APPLICANT Christine Williams / Waste Supply PH 716 378 6420
ADDRESS 4343 S. Whelan Road Great Valley NY 14741
EMAIL ADDRESS mwtrans cleaning@yahoo.com
PROPERTY OWNER CRABB Fred Perkins PH 716 378 6420
ADDRESS 148 Washington Street Salamanca NY 14741
EMAIL ADDRESS AFtrucking1972@yahoo.com
ENGINEER/ARCHITECT _____ PH _____
ADDRESS _____
EMAIL ADDRESS _____
SBL# _____ EXISTING ZONING commercial / industrial
PROJECT DESCRIPTION(Include all uses and any required construction) _____
Mild Changes, added Bar area / restaurant area
SIZE OF LOT(acres) _____ ACREAGE TO BE DEVELOPED _____
GROSS FLOOR AREA(sq.ft.) _____
EXISTING USE(S) ON PROPERTY _____
PROPOSED USE(S) ON PROPERTY _____
EXISTING STREET FRONTAGE(S) _____
EXISTING USE(S) ON ALL ABUTTING PROPERTY _____
PUBLIC SEWER YES ____ NO X PUBLIC WATER YES X NO ____

APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETION OF ALL REQUIRMENTS LISTED HEREIN

TO BE COMPLETED BY THE TOWN OF GREAT VALLEY

FILE# _____

DATED RECEIVED _____ BY _____
APPLICATION DEADLINE _____ PRE-SUBMITTAL APPOINTMENT _____
PLANNING BOARD MEETING DATE _____
PUBLIC HEARING DATE _____
CATTARUAGUS COUNTY REFERRAL REQUIRED _____ YES _____ NO
SEQR DETERMINATION TYPE I UNLISTED ____ TYPE 2 ____ DATE OF DECISION _____
PLANNING BOARD APPROVAL DATE _____
SITE PLAN EXPIRATION DATE _____

APPROVALS REQUIRED: ☐ SITE PLAN ☐ SPECIAL USE PERMIT
☐ ZONING AMMENDMENT ☐ SUBDIVISION

Site Plan Review

APPLICATION FOR SITE PLAN REVIEW
TO BE COMPLETED BY APPLICANT

DATE_____

PROJECT NAME_____

_____

APPLICANT_____PH_____
ADDRESS_____
EMAIL ADDRESS_____
PROPERTY OWNER_____PH_____
ADDRESS_____
EMAIL ADDRESS_____
ENGINEER/ARCHITECT_____PH_____
ADDRESS_____
EMAIL ADDRESS_____
SBL#_____ EXISTING ZONING_____
PROJECT DESCRIPTION(Include all uses and any required construction)_____

_____

_____

_____

SIZE OF LOT(acres)_____ACREAGE TO BE DEVELOPED_____
GROSS FLOOR AREA(sq.ft.)_____
EXISTING USE(S) ON PROPERTY_____
PROPOSED USE(S) ON PROPERTY_____
EXISTING STREET FRONTAGE(S)_____
EXISTING USE(S) ON ALL ABUTTING PROPERTY_____

_____

PUBLIC SEWER YES_____ NO____ PUBLIC WATER YES____ NO_____

APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETION OF ALL REQUIRMENTS LISTED HEREIN

_____

TO BE COMPLETED BY THE TOWN OF GREAT VALLEY

FILE#_____

DATED RECEIVED_____ BY _____
APPLICATION DEADLINE_____ PRE-SUBMITTAL APPOINTMENT_____
PLANNING BOARD MEETING DATE_____
PUBLIC HEARING DATE_____
CATTARUAGUS COUNTY REFERRAL REQUIRED_____YES _____NO
SEQR DETERMINATION TYPE 1 UNLISTED____ TYPE 2____ DATE OF DECISION_____
PLANNING BOARD APPROVAL DATE_____
SITE PLAN EXPIRATION DATE_____

APPROVALS REQUIRED: ☐ SITE PLAN ☐ SPECIAL USE PERMIT

☐ ZONING AMMENDMENT ☐ SUBDIVISION

Office of the
Zoning Enforcement Officer

Application
Number_____
Application
Date _____

Cattaraugus Co., New York

Application is hereby made to:

( ) use
( ) erect
( ) repair
(X) alter
( ) extend
( ) remove
( ) demolish
( ) occupy

A structure or land located at 4343 S Whalen Rd
Great Valley, New York
at a cost of $ 100 for:
( ) residence
( ) commercial business
( ) industry
( ) other use (describe)_____
( ) with accessory building.

The Main Structure will be as follows:

Construction_____
Height (stories and feet)_____
Number of family units_____
Dimensions of lot_____
Corner or interior lot_____

Front yard set back (in feet)_____
Side yard set back (in feet)_____
Total of both side yard set backs_____
Rear yard set back (in feet)_____
Other Renovation of portion of bldg to alter use

The Accessory Building will be as follows:

Description_____
_____
Height_____

Percentage of rear yard occupied_____
Set back from rear lot line_____
Set back from side yard line_____

A Plot Plan ( ) is attached (x) is not attached ( ) is approved by Cattaraugus County Health Department

Zoning Requirements:

Front Yard_____
Rear Yard _____
Side Yard_____

Use (s)Permitted_____
Resturaunt/Bar Special Use
Lot Area_____

Floodplain Determination:

Firm Zone_____
BFE_____
Floodplain Development Permit required? Yes_____ No _____

Sworn to this_____ day of _____ _____
Signature

Name: Christina Martens
Address 4343 S Whalen Rd
Great Valley, NY 14741
Phone: 716-265-2857

Zoning Permit ( ) Approved
( ) Denied – Not in conformance with the following provision (s)

Dated:_____, by_____, _____

Zoning Permit Application Fee $X: pd._____

TOWN OF

GREAT VALLEY

Name of Applicant: Twist n' Scoops

Mailing Address: 4343 S Whalen Rd
Great Valley, NY 14741

Phone (Home): 716-244-1008 (Cell): ____

SPECIAL USE PERMIT DEFINED – A special use permit is a zoning device which relates to uses specifically listed as being allowed by a special use permit. It allows conditions to be imposed on those potentially troublesome uses in order to preserve the character of the neighborhood and reduce incompatible situations. A special use permit is not the same as a variance.

WHEN TO USE THIS FORM – The zoning law itself will specify which uses are to be allowed by Special Use Permit and the standards that must be met. An application must be made to the Zoning Board of Appeal whenever a special use is proposed.

1. Property Identification - Section: ____ Block: ____ Lot: Tax ID: 73.002-1-36.1

Physical Location - Street Address: 4343 S Whalen Rd

Application Date: 4/1/26 Fee Paid: $100 Received by: ____

2. PROJECT DESCRIPTION: (Include diagram, parking to be provided, etc.)

a. General description: Portion of building to be turned into restraunt with alcohol service

b. Dimensional description: (Illustrate on back of form or on graph paper)

c. Parking provided: ____

d. Buffers: ____

e. Signs / Lighting: Existing Lighting and Signage, Smaller Signs to be placed on exerior (Menus)

g. Other

3. CONDITIONS TO BE SELF IMPOSED – To preserve the character of the neighborhood and reduce incompatible situations, the following conditions will be self-imposed and are currently in place. Examples include: vegetation buffers, absence of noise, smoke, ext.; sufficient parking.

Parking overflow is available as needed via adjacent lot on property, Walls constructed to break sightlines from neighbors into parking areas, small seating area outside for restraunt but all bar activity to occur indoors, Standard county health dept and liquor board regulations to be followed as required to maintain licenses and permits

4. HEARING – A public hearing is required within 62 days of this request. Please specify which days or times are inconvenient for you or your representative to attend such a hearing.

As soon as possible

You will be notified in writing of the time and place for the hearing.

BE ADVISED THAT NO WORK CAN BEGIN ON THE PROPERTY UNTIL THIS SPECIAL USE PERMIT APPLICATION IS GRANTED. THIS ALSO INCLUDES ANY TYPE OF GROUND EXCAVATION WORK.

Signature of the applicant:

Date signed:

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:
Twist & Scoops Bar & Grill

Project Location (describe, and attach a location map):
4343 S Whelan RD Great Valley NY 14741

Brief Description of Proposed Action:
We have been in buisness for 3 years. As we grow we would like to add alcoholic beverages to our restaurant menu.

Name of Applicant or Sponsor:	Telephone: 716-265-2857
Christina Martens	E-Mail: twistscoops@yahoo.com

Address:
4343 S. Whelan Road

City/PO:	State:	Zip Code:
Great Valley	NY	14741

	NO	YES
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.	☐	☐
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:	☐	☒

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, adjoining and near the proposed action.
☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban)
☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____
☐ Parkland

	NO	YES
landscape?	☐	☒
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	☐	☐
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	☒	☐
b. Are public transportation service(s) available at or near the site of the proposed action?	☒	☐
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	☒	☐
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:	☐	☐
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	☐	☒
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	☐	☒
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	☒	☐
b. Is the proposed action located in an archeological sensitive area?	☒	☐
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: _____	☐	☐

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

☐ Shoreline ☒ Forest ☒ Agricultural/grasslands ☐ Early mid-successional
☐ Wetland ☐ Urban ☒ Suburban

	NO	YES
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?	☒	☐
16. Is the project site located in the 100 year flood plain?	☐	☐
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? ☐ NO ☐ YES	☐	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: ☐ NO ☐ YES		

	NO	YES
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	☐	☐
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	☒	☐

I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: Christina Martens Date: 3/31/26

Signature

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	☐	☐
2. Will the proposed action result in a change in the use or intensity of use of land?	☐	☐
3. Will the proposed action impair the character or quality of the existing community?	☐	☐
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	☐	☐
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	☐	☐
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	☐	☐
7. Will the proposed action impact existing: a. public / private water supplies?	☐	☐
b. public / private wastewater treatment utilities?	☐	☐
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	☐	☐
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	☐	☐

10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	☐	☐
11. Will the proposed action create a hazard to environmental resources or human health?	☐	☐

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

☐ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

☐ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Town of Great Valley

Name of Lead Agency

Date

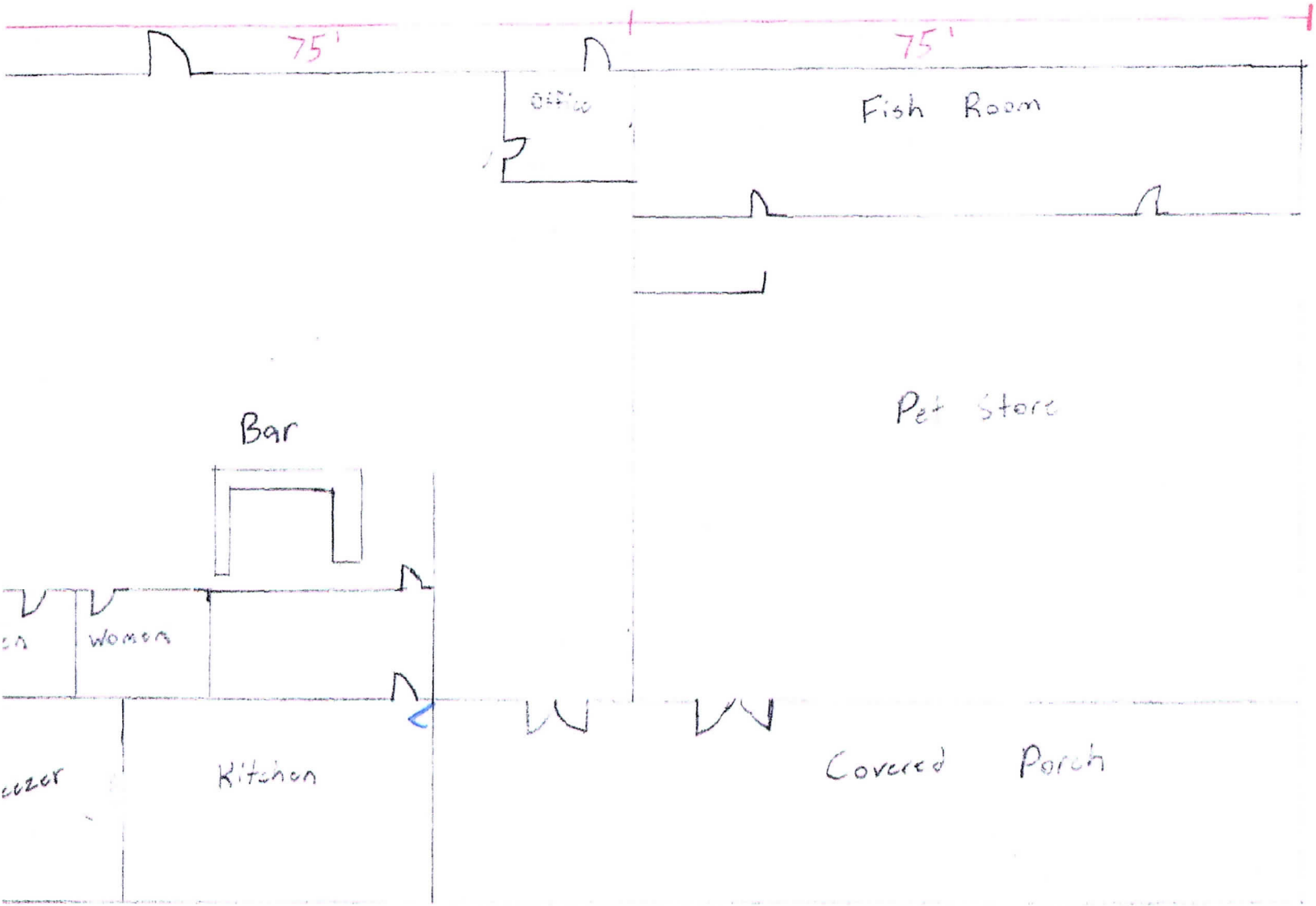
Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

PRINT



NW Building Wing

Twist n' Scoops / Ellicottville Aquatics

Rough Floorplan