

ZONING BOARD OF APPEALS FACT SHEET

ZBA Member Assigned: **Henry**

CASE NO.: 2019-14

Name of Applicant: **Elizabeth Holloway of Station Glo of New England, Inc.**
 Owner: **GTYNY Leasing, Inc.**
 Address of property: **2072 E. Main St.**
 SBL: **Section 24.17 Block 2 Lot 3**
 Prior ZBA Case No.: **NA**
 Zone: **HC**
 Lot Size: **19,045 sq. ft.**

Requests: Sign Ordinance Chapter 245 Attachment 1 – Signs permitted in Commercial and Industrial Districts for sites with single tenants. Permitted 80 sq. ft., existing 111.51 sq. ft., requested additional 21.12 sq. ft.

Staff Comments:

The office of Code Administration and Enforcement received an application for a sign permit on 9/12/2018 for “Blade Pump” and “Wave Aperture” signage at the existing Mobil Gas Station at 2072 E. Main St. The Office of Code Administration and Enforcement denied the request on 5/22/19.

The total existing signage is 111.51 sq. ft. and includes the canopy, wall, freestanding and pegasus signage. No variance was received for the additional signage above 80 sq ft. The applicant is proposing 2 new blades signs totaling approx. 8.8 sq. ft. and 2 new wave signs totalling approximately 12.32 sq. ft. for a total of approximately 21.12 additional sq. ft.

<u>PERMITTED</u>	<u>EXISTING</u>	<u>PROPOSED</u>	<u>VARIANCE</u>	<u>PERCENT</u>
80 sq. ft.	111.51 sq.ft.	132.63 sq. ft.	21.12 sq. ft. (over existing)	39.38%
			52.63 sq. ft. (over permitted)	65.78%

SEQR: TYPE II – No further compliance required

Case No. 2019-14
Date: 10/22/19

TOWN OF CORTLANDT
DEPARTMENT OF TECHNICAL SERVICES
Planning Division
Town Hall, 1 Heady Street, Cortlandt Manor, NY 10567
914-734-1080
www.townofcortlandt.com
chrisk@townofcortlandt.com



ZONING BOARD OF APPEALS APPLICATION

Site Data:

Section 24.17 Block 2 Lot 3 Zone: _____
Street Address: 2072 E MAIN ST CORTLANDT MANOR NY
Project Description: MOBIL STATION

Circumstances of particular application:

- installation of (2) non illuminated wave pump apertures - installation of (2) non illuminated blade pump apertures - installation new site bar on top of canopy Paschia

Application is hereby made for the following Variance, Interpretation and/or Special Permit under the Town Code:

Chapter: 245 Section: 1 Chapter: _____ Section: _____

Is adjacent property in the same ownership? Yes _____ No X

Does any officer/employee of the Town of Cortlandt have any interest in this application as defined in the General Municipal Law Section 809? Yes _____ No X If yes, attach a sheet describing the nature and extent of that interest.

Applicant:

Name: LIZZIE HOLLOWAY
Address: 4 NOE PLACE BEACON PAUS CT 06403
Phone: _____ Mobile: 203 910 2175

Owner:

Name: GTN NY LEASING INC
Address: 2 JERICHO PLAZA WING C STE 110 JERICHO NY 11753
Phone: 516 478 5400 Mobile: _____

Lessee:

Name: AMERICAN GENUINE GAS, INC
Address: 2072 E MAIN ST CORTLANDT MANOR NY 10567
Phone: _____ Mobile: 914 879 3109
(Thaer Jamal)

Architect/ Engineer/ Surveyor:

Name: _____
Address: _____
Phone: _____ Mobile: _____

Attorney:

Name: _____
Address: _____
Phone: _____ Mobile: _____

Confirmation All Taxes Paid: _____ Date: _____

Authorization:

State of Connecticut County of New Haven Elizabeth Holloway being duly sworn deposes and says he/she is the owner, or authorized representative by attached completed proxy statement, and is duly authorized to perform or have performed said work and to make and file this application: that all statements are true and to the best of their knowledge and belief, and that he/she has read the foregoing appeal and knows the contents thereof.

Sworn to before me this 16 day of October, 20 19.

Owner or Authorized Representative Signature: [Signature]
Print Name: ELIZABETH HOLLOWAY

Notary Public: Pamela O'Hara



TOWN OF CORTLANDT
DEPARTMENT OF TECHNICAL SERVICES
CODE ENFORCEMENT DIVISION

Michael Preziosi, P.E.
Director – D.O.T.S

Martin G. Rogers, P.E.
Director of Code Enforcement/D.O.T.S.

Ken Hoch
Assistant to the Director/D.O.T.S.

Town Hall, 1 Heady Street
Cortlandt Manor, NY 10567
Main #: 914-734-1010
Fax #: 914-293-0991

Town Supervisor
Linda D. Puglisi

Town Board
Richard Becker
Debra A. Costello
Francis X. Farrell
Seth M. Freach

Lizzie Holloway
Station-Glo of New England
4 Noe Place Rd.
Beacon Falls, CT 06403

May 22, 2019

Re: Mobil Station
2072 E Main St.
Tax ID 24.17-2-3 Application #4998

Dear Lizzie:

I am in receipt of your Building Permit Application, received Sept. 12, 2018, for Proposed Blade Pump and Wave Aperture Signage at the above referenced premises.

I must deny this request under the following chapter of the Town of Cortlandt Zoning Code: 245 Attachment 1 Signs Permitted in Commercial and Industrial Districts for Sites with Single Tenants. Request for a variance from the Code is required.

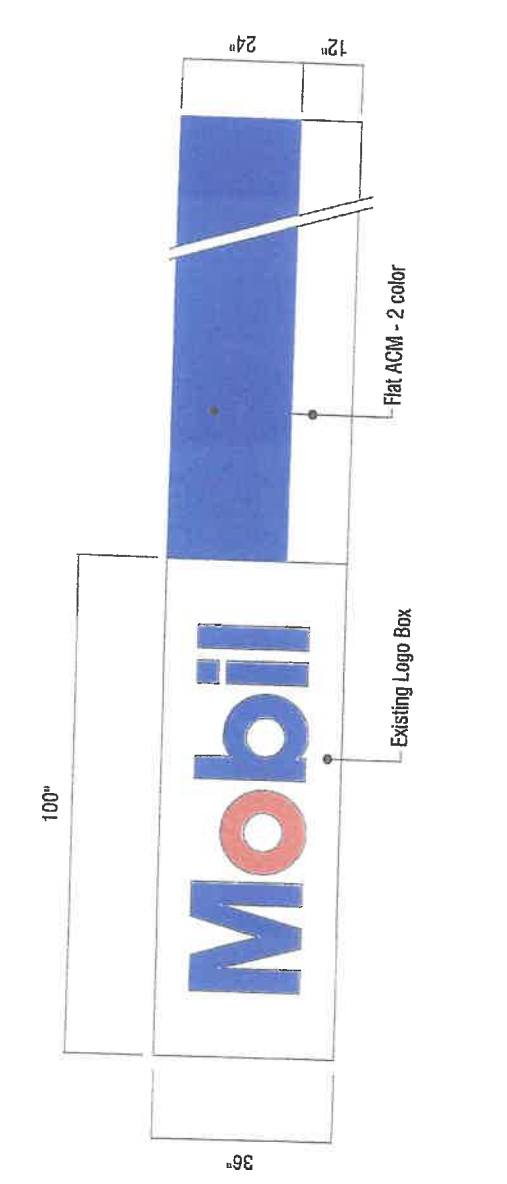
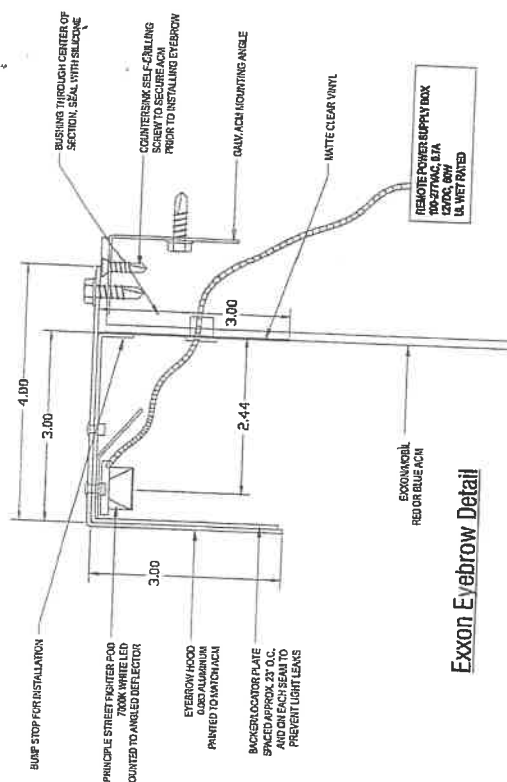
The current total existing signage (canopy, wall, freestanding, pegasus) is 111.51 square feet. The proposed new signage is approximately 21.12 square feet, making the site total 132.63 square feet, which exceeds the allowed 80 square feet.

The Zoning Board of Appeals application form shall be completed and returned to the Division of Planning with copies of the required documents as listed on the information sheet, and the \$200.00 Zoning Board of Appeals application fee. If the application is deemed complete the project will then be placed on the agenda for the next available Zoning Board of Appeals meeting.

Additional information may be required upon subsequent reviews. Technical comments for the submission may be issued separately. If you have any questions or comments please feel free to contact me by email or at 914-734-1010.

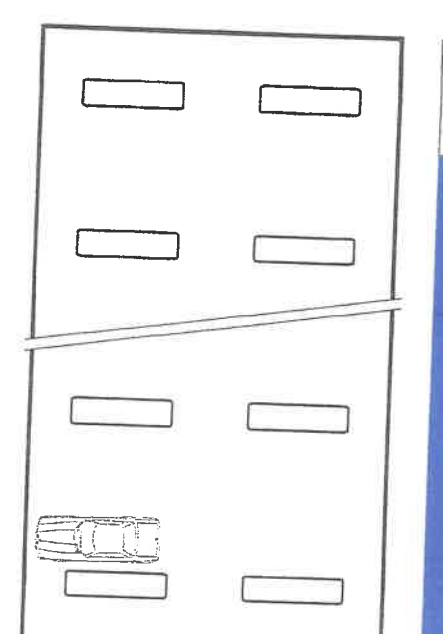
Sincerely,

Ken Hoch
Assistant to the Director
Department of Technical Services
cc: Chris Kehoe



2Di LED Eyebrow Retrofit

Exxon Eyebrow Detail



2Di LED Eyebrow Retrofit

Mobil Canopy Fascia - 30' X 102' X 36" HT Fascia

PROPOSED

FEDERAL HEALTH VISUAL COMMUNICATIONS
www.federalhealth.com

ExxonMobil

Mobil

Project / Location: 2072 E. MAIN ST. CORTLANDT MANOR, NY

Project Manager: **Karen Gleissner**
 Designer: **Brenda Lammers**
 Design Number: **Ext 188635-E**

Electrical to Mobil Limited Liability Co., Inc. (NYS License No. 188635-E)
 License No. 188635-E

This original drawing is provided as part of a contract for project construction. The project owner, without the written permission of Federal Health Sign Company, LLC by its authorized agent, is prohibited from reproducing or distributing this drawing for any other purpose. THE PROPOSED ARCHITECTURE, NO WARRANTY OF ANY KIND.

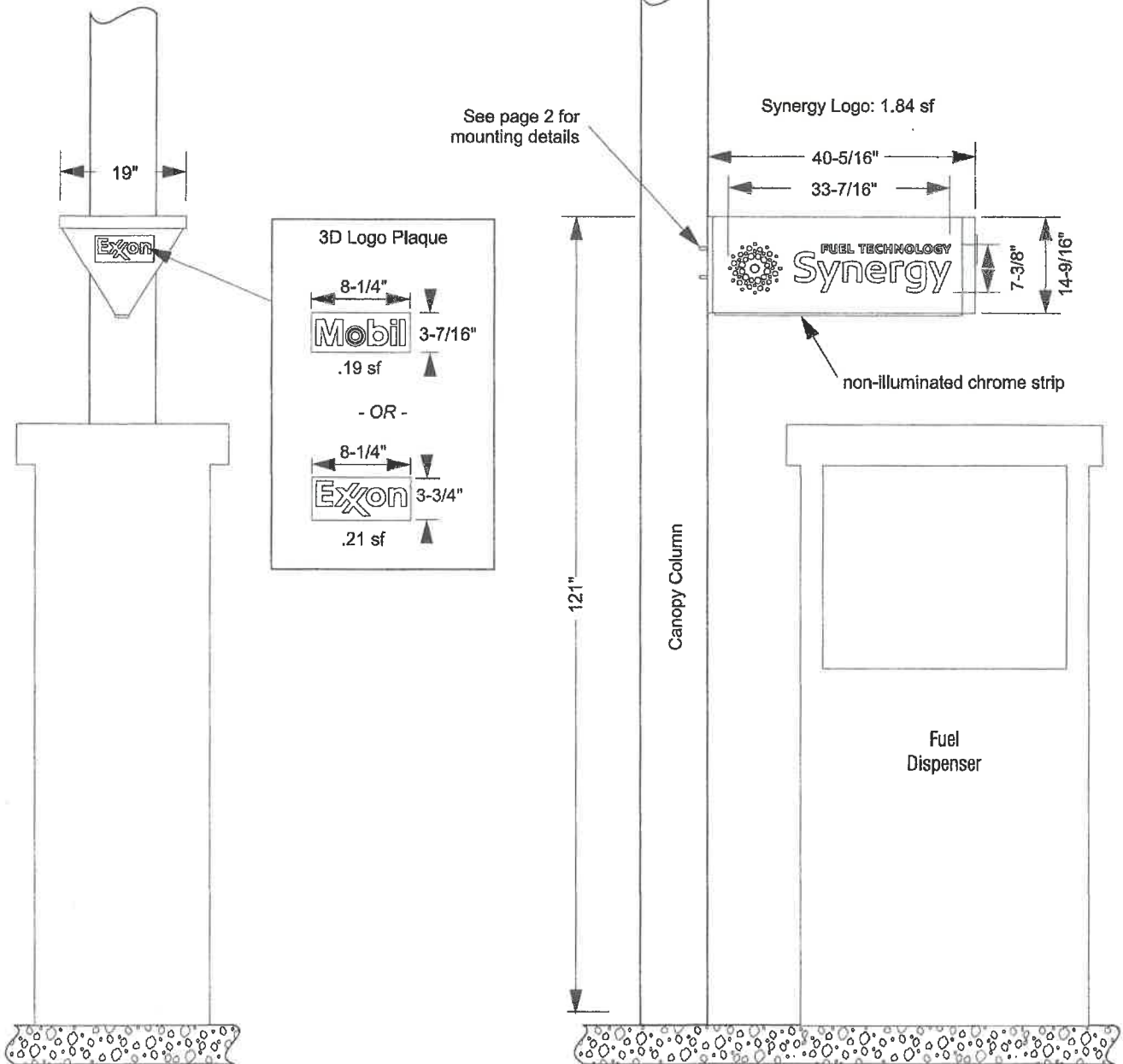
Blade

Structural Spec:

- Low density polyethylene (LDPE) frame around steel tube
- Acrylonitrile butadiene styrene (ABS) outer skin
- 50 lbs total weight
- Structure rated at 120 mph wind load

SITE IS GETTING 2 OF THESE

blade structure totals 4.48 sq ft



Back View
Scale: 1/2" = 1'

Side View
Scale: 1/2" = 1'

Sample picture of Blade installed



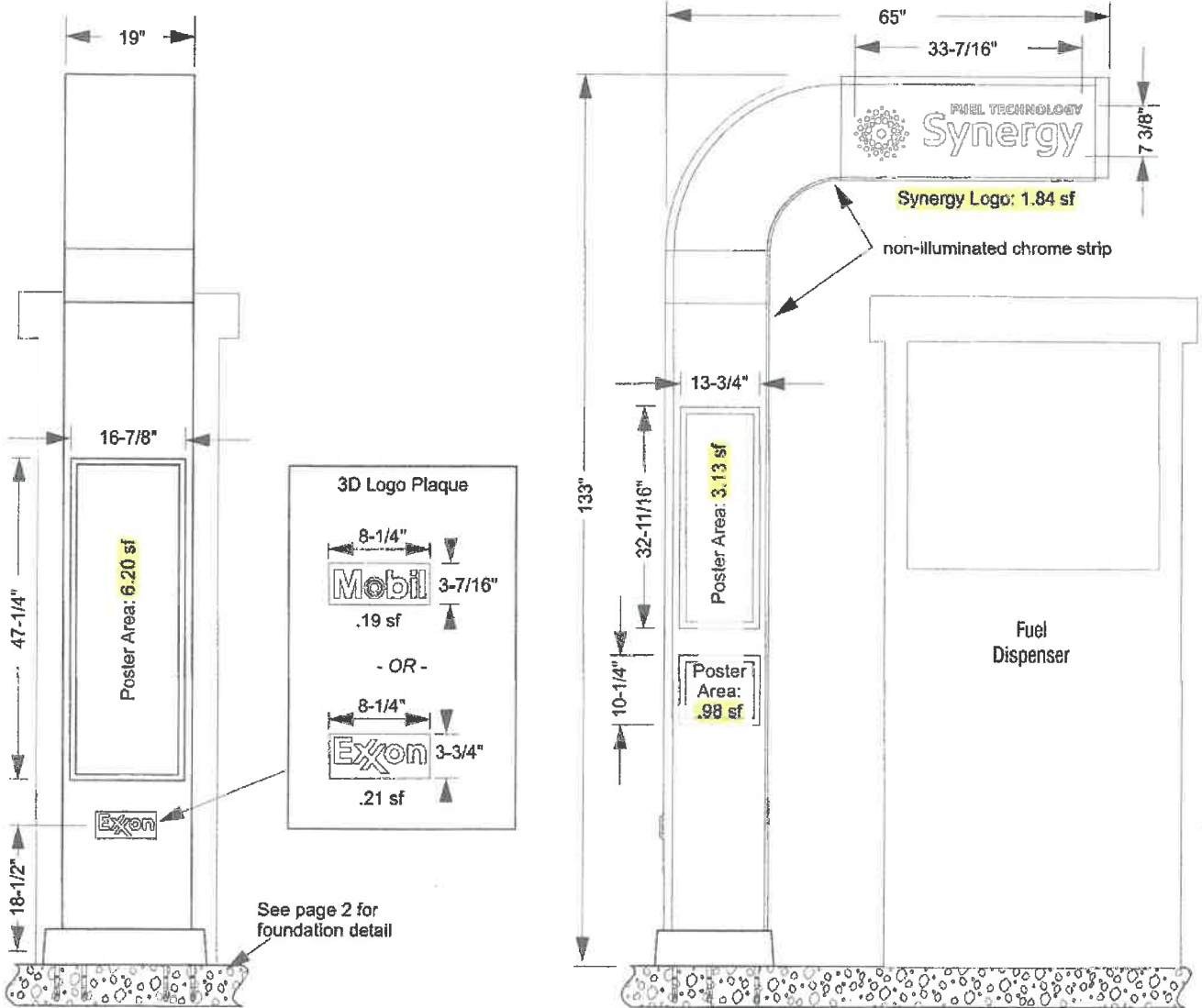
Medium Wave - Higher Wind

Structural Spec:

- Aluminum truss core
- Acrylonitrile butadiene styrene (ABS) outer skin
- 192 lbs total weight
- Structure rated at 180mph wind load

**SITE WILL GET
2 OF THESE**

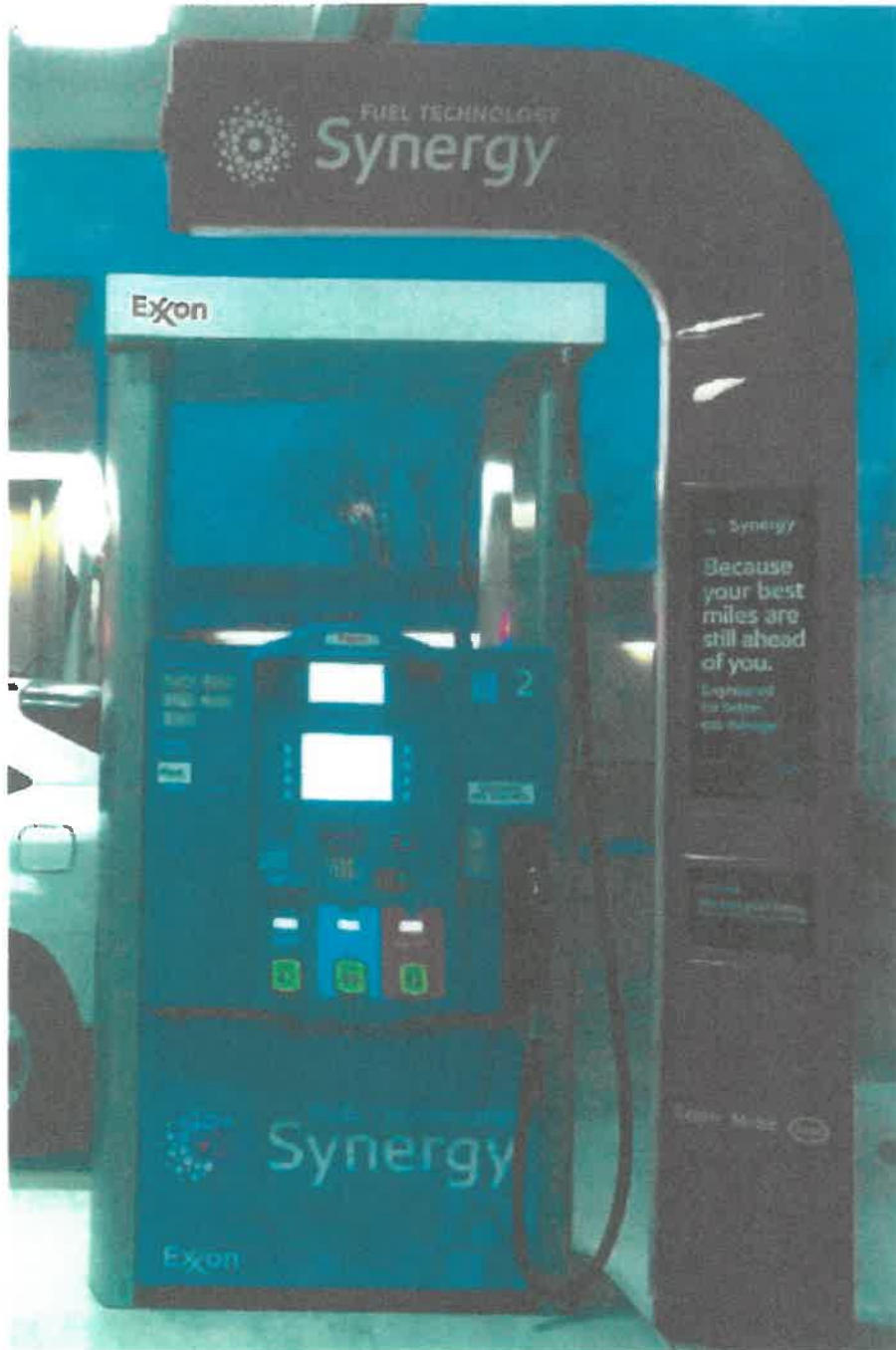
- * NON-Illuminated Wave Structure is 59.62 SQ FT
- * All logos on Wave Structure total 15.16 SQ FT
- * Poster areas are paper inserts

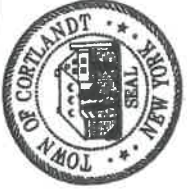


Back View
Scale: 1/2" = 1'

Side View
Scale: 1/2" = 1'

SAMPLE PICTURE OF WAVE INSTALLED AT ANOTHER LOCATION





Town of Cortlandt

Legend

- Parcels
- Road Labels

Notes



1: 2,188



Disclaimer: "The information contained in this data is NOT to be construed as a "legal description". The Town and its consultants do NOT provide any guarantee of accuracy or completeness and will NOT be held liable for any damages or losses due to its use."

Map produced by: user



Image capture: Aug 2018 © 2019 Google

Cortlandt, New York



Street View - Aug 2018



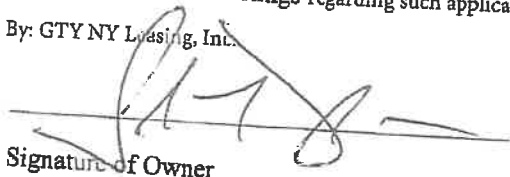
North

TOWN OF CORTLANDT
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Town Hall, 1 Heady Street, Cortlandt Manor, NY 10567
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<http://www.townofcortlandt.com> e-mail: code@townofcortlandt.com

PROXY STATEMENT

GTY NY Leasing, Inc. is the owner of the property located at
2072 E. Main St Cortlandt Manor NY 10566 and has authorized Station-Glo of New England, Inc.
to make the attached application for installation of 4 pump apertures and installation of 2Di
lite bar to top lip of existing canopy fascia and to represent
them at all Board meetings regarding such application.

By: GTY NY Leasing, Inc.



Signature of Owner

By: Joshua Dickler, Executive VP

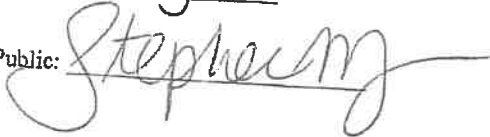
NOTARY:

Sworn to before me

this 29th day of August 2018

STEPHANIE NICOLE MATZ
Notary Public, State of New York
No. 01MA8335820
Qualified in Suffolk County
Commission Expires: 01/19/2020

Notary Public:



DATED 12/2016

Short Environmental Assessment Form

Part 1 - Project Information

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: <p style="text-align: center; font-size: 1.2em;">MOBIL</p>			
Project Location (describe, and attach a location map): <p style="text-align: center; font-size: 1.2em;">2072 E MAIN ST CORTLANDT MANOR NY</p>			
Brief Description of Proposed Action: <p style="font-size: 1.1em;">- Installation of (2) non illuminated wave pump apertures - Installation of (2) non illuminated blade pump apertures - Installation of illuminated lite bar to top lip of existing canopy fascia</p>			
Name of Applicant or Sponsor: <p style="font-size: 1.2em;">LIZZIE HOLLOWAY</p>		Telephone: <p style="font-size: 1.2em;">2039102175</p> E-Mail: <p style="font-size: 1.2em;">lizzie@staglo.com</p>	
Address: <p style="font-size: 1.2em;">4 NOE PLACE</p>			
City/PO: <p style="font-size: 1.2em;">BEACON FALLS</p>		State: <p style="font-size: 1.2em;">CT</p>	Zip Code: <p style="font-size: 1.2em;">06403</p>
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 checked="" type="checkbox"/> YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres b. Total acreage to be physically disturbed? _____ acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input 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			

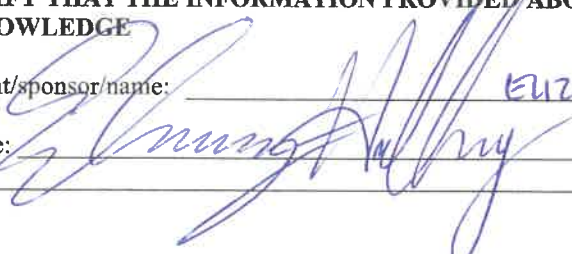
5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" 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"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input checked="" 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 checked="" 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 type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment:	<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?	NO	YES
If Yes, describe:	<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?	NO	YES
If Yes, describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name:	ELIZABETH HOLLOWAY	Date: 9-9-19
Signature:		Title: AGENT