

City of Olean

Zoning Board of Appeals

P.O. Box 668, 101 E. State Street, room 212
Olean, New York 14760
(716) 376-5683

A G E N D A

Zoning Board meeting to be held on Wednesday, July 8, 2026 at 5:45 pm in the City of Olean Municipal Building Council Chambers.

I. Meeting

1. Roll Call
2. Reading and approval of the June 24, 2026 meeting minutes.
3. Old Business –
 - 1821 Buffalo Street
 - Use Variance #2026152
4. New Business –
 - 512 Front Street
 - Use Variance #2026196

II. Miscellaneous/Communications

III. Adjournment

City of Olean

ZONING BOARD OF APPEALS

P.O. Box 668, 101 East State Street, Room 212
Olean, New York 14760, (716) 376-5683

Minutes for Zoning Board Meeting held Wednesday, June 24th, 2026 **Olean Municipal Building – Council Chambers**

Present: Kelly Sweet, Steve Rogers, Bill Eaton, Jim Rucinski, Otto Tertinek, Tom Enright, Linda Edstrom

Staff: Shawn Wing, Jacob Herbert

Other: *See Attached Sign-In Sheet

CALL TO ORDER

Recognizing a quorum, K. Sweet called the meeting to order at 5:52 p.m.

ROLL CALL

T. Enright read roll call. All members present.

READING AND APPROVAL OF THE MINUTES FROM June 10th, 2026

S. Rogers wanted his question regarding the condition of 311 Irving to say “good working condition’ instead of “working condition”. S. Rogers made a motion to approve the minutes as amended, seconded by K. Sweet. Voice vote, all ayes. Motion carried.

OLD BUSINESS

- **311 Irving Street – Public Hearing**

T. Enright read the application from the Genesis House of Olean to use the premises as a shelter space for families with children. This request if granted will vary from the Article 4, Section 2.2 of the City of Olean Zoning Law.

The Public Hearing opened at 5:55 pm.

- **Melissa Yaworsky – Executive Director of Genesis House**

M. Yaworsky stated that the mission of the Genesis House is to provide temporary housing and supportive services and at this location would be providing that for two families as they transition into more stable housing. New York State certifications would limit the number of people that can be served and family size. They provide case management so the apartments will be entered weekly by staff. The families are given an extensive list of rules and expectations and in the past three years, they have only asked a family to leave twice. They are responsible for cleaning and children cannot be left unattended. They are prohibited from illegal activity, having animals, having weapons, and must follow through will housing applications.

She noted that their certification would not allow them to change who they serve and therefore they would not start to house single adults on a whim. She also points out that to house single adults they would be required by state law to provide 24/7 staffing which is cost prohibitive.

B. Eaton inquired about the two instances they had to remove a family from housing. M. Yaworsky stated that one family were not following the guidelines of setting goals for themselves. The other instance a family tried to bring in a pet.

T. Enright asked by what definition was considered a family. M. Yaworsky explained that a family with members under the age of 18.

- **Cassi Stives – 121 E. Carroll Road, Portville, NY**

Works for the Genesis House. Explained their difficult upbringing and how helpful programs like the Genesis House can be for someone. She supports the variance.

- **Chuck Walker – 2824 W. Shore, Cuba, NY**

Retire professor at St. Bonaventure. Explained that the university performed a study on homelessness in the area and noted how impactful the Genesis House has been. Explained that the program gets people off the street and research shows that this is the start of what works. He supports the variance.

- **Kim Palmer – 3435 Fortune Dr, Allegany, NY**

She is the Chair of the Genesis House. She read a letter of support from a pastor. Notes that this location would not be advertising itself from the street as a shelter. States that having two families living here would not disrupt the character of the neighborhood.

- **Jonah Mattern – 613 E. State St. Olean, NY**

Explained that a hotel room can provide shelter for children it does not provide a home. Highlighted the importance of safe and stable environments for children growing up. He supports the variance.

- **Katie McMullen – 615 Genesee St. Olean, NY**

States that the impact the Genesis House has affects more than the homeless population. Believes they strengthen the whole community. Supports the variance.

- **Josh Shulman – 116 N. 17th St. Olean, NY**

He is a program manager. Highlights the importance of being able to provide a kitchen for families to make meals and to be able to provide children with bedrooms of their own. He supports the variance.

- **Susan Bly – 236 S. Barry St. Olean, NY**

She is a neighbor to one of the Genesis House locations. She notes what good and responsible neighbors they have been. She supports the variance.

○ **Sue Groves – 101 N. Union St. Olean, NY**

She states that the Genesis House and the people who stay there are wonderful neighbors. She supports the variance.

○ **Miranda – Allegany**

She helps build mutual aid groups. Is aware of what stability and the lack thereof can do for a family. States that evidence supports the fact that the best treatment for addiction or mental health challenges is stability and getting off the streets. She also notes that the building is a duplex and will continue to be used as such. She supports the variance.

○ **Lori McCarthy – 12th Street Olean, NY**

She was on the original Board of the Genesis House. States that she would rather have the Genesis House as a neighbor than some of the landlords and neighbors she has had because Genesis Houses are supervised. She supports the variance.

○ **Katie Ward – 605 Genesee Street Olean, NY**

She has volunteered at the Genesis House. Notes that the safety and care provided is exceptional. She believes the Genesis House is a gift to the community.

○ **Joan Leckband – 1217 Reed St. Olean, NY**

She has lived in Olean for 24 years. She states the children are the future and the foundation of their lives start with providing them with homes. She supports the variance.

○ **Oliver Cashmere – 1900 Johnson Rd. Olean, NY**

Explained that many people in his life who have struggled have stated that what turned them around was going in the Genesis House. He believes this would help the community. He supports the variance.

K. Sweet read through a document provided to the board highlighting concerns with the variance.* see attached

K. Sweet read a letter of support from Cattaraugus Community Foundation. *see attached

K. Sweet read a letter of support from Sally Shultz. *see attached

K. Sweet read a letter of support from the Piper family. *see attached

L. Edstrom asked for clarification on who actually owns the property. D. Pezzimenti, representing the owner/applicant, stated the original owner passed away and was inherited by his children. Kendrick signed.

The Public Hearing closed at 6:45 pm.

B. Eaton commented that his wife is a teacher so he understands the need and importance of places like the Genesis House for families. He notes that the Genesis House are held to standards and have a duty whereas the alternative owner of this property could be an unsavory landlord that would have less accountability.

T. Enright wanted to make it clear for everyone attending the purpose of the Board is to consider all factors and input from the neighborhood to allow the applicant to use the property in a way not allowed per the code of ordinances.

K. Sweet reviewed the language used in the law and noted that its intent is to control the intensity of uses to preserve the character of the neighborhood and notes that other permissible uses are schools, hospitals, and churches.

The Board reviewed the findings. Discussing the fourth criteria S. Rogers believes that hardship was self-created. K. Sweet commented that because the owner inherited the property the hardship could be considered not self-created.

The Board determined that the applicant has proven unnecessary hardship. K. Sweet made a motion, seconded by B. Eaton, to approve the variance as submitted. Voice vote.

Ayes from O. Tertinek, T. Enright, B. Eaton, J. Rucinski, L. Edstrom, K. Sweet.
Nay from S. Rogers.

Motion carried.

ADJOURNMENT

T. Enright made a motion, seconded by L. Edstrom, to adjourn the meeting at 7:08 pm.

Respectfully submitted,
Jacob Herbert

1821 Buffalo Street

Use Variance

#2026152

City of Olean
Department of Fire, Buildings, & Emergency Services
Code Enforcement Division

Olean Municipal Building, Rm. 212
P.O. Box 668, 101 E. State Street
Olean, NY 14760
716-376-5683, 716-376-5707 (fax)

Use Variance Application

Date: 5/11/16

For Office Use Only
Application # _____
Hearing Date/Time: _____

To: The Zoning Board of Appeals

I _____
I Steven Fancio (owner/applicant) _____
I _____ (applicant, if different from owner) _____
I _____ (relationship to owner) _____
I _____

hereby make application to the Zoning Board of Appeals for the City of Olean, New York for an Use Variance to permit the premises known as 1821 Buffalo St, Olean, NY (location) to vary from the use requirements of the Zoning Law.

Detailed description of request:
land use variance to allow veterinary office, dog boarding (overnight and daycare) and dog grooming

This variance, if granted, will vary from the requirement(s) of:

Article 6 Section 6d of the Zoning Law.
Article _____ Section _____ of the Zoning Law.

In making its determination, the Zoning Board of Appeals shall take into consideration showing by the applicant that applicable zoning regulations and restrictions have caused unnecessary hardship. In order to prove such unnecessary hardship the applicant shall demonstrate and the Zoning Board of Appeals shall find that:

- (1) Under the applicable regulations of this Law the applicant is deprived of all reasonable economic use or benefit from the property in question, which deprivation must be established by competent financial evidence. and
- (2) That the alleged hardship relating to the property in question is unique, and does not apply to a substantial portion of the district or neighborhood; and
- (3) That the requested use variance, if granted, will not alter the essential character of the neighborhood; and
- (4) That the alleged hardship has not been self-created

It is the responsibility of the applicant to present evidence sufficient to satisfy the Zoning Board of Appeals that the above standards proving unnecessary hardship have been met.

R. Donald Brown

(owner's signature)
[Signature]

(applicant's signature)

(date)
5/11/16

(date)

City of Olean

Department of Fire, Buildings, & Emergency Services

Code Enforcement Division

Olean Municipal Building, Rm. 212
P.O. Box 668, 101 E. State Street
Olean, NY 14760
716-376-5683
www.cityofolean.gov
codes@cityofolean.gov

Zoning Permit Application

Date: 5/11/16

To Code Enforcement:

I hereby apply for a zoning permit pursuant to the Olean Zoning Ordinance to construct or alter a structure as set forth. This Application may be used in conjunction with any variance applications. Please provide a separate application for each construction project. Please print in ink.

Regarding Address: 1821 Buffalo St, Olean, NY

Owner: _____
E-mail: _____
Addr: _____

Applicant: Steven Pancio
E-mail: sipancio@gmail.com
Addr: 660 Main St.
Olean, NY 14760

Phone: _____ (h) _____ (w) Phone: 5854039907 (h) _____ (w)

If you are applying for a change of use, please complete questions #1 & 6 and continue onto page 2. New construction requires full completion of this application.

- 1.) Please check one:
- a single-family dwelling
 - a dbl-family dwelling
 - a multi-family dwelling, number of units? _____
 - currently, vacant land
 - other (business) Please describe: _____

1.) Lot size: Width _____ Depth 1.38 acres Area _____ sq. ft.

2.) List all of the structures currently on the lot: N/A

| (1) | (2) | (3) | (4) |
|----------------------------|----------------------------|----------------------------|----------------------------|
| (principal bldg) | (describe structure) | (describe structure) | (describe structure) |
| w) _____ l) _____ h) _____ | w) _____ l) _____ h) _____ | w) _____ l) _____ h) _____ | w) _____ l) _____ h) _____ |

4.) Are you applying for a New structure OR An addition (Please circle one)

5.) Proposal's dimensions: w) 40' l) 100' h) _____ Stories) 1 Total sq.ft.) 4000

6.) Describe proposal: Plan to build a commercial building and associated fenced in area + parking lot for vet office, dog/pet boarding + grooming

7.) Provide minimum distances from the new construction to the property lines. These measurements should conform to the measurements drawn on the plot plan located on pg. 3. For additions, write the initial "A" where the addition will be attached to the existing structure.

Right distance: 15 ft., Left: 15 ft., Both sides total: 30 ft.
Front distance: 30 ft., Rear: 15 ft. to the property line.

If this application is denied, I (owner & applicant) understand that only the appropriate board has the authority to grant permission to vary from the requirements of the City of Olean Zoning Ordinance and NO work will commence until Code Enforcement has issued the permit.

I believe that the statements herein contained on this application (pages 1 – 3) are true to the best of my knowledge.

Owner: _____

Applicant: Steven Paano (print) [Signature] (signature) 5/27/20 (date)
(print) (signature) (date)

Applicant representing business of: N/A

Code Enforcement Action

This application of Building Zoning received on 5/27/20 for
The construction site of 1821 Buffalo Zoned: R2 according to the City
Ordinance is hereby APPROVED or DENIED

If denied, the reason for denial is: Unlisted use per 28-6.1 (SW)

The following indicated applications and approvals are required prior to any issuance of permits:

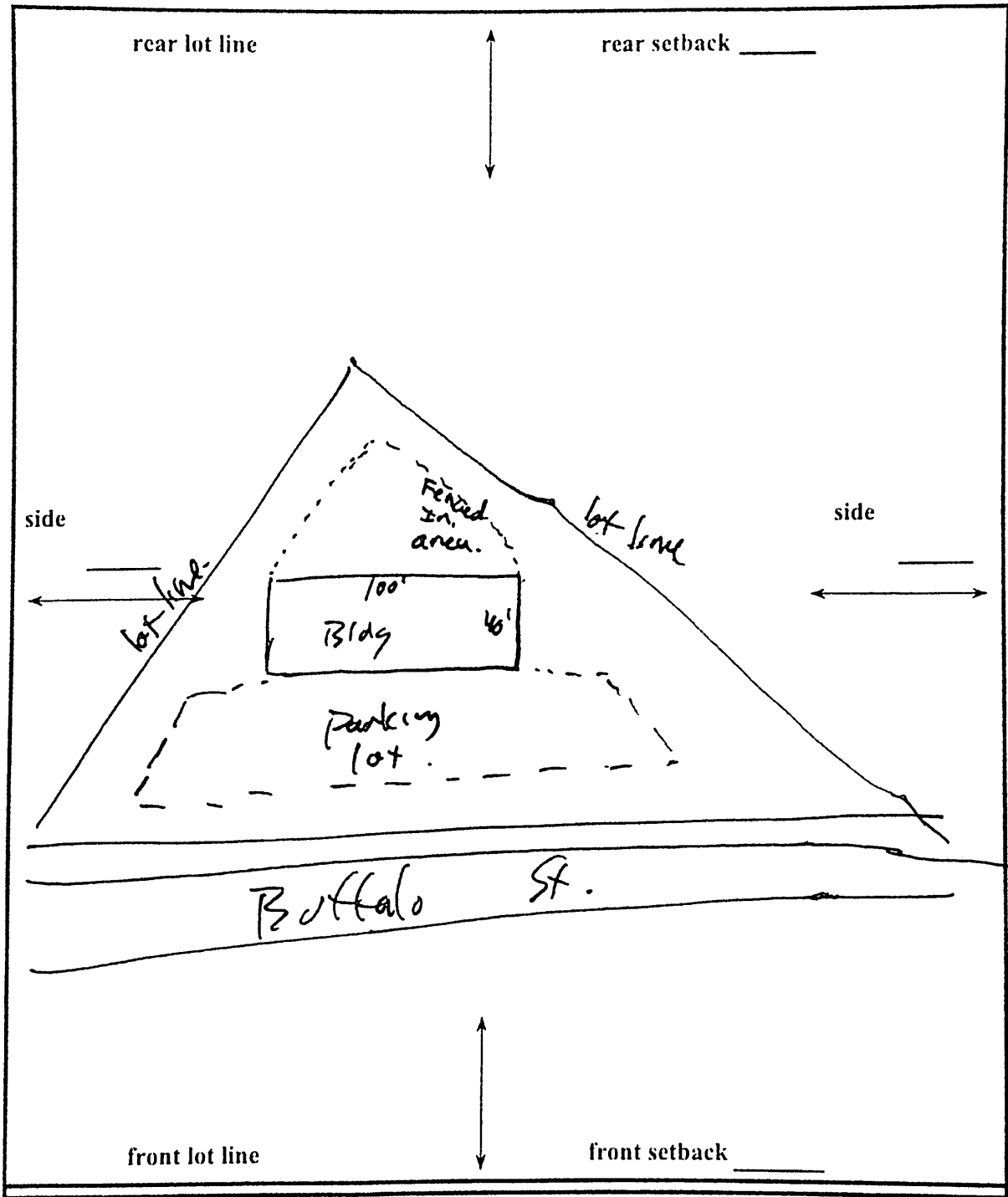
Area Variance Use Variance Home Occupation Special Use Site Plan Other

Code Enforcement Officer: Shawn Wing Date: 5/30/20

Comments: Also needs referred to "planning board". (SW)

PLOT PLAN

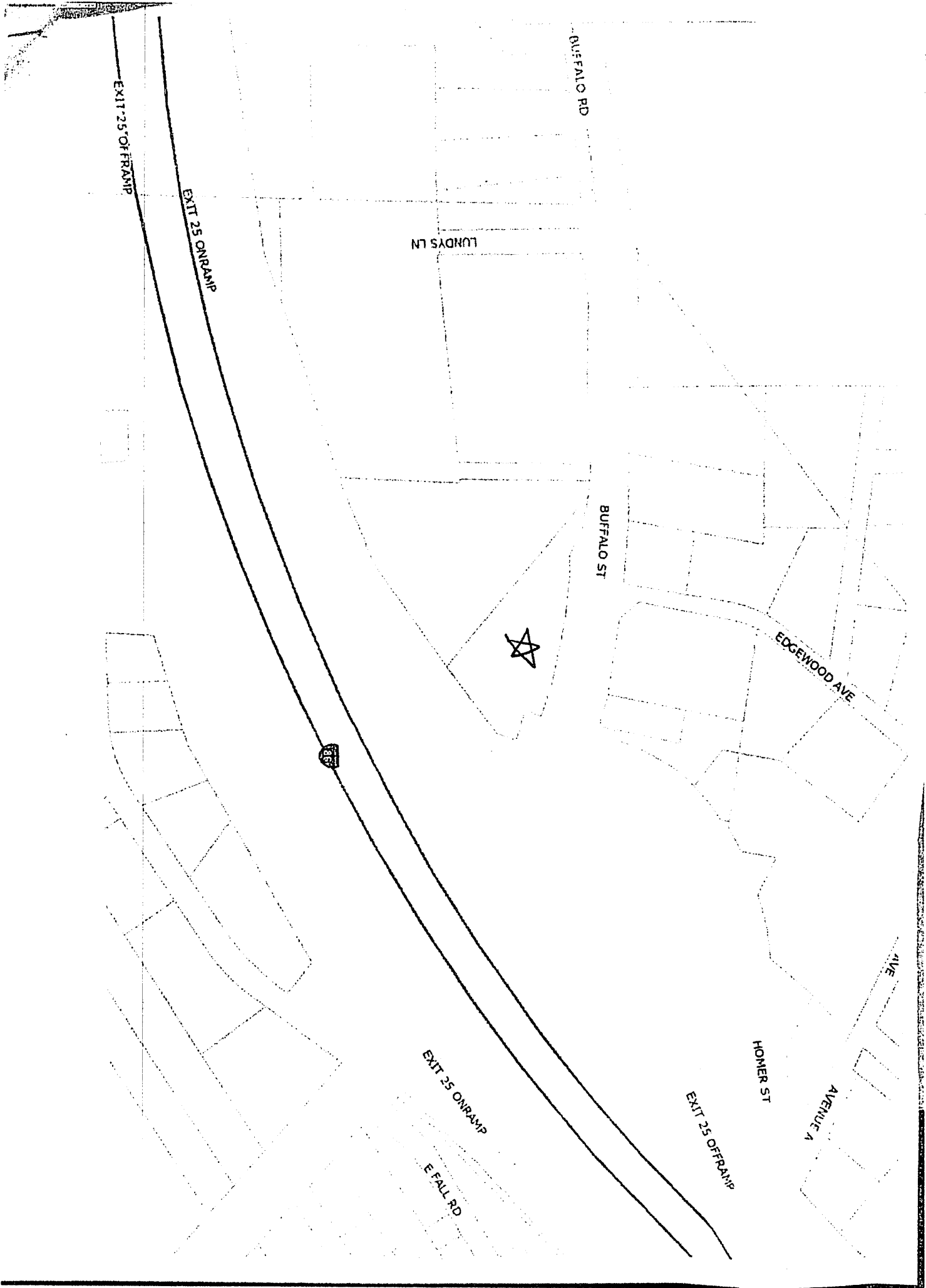
lot width



SIDEWALK

FRONT

lot width 375' lot depth 265' lot area 1.38 acres bldg. area 4000 sq. ft.



BUFFALO RD

LUDWYS LN

BUFFALO ST

EDGEWOOD AVE

AVE

HOMER ST

AVENUE A

EXIT 25 OFFRAMP

EXIT 25 ONRAMP

EXIT 25 ONRAMP

E FALL RD

EXIT 25 OFFRAMP



Short Environmental Assessment Form

Part 1 - Project Information


Instructions for Completing

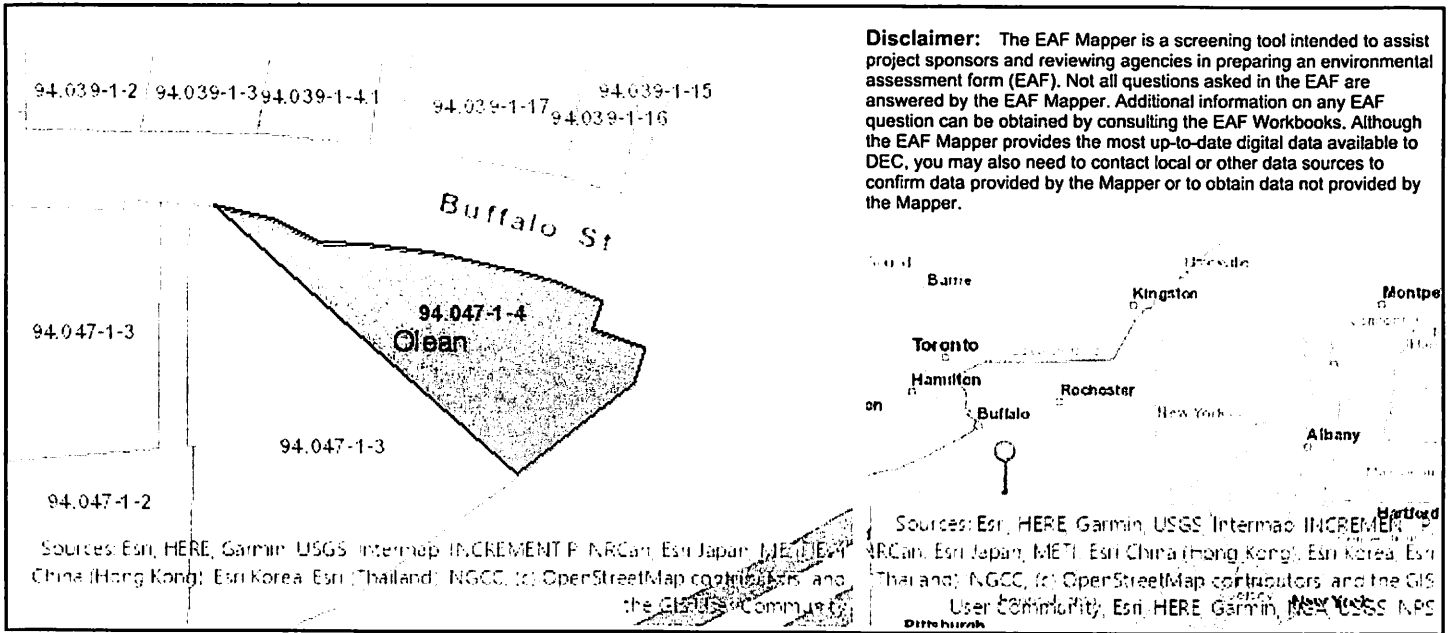
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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: Vet office, boarding, and grooming | | | | |
| Project Location (describe, and attach a location map): 1821 Buffalo St | | | | |
| Brief Description of Proposed Action: New commercial multi-use office building with veterinary office with boarding and grooming. | | | | |
| Name of Applicant or Sponsor: STEVEN PANCIO | | Telephone: 585-403-9907 E-Mail: SIPANCIO@GMAIL.COM | | |
| Address: 660 MAIN ST | | | | |
| City/PO: Olean | | State: NY | Zip Code: 14760 | |
| 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: CITY OF OLEAN CODE ENFORCEMENT – CITY OF OLEAN ZONING BOARD – CITY OF OLEAN PLANNING BOARD | | | NO <input type="checkbox"/> | YES <input checked="" type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? | | _____ 1.38 acres | | |
| b. Total acreage to be physically disturbed? | | _____ 1.38 acres | | |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? | | _____ 1.38 acres | | |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: | | | | |
| 5. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other(Specify): Interstate-86 <input type="checkbox"/> Parkland | | | | |

| 5. Is the proposed action, | NO | YES | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| a. A permitted use under the zoning regulations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Consistent with the adopted comprehensive plan? | <input checked="" type="checkbox"/> | <input 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? | NO | | YES |
| If Yes, identify: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels? | NO | | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Are public transportation services available at or near the site of the proposed action? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9. Does the proposed action meet or exceed the state energy code requirements? | NO | | YES |
| If the proposed action will exceed requirements, describe design features and technologies: _____ _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10. Will the proposed action connect to an existing public/private water supply? | NO | | YES |
| If No, describe method for providing potable water: _____ _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 11. Will the proposed action connect to existing wastewater utilities? | NO | | YES |
| If No, describe method for providing wastewater treatment: _____ _____ | <input type="checkbox"/> | <input checked="" 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? | NO | | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input checked="" 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? | NO | | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____ | | | |

| | | |
|--|-------------------------------------|-------------------------------------|
| <p>14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:</p> <p><input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional</p> <p><input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban</p> | | |
| <p>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?</p> | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>16. Is the project site located in the 100-year flood plan?</p> | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,</p> <p>a. Will storm water discharges flow to adjacent properties?</p> <p>b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?</p> <p>If Yes, briefly describe:</p> <p>_____</p> <p>_____</p> <p>All water runoff shall be directed to storm drains and/or contained on lot as directed by all state and local regulations.</p> <p>_____</p> <p>_____</p> | NO | YES |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>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)? If Yes, explain the purpose and size of the impoundment: _____</p> <p>_____</p> <p>_____</p> | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>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: _____</p> <p>_____</p> <p>_____</p> | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>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: _____</p> <p>_____</p> <p>_____</p> | NO | YES |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor/name: <u>Steven Pancio</u> Date: <u>6/2/2026</u></p> <p>Signature:  Title: <u>Land Purchaser</u></p> | | |



| | |
|---|--|
| Part 1 / Question 7 [Critical Environmental Area] | No |
| Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites] | No |
| Part 1 / Question 12b [Archeological Sites] | Yes |
| Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies] | Digital mapping data are not available or are incomplete. Refer to EAF Workbook. |
| Part 1 / Question 15 [Threatened or Endangered Animal] | No |
| Part 1 / Question 16 [100 Year Flood Plain] | Digital mapping data are not available or are incomplete. Refer to EAF Workbook. |
| Part 1 / Question 20 [Remediation Site] | Yes |



Steven I. Pancio II, M.D.
Orthopaedic Surgeon
Upper Allegheny Health System
Olean General Hospital
Olean, NY
sipancio@gmail.com
585-403-9907 (C)

On Jun 24, 2026, at 5:23 PM, Kelly Sweet <ksweet@cityofolean.gov> wrote:

Thank you for providing this information. If you could please provide documentation for any of these expenses and hardships it would be greatly appreciated. Please also reach out to Code Enforcement when you feel like you are ready to proceed.

Kelly Sweet

Olean Zoning Board of Appeals Chairman

101 East State St

Olean, NY 14760

From: Steven Pancio <sipancio@gmail.com>
Sent: Monday, June 22, 2026 10:12 PM
To: Kelly Sweet
Cc: Zoning Board
Subject: Re: Use Variance Request: 1821 Buffalo St

Kelly,

Thank you for the update- I have included the responses below. I appreciate your help.

-Steve

- Parcel: 94.047-1-4
- Address: 1821 Buffalo Street, Olean
- Owner: Benson Construction & Development LLC
- Size: 1.38 acres
- Assessed Value: \$14,200
- Full Market Value: \$22,188
- Current Taxes: \$815.34/year
- Last Recorded Sale: January 20, 2005 for \$25,000
- Property has remained vacant for at least 21 years since the 2005 purchase.

1. Reasonable Return

The property has generated no income for at least 21 years. Since its purchase in 2005 for \$25,000, it has remained vacant and undeveloped. The owner

continues to incur annual carrying costs, including approximately \$815 in property taxes, liability exposure, and routine vegetation maintenance. Mowing 6 times annually at \$150 per mowing, annual maintenance costs are estimated at \$400-\$900 per year. The property therefore incurs annual ownership expenses of approximately \$1,200-\$1,700 while producing no income. After more than two decades of ownership, the property remains vacant despite its location along a major transportation corridor.

2. Unique Hardship

The property is uniquely situated immediately adjacent to Interstate 86 Exit 25 and is bordered by interstate ramps and highway infrastructure. Unlike most residential parcels in the district, the site is exposed to continuous highway traffic, noise, and visibility. The parcel's triangular configuration, interchange location, and proximity to interstate infrastructure make it significantly less attractive for traditional residential development while making it ideally suited for a veterinary office and dog boarding facility that benefits from direct highway access and separation from established residential neighborhoods.

3. Neighborhood Character

The proposed veterinary clinic and dog boarding facility will not alter the essential character of the neighborhood. The parcel is located adjacent to Interstate 86 and an interchange corridor rather than within a traditional residential neighborhood. The proposed use is consistent with the transportation-oriented nature of the area and will utilize professional landscaping, fencing, parking, and enclosed animal facilities. Traffic generated by veterinary and boarding operations is expected to be modest and concentrated during normal business hours.

4. Hardship Not Self-Created

The hardship was not created by the applicant. The parcel's location adjacent to Interstate 86, its physical configuration, and its longstanding inability to attract development have existed for decades. The property has remained vacant since at least 2005 under the current ownership despite being available for development. The conditions giving rise to the hardship predate the applicant's interest in the property.

512 Front Street

Use Variance

#2026196

City of Olean

Department of Fire, Buildings, & Emergency Services

Code Enforcement Division

Olean Municipal Building, Rm. 212
P.O. Box 668, 101 E. State Street
Olean, NY 14760
716-376-5683, 716-376-5707 (fax)

Zoning Permit Application

To Code Enforcement:

Date: 6/25/2026

I hereby apply for a zoning permit pursuant to the Olean Zoning Ordinance to construct or alter a structure as set forth. This Application may be used in conjunction with any variance applications. Please provide a separate application for each construction project. Please print in ink.

Regarding Address: 512 FRONT ST. OLEAN, NY 14760

Owner: BRIAN L. COOK Applicant: BRIAN L. COOK

Addr: 512 1/2 FRONT ST. OLEAN NY 14760 Addr: 512 1/2 FRONT ST. OLEAN NY 14760

Phone: 716-307-5995 (h) 716-307-6141 (w) Phone: 716-307-5995 (h) 716-307-6141 (w)

If you are applying for a change of use, please complete questions #1 & 6 and continue onto page 2. New construction requires full completion of this application.

1.) Please check one:

- a single-family dwelling
- a dbl-family dwelling
- a multi-family dwelling, number of units? _____
- currently, vacant land
- other (business) Please describe: AUTO REPAIR SHOP

1.) Lot size: Width _____ Depth _____ Area _____ sq. ft.

2.) List all of the structures currently on the lot:

| (1) | (2) | (3) | (4) |
|----------------------------|----------------------------|----------------------------|----------------------------|
| (principal bldg) | (describe structure) | (describe structure) | (describe structure) |
| w) _____ l) _____ h) _____ | w) _____ l) _____ h) _____ | w) _____ l) _____ h) _____ | w) _____ l) _____ h) _____ |

4.) Are you applying for a New structure OR An addition (Please circle one)

5.) Proposal's dimensions: w) _____ l) _____ h) _____ Stories) _____ Total sq.ft.) _____

6.) Describe proposal: WE WANT TO ADD AUTO REPAIRS TO OUR EXISTING AUTO DETAIL / USED CAR SALE BUSINESS

7.) Provide minimum distances from the new construction to the property lines. These measurements should conform to the measurements drawn on the plot plan located on pg. 3. For additions, write the initial "A" where the addition will be attached to the existing structure.

Right distance: _____ ft., Left: _____ ft., Both sides total: _____ ft.

Front distance: _____ ft., Rear: _____ ft. to the property line.

If this application is denied, I (owner & applicant) understand that only the appropriate board has the authority to grant permission to vary from the requirements of the City of Olean Zoning Ordinance and NO work will commence until Code Enforcement has issued the permit.

I believe that the statements herein contained on this application (pages 1 – 3) are true to the best of my knowledge.

Owner: BRIAN L. COOK Brian Cook 6/25/2026
(print) (signature) (date)
Applicant: BRIAN L. COOK Brian Cook 6/25/2026
(print) (signature) (date)

Applicant representing business of: BRIAN'S ADVANCE DETAIL, LLC

Code Enforcement Action

This application of Building Use received on 6/26/26 for
The construction site of 512 Front St Zoned: R3 according to the City
Ordinance is hereby **APPROVED** or **DENIED**

If denied, the reason for denial is: Not a listed use for an R3 zone. SW

The following indicated applications and approvals are required prior to any issuance of permits:

Area Variance Use Variance Home Occupation Special Use Site Plan Other

Code Enforcement Officer: Shawn W rug Date: 6/26/26

Comments: n/a

City of Olean
Department of Fire, Buildings, & Emergency Services
Code Enforcement Division

Olean Municipal Building, Rm. 212
P.O. Box 668, 101 E. State Street
Olean, NY 14760
716-376-5683, 716-376-5707 (fax)

Use Variance Application

Date: 6/25/26

For Office Use Only
Application #: 2026196
Hearing Date/Time: _____

To: The Zoning Board of Appeals

I BRIAN L. COOK
(owner/applicant)

I _____
(applicant, if different from owner)

_____ (relationship to owner)

hereby make application to the Zoning Board of Appeals for the City of Olean, New York for an Use Variance to permit the premises known as BRIAN'S ADVANCE DETAIL, LLC 512 FRONT ST.
(location) OLEAN, NY 14760
to vary from the use requirements of the Zoning Law.

Detailed description of request: I WANT TO ADD AUTO REPAIRS
TO MY EXISTING REGISTERED STATE OF NEW
YORK MOTOR VEHICLE RETAIL DEALER BUSINESS (#7133404)

This variance, if granted, will vary from the requirement(s) of:

Article 4 Section 29-2.2 of the Zoning Law.
Article _____ Section _____ of the Zoning Law.

In making its determination, the Zoning Board of Appeals shall take into consideration showing by the applicant that applicable zoning regulations and restrictions have caused unnecessary hardship. In order to prove such unnecessary hardship the applicant shall demonstrate and the Zoning Board of Appeals shall find that:

- (1.) Under the applicable regulations of this Law the applicant is deprived of all reasonable economic use or benefit from the property in question, which deprivation must be established by competent financial evidence; and
- (2.) That the alleged hardship relating to the property in question is unique, and does not apply to a substantial portion of the district or neighborhood; and
- (3.) That the requested use variance, if granted, will not alter the essential character of the neighborhood; and
- (4.) That the alleged hardship has not been self-created.

It is the responsibility of the applicant to present evidence sufficient to satisfy the Zoning Board of Appeals that the above standards proving unnecessary hardship have been met.

Brian Cook
(owner's signature)

Brian Cook
(applicant's signature)

6/25/2026
(date)

6/25/2026
(date)

- (3) That the requested use variance, if granted, will not alter the essential character of the neighborhood; and

ILLUSTRATIVE NEIGHBORHOOD CHARACTER FACTORS

- Board members' observations of neighborhood. *EXCELLENT CONDITION*
- Expected effect of proposal on neighborhood, for example, change in parking patterns, noise levels, lighting, traffic

- (4) That the alleged hardship has not been self-created. *NONE - HOURS 8AM - 5PM*

SELF CREATED

- What were the permitted Uses at the time the property was purchased by the applicant? *COMMERCIAL*
- Were substantial sums spent on remodeling for a Use not permitted by Zoning? *NO*
- Was the property received through inheritance, court order, divorce? *NO*

- d. The zoning board of appeals, in the granting of use variances, shall grant the minimum variance that it shall deem necessary and adequate to address the unnecessary hardship proven by the applicant, and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

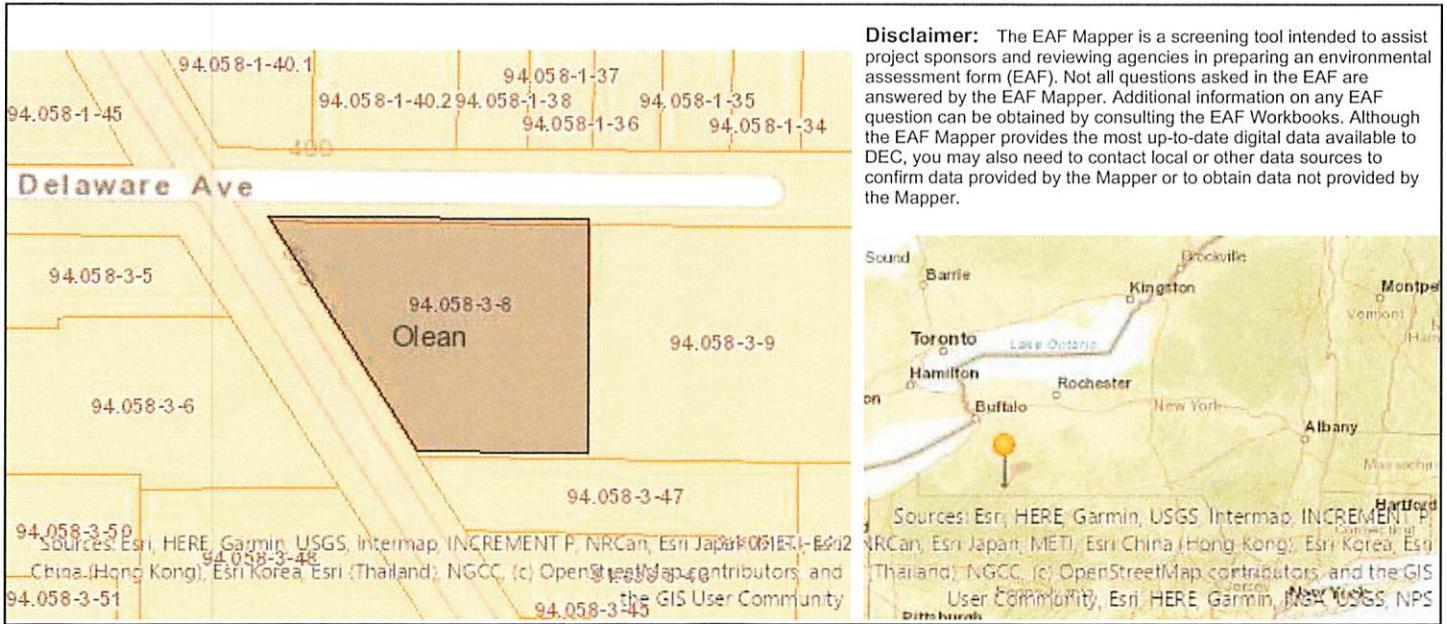
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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 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: Automotive repair service | | | |
| Project Location (describe, and attach a location map): 512 Front St | | | |
| Brief Description of Proposed Action: Add the use of 'automotive repairs and service' to existing automotive detail business location. | | | |
| Name of Applicant or Sponsor: Brian Cook | | Telephone: 716-307-5995 | |
| | | E-Mail: | |
| Address: 512 1/2 Front St | | | |
| City/PO: Olean | | State: NY | Zip Code: 14760 |
| 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: CITY OF OLEAN CODE ENFORCEMENT BUILDING PERMIT FOR ANY CHANGES REQUIRED TO CONVERT STRUCTURE | | NO <input type="checkbox"/> | YES <input checked="" type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? <u>.45</u> acres | | | |
| b. Total acreage to be physically disturbed? <u>0</u> acres | | | |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <u>.45</u> acres | | | |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: | | | |
| <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) | | | |
| <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input checked="" type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other(Specify): USFWS - Riverine | | | |
| <input type="checkbox"/> Parkland | | | |

| | NO | YES | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 5. Is the proposed action, <ul style="list-style-type: none"> a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" 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? | <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: | <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? | <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: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: | <input type="checkbox"/> | <input checked="" 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input checked="" 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: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| USFWS RIVERINE - 0 SQ/FT | | | |

| | | |
|--|-------------------------------------|-------------------------------------|
| <p>14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:</p> <p><input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional</p> <p><input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban</p> | | |
| <p>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?</p> <p>Wavyrayed Lamprussel, Rayed...</p> | NO | YES |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>16. Is the project site located in the 100-year or 500-year flood plain?</p> | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,</p> <p>a. Will storm water discharges flow to adjacent properties?</p> <p>b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?</p> <p>If Yes, briefly describe:</p> <hr/> | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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)?</p> <p>If Yes, explain the purpose and size of the impoundment: _____</p> | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> | NO | YES |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>21. Is the project located within, or within 1/2 mile of, a disadvantaged community?</p> <p>If No, could impacts from the project affect a disadvantaged community?</p> <p>If Yes to either question in 21, answer the following question.</p> <p>a. Identify the potential pollution impacts of the project, either direct or indirect, that may occur within the disadvantaged community (e.g., wastewater discharges, air emissions, noise, odors, solid or hazardous waste generation or management):</p> | NO | YES |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor/name: <u>Brian Cook</u> Date: <u>7-2-2026</u></p> <p>Signature: <u>Brian Cook</u> Title: <u>Owner</u></p> | | |



| | |
|---|--|
| Part 1 / Question 7 [Critical Environmental Area] | No |
| Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites] | No |
| Part 1 / Question 12b [Archeological Sites] | Yes |
| Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies] | Yes - Digital mapping information on local, New York State, and federal wetlands and waterbodies is known to be incomplete. Refer to the EAF Workbook. |
| Part 1 / Question 15 [Threatened or Endangered Animal] | Yes |
| Part 1 / Question 15 [Threatened or Endangered Animal - Name] | Wavyrayed Lampmussel, Rayed Bean |
| Part 1 / Question 16 [100 or 500 Year Floodplain] | Digital mapping data are not available or are incomplete. Refer to EAF Workbook. |
| Part 1 / Question 20 [Remediation Site] | No |
| Part 1 / Question 21 [Disadvantaged Community] | Yes |

New York State Department of Taxation and Finance
Certificate of Authority

Identification number
99-5080898

(Use this number on all returns and correspondence)



VALIDATED

9/24/2024

Dept of Tax
and Finance

**BRIANS ADVANCE DETAIL LLC
ADVANCE DETAIL
512 FRONT ST
OLEAN NY 14760-2803**

is authorized to collect sales and use taxes under Articles 28 and 29 of the New York State Tax Law.

Nontransferable

This certificate must be prominently displayed at your place of business.
Fraudulent or other improper use of this certificate will cause it to be revoked.
The certificate may not be photocopied or reproduced.

4020109100098

1DB8 - 2690635 P0000337 - 01

DTF-17-A (11/14)



New York State Department of Motor Vehicles

**OFFICIAL BUSINESS
CERTIFICATE**

THIS CERTIFICATE EXPIRES 09/30/26

FACILITY IDENTIFICATION NO. 7133404 DLU

Validation Date and Number: 10/02/24 12159

This person is **REGISTERED AS A
DEALER**
pursuant to the provisions of the Vehicle and Traffic Law.

**BRIANS ADVANCE DETAIL LLC
512 FRONT STREET
OLEAN NY 14760**



This document does not certify that this business complies with zoning and other local laws
POST IN A CONSPICUOUS PLACE



1201 Wayne Street
Olean, NY 14760
800.854.6052
www.highpointfcu.com

257947-3.12 0 3020-1.1 1oz

 BRIAN L COOK
DAWN E OSBORNE
512 FRONT ST
OLEAN NY 14760


06/13/26

NOTICE OF PAST DUE PAYMENT on 06/13/26 for Account XXXXXX2492 Loan 0001

Your COMM MTG VAR ARM payment due on 06/02/26 is 11 days past due. The standard payment is \$1,838.26. The total past due is \$1,838.26. The Late Charge is \$0.00. If your payment has been made disregard this notice. We are attempting to collect a debt and any information obtained will be used for that purpose.

We may report this to credit bureaus. Late, missed payments, or other defaults may be reflected in your credit report.





1201 Wayne Street
Olean, NY 14760
800.854.6052
www.highpointfcu.com

258802-8.12 0 8289-1.1 1oz



BRIAN L COOK
DAWN E OSBORNE
512 FRONT ST
OLEAN NY 14760

05/23/26



NOTICE OF PAST DUE PAYMENT on 05/23/26 for Account XXXXXX2492 Loan 0001

Your COMM MTG VAR ARM payment due on 05/02/26 is 21 days past due. The standard payment is \$1,838.26. The total past due is \$1,838.26. The Late Charge is \$25.00. If your payment has been made disregard this notice. We are attempting to collect a debt and any information obtained will be used for that purpose.

We may report this to credit bureaus. Late, missed payments, or other defaults may be reflected in your credit report.





ANNUAL ESCROW ACCOUNT DISCLOSURE STATEMENT ACCOUNT HISTORY

Account Number XXXXXX2492 - Loan 0001 Statement Period 08/12/24 to 08/11/25 Page 2 of 3

This is a statement of actual activity in your escrow account from 08/12/24 to 08/11/25.

Your mortgage payments for the past year are noted below:

| Starting Date | Total Payment | P&I Amount | Escrow Amount |
|---------------|---------------|------------|---------------|
| 10/02/24 | 1,660.30 | 1,005.74 | 654.56 |

| Month | Payments to Escrow Acct | Payments from Escrow Acct | Description | Escrow Acct Balance |
|---|-------------------------|---------------------------|------------------------|---------------------|
| Starting Balance | | | | 5,304.89 |
| <hr style="border-top: 1px dashed black;"/> | | | | |
| Aug 24 | 1,557.94 | 1,769.63 | Escrow Overage | 5,093.20 |
| Sep 24 | 0.00 | 3,799.34 | School Taxes | 1,293.86 |
| Oct 24 | 0.00 | 0.00 | | 1,293.86 |
| Nov 24 | 654.56 | 0.00 | | 1,948.42 |
| Dec 24 | 654.56 | 0.00 | | 2,602.98 |
| Jan 25 | 654.56 | 1,618.02 | County Taxes | 1,639.52 |
| Feb 25 | 654.56 | 0.00 | | 2,294.08 |
| Mar 25 | 654.56 | 0.00 | | 2,948.64 |
| Apr 25 | 654.56 | 0.00 | | 3,603.20 |
| May 25 | 654.56 | 2,586.72 | City Taxes | 1,671.04 |
| Jun 25 | 654.56 | 0.00 | | 2,325.60 |
| Jul 25 | 654.56 | 0.00 | | 2,980.16 |
| Aug 25 | 654.56 | 0.00 | | 3,634.72 |
| Sep 25 | 654.56 | 3,799.34 | School Taxes | 489.94 |
| Oct 25 | 0.00 | 0.00 | | 489.94 |
| Total | 8,758.10 | 13,573.05 | * 8004.08 TAXES | |

An asterisk (*) indicates a difference from a previous estimate either in the date or the amount.

Last year, we anticipated that the payments from your account would be made during this period equaling 7,854.63. Under Federal law, your lowest monthly balance should not have exceeded 1,309.10 or 1/6 of anticipated payments from the account, unless your mortgage contract or State law specifies a lower amount.

If you have any questions concerning your loan or this notice, please contact High Point FCU 1201 WAYNE ST at OLEAN NY 14760 or call 716-372-6607.

**ARTICLES OF ORGANIZATION
OF
Brian's Advance Detail, LLC**

Under Section 203 of the Limited Liability Company Law

- FIRST:** The name of the limited liability company is:
Brian's Advance Detail, LLC
- SECOND:** The county, within this state, in which the office of the limited liability company is to be located is **CATTARAUGUS**.
- THIRD:** The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

Brian Cook
512 Front Street
Olean, NY 14760

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Brian Cook, Organizer (signature)

Brian Cook, ORGANIZER
512 Front Street
Olean, NY 14760

Filed by:
Brian Cook
512 Front Street
Olean, NY 14760

**FILED WITH THE NYS DEPARTMENT OF STATE ON: 09/07/2017
FILE NUMBER: 170907010460; DOS ID: 5198566**

CERTIFICATE OF PUBLICATION
OF

Brian's Advance Detail, LLC

(Name of Domestic Limited Liability Company)

Under Section 206 of the Limited Liability Company Law

024

Filer's Name and Mailing Address:

Brian Cook

Name:

Brian's Advance Detail, LLC

Company, if Applicable:

512 Front St.

Mailing Address:

Olean, NY 14760

City, State and Zip Code:

NOTES:

1. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
2. This form was prepared by the New York State Department of State for filing a certificate of publication for a domestic limited liability company. You are not required to use this form. You may draft your own form or use forms available from legal stationery stores.
3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
4. This certificate of publication, with the affidavits of publication of the newspapers annexed thereto, must be submitted with a \$50 filing fee payable to the Department of State.

(For office use only)

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED MAR 30 2018

TAX \$ _____

BY: WM _____

026

Attach this page after the affidavits of publication.