town Line Road, the front yard functions more as a side yard. The desired location of the generator will not be visible to any public right of way. It will be at least 60 feet from the nearest neighboring property line.

2. The requested variance is not substantial given the aforementioned distances from the neighboring properties and the unique shape of the property which will make the generator less noticeable and intrusive.

3. The benefits sought by the applicant cannot
reasonably be achieved by any other method given the
orientation of the house, windows, and the location of
electric and gas power. There are no more appropriate
or available locations for a generator.
4. There is no evidence that the proposed variance
will have an adverse effect or impact on the physical
or environmental conditions on the neighborhood or
district.
CONDITIONS:
1. The variance granted therein applies only to the
generator described in and in the location as depicted
on the application and in the testimony given.
2. All necessary building permits must be obtained.
   (Seconded by Ms. Schwartz.)
   (Ms. Corrado, yes; Ms. Schwartz, yes;
Ms. Tompkins Wright, yes; Ms. Watson, yes;
Ms. Dale, yes; Mr. Mietz, yes.)
   (Open roll call, motion to approve with
conditions carries.)
Application 12A-03-18. Application of Matthew Brodmann - Fitch Construction, contractor, and Ralph and Elizabeth Dalton, owners of property located at 132 Holloway Road, for 1) an Area Variance from Sections 203-2B(3) and 203-16A(4) to allow for the construction of a 576 sf detached garage 2 ft. (3ft. From wall, 2 ft from overhang) from both the north and west lot lines in lieu of the minimum 5 ft. Required by code; and 2) allow building lot coverage to be 32%, after construction of said garage, in lieu of the maximum 25% allowed by code. All as described on application and plans on file.

Motion made by Ms. Watson to approve Application 12A-03-18.

FINDINGS OF FACT:
1. The requested variance is not substantial in that the proposed new garage will be in the same location as the existing garage relative to the size of the rear setback lines.
2. No other alternative can alleviate the difficulty and produce the desired results. Changing the location of the garage would be impractical because the existing garage will not align with the five foot setback which is required by code.
3. The size of the garage is the minimum necessary to
park two cars.

4. No unacceptable change in the character of the neighborhood and no substantial detriment to nearby properties is expected to result from the approval of this variance. Many other garages already exist in the neighborhood with similarly small setbacks and exceeds the 25% lot coverage maximum.

5. The alleged hardship was not self-created by the applicant as the need for replacing the garage arose from windstorm damage. The small size of the lot which poses a challenge to maintain the 25% lot coverage maximum is also outside of the applicant's control.

6. The health, safety, and welfare of community will not be adversely effected by the approval of this variance request.

CONDITIONS:

1. This variance will apply only to the structure as described in the application provided and testimony given. In particular, it will not apply to additional or replacement structures considered in the future that are not in the present application.

2. All necessary permits shall be obtained.

(Seconded by Ms. Schwartz.)

(Ms. Corrado, yes; Ms. Schwartz, yes;
Ms. Tompkins Wright, yes; Ms. Watson, yes;
Ms. Dale, yes; Mr. Mietz, yes.)
(Open roll call, motion to approve with
conditions carries.)
Application 12A-04-18. Application of Helio Health, Inc., contract vendee, and Genesee Valley Group Health Association, owner of property located at 1850 Brighton Henrietta Town Line Road, for a Use Variance from Section 203-93 to allow for an inpatient withdrawal and stabilization facility in an IG Light Industrial district where not allowed by code. All as described on application and plans on file.

Motion made by Ms. Corrado to approve Application 12A-04-18.

FINDINGS OF FACT:

1. The Board having considered the information presented by the applicant and pursuant to SEQR, the Board determines that there will be no environmental impacts and negative declaration is issued for a 24/7 day a week 60 bed community based residential inpatient withdrawal, stabilization, and treatment program in the existing vacant office building. Under applicable zoning regulations, the applicant is deprived of all economic use or benefit from the property in question. In fact, Helio Health is the only viable purchaser to have come forward in over a year. The sale is contingent upon the approval of securing use variances.

2. The alleged hardship is unique to this property
and does not apply to a substantial portion of the
district or neighborhood. Further, in its current
configuration, the facility is not up to New York
State code for its current intended purpose as a
medical facility.

3. The requested use variance granted will not alter
the essential character of the neighborhood. The
surrounding properties are primarily commercial with
office and light industrial operations. The proposed
use is largely in character with the property's past
use as an urgent care medical clinic. The primary
difference being the inpatient nature of the treatment
to be provided under the proposed use.

4. The alleged hardship has not been self-created.
The property in question has been vacant and
aggressively marketed for at least a year. Its
location far from concentrations of medical facilities
or commercial retail zones renders it undesirable from
most code compliant uses.

CONDITIONS:

1. The use approved in this variance is only for that
which was described in the application submitted and
testified to during this meeting. This use is defined
as solely a 24/7 day a week 60 bed community based
residential inpatient withdrawal, stabilization, and
treatment program. This variance will not apply to any expansion/replacement of the building or services considered in the future.

2. The use shall operate in accordance with all applicable New York State and Monroe County regulations.

3. All necessary town approvals and building permits shall be obtained.

(Seconded by Ms. Watson.)

(Ms. Corrado, yes; Ms. Schwartz, yes; Ms. Tompkins Wright, yes; Ms. Watson, yes; Ms. Dale, yes; Mr. Mietz, yes.)

(Open roll call, motion to approve with conditions carries.)
Application 12A-05-18. Application of Aaron Mills, owner of property located at 121 Sandringham Road, for an Area Variance from Section 203-1B(6) to allow a standby emergency generator to be located in a side yard in lieu of the rear yard behind the house as required by code. All as described on application and plans on file.

Motion made by Ms. Thompson-Wright to approve Application 12A-05-18.

FINDINGS OF FACT:

1. The granting of the requested variance will not produce an undesirable change in the character of the neighborhood or be a detriment to nearby properties. The applicant testified that the generator will be well screened from the view of the public driveway based on an existing tree line between his property and the neighboring property in the distance from Sandringham Road. In addition, most of the properties surrounding this home have generators in the side yard as well.

2. The requested variance is not substantial given the distance from the road to the generator and nearby properties with similarly placed generators.

3. The benefits sought by the applicant cannot be reasonably achieved by any other method given the
location of electric and gas power. There are no more
appropriate or available locations for the generator.
4. There is no evidence that the proposed variance
will have an adverse effect or impact on the physical
or environmental conditions in the neighborhood or
district.

CONDITIONS:
1. The variance granted therein applies only to the
generator described in and in the location as depicted
on the application and in testimony given.
2. All necessary building permits shall be obtained.
   (Seconded by Ms. Schwartz.)
   (Ms. Corrado, yes; Ms. Schwartz, yes;
Ms. Tompkins Wright, yes; Ms. Watson, yes;
Ms. Dale, yes; Mr. Mietz, yes.)
   (Open roll call, motion to approve with
conditions carries.)
CERTIFICATION

STATE OF NEW YORK:
COUNTY OF MONROE:

I, BRIANA L. JEFFORDS, do hereby certify that I reported in machine shorthand the above-styled cause; and that the foregoing pages were typed by computer-assisted transcription under my personal supervision and constitute a true record of the testimony in this proceeding;

I further certify that I am not an attorney or counsel of any parties, nor a relative or employee of any attorney or counsel connected with the action, nor financially interested in the action;

WITNESS my hand in the town of Brighton, county of Monroe, state of New York.

BRIANA L. JEFFORDS
Freelance Court Reporter and Notary Public No. 01JE6325111
in and for Genesee County, New York

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