

**Application for Special Use Permit Approval
Village of Schoharie**

Name of Application: Schoharie Dental

General Description of Action:

Owner:

Name: Hazem Elbially Street: 143 Lancaster St.

City: Albany State: NY Zip: 12210

Telephone: 617-513-9940 Fax: _____

Applicant (if different from owner):

Name: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Subject Property:

Name or other identification of site (address): 229 Main St.

Situated on the West side of Main St. (Road) _____ (feet)

From the intersection of Bridge St. (Road)

Tax map description:

Section 72.17 Block 1 Lot 6

What is the nature of the use being proposed? Please describe (Attach additional sheets if necessary, along with the site plan or sketch map).

Expand Waiting room on the Bridge St. facing side

Is a site plan approval also required for proposed land use? Yes No

(If a site plan is also required, please fill out the Site Plan Application and submit together with this Application so they can be processed together.)

See attached

What is the current land use of the site (commercial, underdeveloped, etc.)

229 Main St - Healthcare Facility - Dental Office

What other local, county, state or federal permits are needed (list type and appropriate department)

Building Permit, Building and code office, Planning Board approval

What is the total site area? (square feet or acres) 1.5

When do you anticipate starting construction? Spring 2024

How long will construction take? Will development be staged or in phases? 3 months, No

Please describe the current conditions of the site (buildings, brush, etc.) _____
Healthcare Facility (Dental Office)

Please describe the character and land uses of adjacent lands **Residential**

What is the Estimated cost of proposed improvements on this property? **\$45,000**

Describe the anticipated increase in number of users to this site, traffic increases, changes in hours of operation, etc. (as applicable)
See enclosed December 30, 2023 letter.

Describe proposed use, including primary and secondary uses; ground floor area; height; and number of stories for each building: **See attached**

How many parking spaces are proposed? **N/A**

What will be the hours of operation? **Monday to Friday, 9am to 5pm**

Will this use produce any traffic increases, noise, dust, odors, or release of harmful substances, glare or other potential nuisances? Yes No If yes, please describe:

Will any outside lighting be required? Yes No If yes, please describe:

Have you filled out and attached Part I of either the Short or Full Environmental Assessment Form?
 Yes No

Have adequate utilities, access roads, drainage and/or necessary facilities been or are being provided? If yes, please explain: **See Site plan**

Have adequate measures been or will be taken to provide ingress or egress as to minimize traffic congestion in the public street? If yes, please explain:

Yes, design maintains current ingress/egress from property with vehicle stacking spaces and clear lines of sight.

If you have any additional comments, please attach them on a separate sheet of paper.

Application for Site Development Plan Approval Village of Schoharie

Name of Application: Schoharie Dental

Description of Action: Expand waiting room on the Bridge St. facing side

Owner:

Name: Hazem Elbially Street: 143 Lancaster St

City: Albany State: NY Zip: 12210

Telephone: 617-513-9940 Fax: _____

Applicant (if different from owner):

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Subject Property:

Name or other identification of site (address): 229 Main St

Situated on the West side of Main St (Road) (feet)

From the intersection of Bridge St (Road)

Tax map description
Section 72.17 Block 1 Lot 6

What are the ownership intentions, i.e., purchase options
Expand dental office's waiting room

What are the current land use of site (agriculture, commercial, undeveloped, etc.)
229 Main St - Healthcare Facility

What are the proposed use(s) of site
Dental Office

What State and federal permits needed (list type and appropriate department)
Building Permit, Building and code office, Planning Board approval

What is the total site area (square feet or acres) 1.5

When do you anticipate starting construction Spring 2024

Will development be staged or in phases? No

Please describe the current condition of site (buildings, brush, etc.)
Healthcare Facility (Dental Office)

Please Describe the character of surrounding lands (hamlet, forested, residential, agriculture, wetlands, etc.) Residential

What is the Estimated cost of proposed improvements on this property? \$45,000

Describe the anticipated increase in number of residents, shoppers, employees, etc. (as applicable)
Proposed waiting room will allow the dental office to accommodate the already increased patient traffic. Hours of operation remain the same.

Describe proposed use, including primary and secondary uses; ground floor area; height; and number of stories for each building: (for residential buildings include the number of dwelling units by size (efficiency, one-bedroom, two-bedroom, three- or more bedrooms) and number of parking spaces to be provided. For non-residential buildings, include total floor area and total sales area; number of automobile and truck parking spaces, and other proposal structures.) (Use separate sheet if needed)

See site plan and detailed narrative

Total gross floor area of Principal Building? _____

Size of accessory building? _____

Proposed setbacks? Front _____ Rear _____ Side _____

Number of parking spaces _____

Building Height? Feet _____ # stories _____

Is there an existing curb cut onto the site Yes No

Will the action require new curb cuts onto the street? Yes No

What street(s) will have the new curb cuts? _____

Are there existing buildings on site? Yes No

If so, please describe: Existing Healthcare Facility - Dental office on 229 Main st