



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-02-PEM-1-19**
Review Date **1/10/2019**

Municipality
Board Name
Applicant's Name
Referral Type
Variance(s)
Description:

PEMBROKE, T.
TOWN BOARD
Pembroke Town Board
Zoning Text Amendments
Zoning Text Amendments to add the definition of Service Organization, allow them by special use permit in the Agricultural- Residential (AG-R) District and add language allowing for the revocation of a special use permit.
Entire Town of Pembroke
Entire Town

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed Zoning Text Amendments are intended to protect the health, safety, and welfare of the Town and should pose no significant county-wide or inter-community impact.

Director

January 10, 2019

Date

If the County Planning Board disapproved the proposal, or recommends modifications, the referring agency shall NOT act contrary to the recommendations except by a vote of a majority plus one of all the members and after the adoption of a resolution setting forth the reasons for such contrary action. Within 30 days after the final action the referring agency shall file a report of final action with the County Planning Board. An action taken form is provided for this purpose and may be obtained from the Genesee County Planning Department.

SEND OR DELIVER TO:
GENESEE COUNTY DEPARTMENT OF PLANNING
3837 West Main Street Road
Batavia, NY 14020-9404

DEPARTMENT USE ONLY:
GCDP Referral # T-02-PEM-1-19

RECEIVED

JAN 03 2019

Genesee County
Department of Planning



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

Required According to:
GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N
(Please answer ALL questions as fully as possible)

1. REFERRING BOARD(S) INFORMATION

2. APPLICANT INFORMATION

Board(s) Town Board
Address 1145 Main Road
City, State, Zip Corfu, NY 14036
Phone (585) 599-4892

Name Town of Pembroke
Address 1145 Main Road
City, State, Zip Corfu, NY 14036
Phone (585) 599-4892 Email Town-Clerk@townofpembroke.org

MUNICIPALITY: City Town Village of Pembroke

3. TYPE OF REFERRAL: (Check all applicable items)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Area Variance | <input type="checkbox"/> Zoning Map Change | Subdivision Proposal |
| <input type="checkbox"/> Use Variance | <input checked="" type="checkbox"/> Zoning Text Amendments | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Comprehensive Plan/Update | <input type="checkbox"/> Final |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: _____ | |

4. LOCATION OF THE REAL PROPERTY PERTAINING TO THIS REFERRAL:

- A. Full Address Zoning Text Changes
- B. Nearest intersecting road _____
- C. Tax Map Parcel Number _____
- D. Total area of the property _____ Area of property to be disturbed _____
- E. Present zoning district(s) _____

5. REFERRAL CASE INFORMATION:

A. Has this referral been previously reviewed by the Genesee County Planning Board?
 NO YES If yes, give date and action taken _____

B. Special Use Permit and/or Variances refer to the following section(s) of the present zoning ordinance and/or law

C. Please describe the nature of this request Add a use & definition of Service Organization to SECTION 402 B. & add a new sub-section to SECTION 708 D. allowing for revocation of Special Use Permits to Town of Pembroke Zoning Law

6. ENCLOSURES – Please enclose copy(s) of all appropriate items in regard to this referral

- | | | |
|---|--|--|
| <input type="checkbox"/> Local application | <input checked="" type="checkbox"/> Zoning text/map amendments | <input type="checkbox"/> New or updated comprehensive plan |
| <input type="checkbox"/> Site plan | <input type="checkbox"/> Location map or tax maps | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> SEQR forms | <input type="checkbox"/> Agricultural data statement | |

If possible, please provide a reduced version or digital copy of any supporting documentation larger than 11 x 17.
Email to planning@co.genesee.ny.us

7. CONTACT INFORMATION of the person representing the community in filling out this form (required information)

Name Thomas Schneider Title Zoning Compliance Officer Phone (585) 993-2163
Address, City, State, Zip 1145 Main Road, Corfu, NY 14036 Email zoning-codes@townofpembroke.org

Town of Pembroke - Zoning Text Changes 12/26/2018

SECTION 106 Definitions

Service Organization: A nonprofit organization dedicated to the general welfare of the community.

SECTION 402 B. *New Language*

24. Service Organization

SECTION 708 D. 9. *New Language*

9. Revocation of Special Use Permit

Revocation of a Special Use Permit may occur if its recipient fails to abide by its terms and conditions. The revocation procedure is as follows:

- a. The Zoning Officer(s) shall notify the recipient, in writing, of any violations of Town codes or provisions of the Special Use Permit.
- b. The recipient shall have thirty (30) days to correct all deficiencies to the satisfaction of the Zoning Officer(s).
- c. If after thirty (30) days any deficiencies remain, the Zoning Officer(s) will then make a recommendation to the Planning Board for revocation of the Special Use Permit. If conditions warrant, additional time for compliance may be granted by the Planning Board.
- d. The Planning Board, after holding a Public Hearing, is authorized to revoke a Special Use Permit by majority vote if compliance cannot be obtained.

**Full Environmental Assessment Form
Part 1 - Project and Setting**

Instructions for Completing Part 1

Part 1 is to be completed by the applicant or project sponsor. 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; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

A. Project and Sponsor Information.

Name of Action or Project: Zoning Text Changes		
Project Location (describe, and attach a general location map): Town of Pembroke		
Brief Description of Proposed Action (include purpose or need): Zoning Text Amendments to SECTIONS		
Name of Applicant/Sponsor: Town of Pembroke		Telephone: 585-599-4892
		E-Mail: town-clerk@townofpembroke.org
Address: 1145 Main Road		
City/PO: Corfu	State: New York	Zip Code: 14036
Project Contact (if not same as sponsor; give name and title/role): Thomas Schneider - Zoning Ordinance Compliance Officer		Telephone: 585-993-2163
		E-Mail: zoning-codes@townofpembroke.org
Address: 1145 Main Road		
City/PO: Corfu	State: New York	Zip Code: 14036n/A
Property Owner (if not same as sponsor): N/A		Telephone:
		E-Mail:
Address:		
City/PO:	State:	Zip Code:

B. Government Approvals

B. Government Approvals, Funding, or Sponsorship. ("Funding" includes grants, loans, tax relief, and any other forms of financial assistance.)		
Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Council, Town Board, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Village Board of Trustees	Pembroke Town Board - Local Law	2/14/19
b. City, Town or Village <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Planning Board or Commission	Pembroke Planning Board- Recommendation	12/26/18
c. City Council, Town or <input type="checkbox"/> Yes <input type="checkbox"/> No Village Zoning Board of Appeals		
d. Other local agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Genesee County Planning - Recommendation	1/10/19
f. Regional agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
i. Coastal Resources.		
i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
iii. Is the project site within a Coastal Erosion Hazard Area?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Planning and Zoning

C.1. Planning and zoning actions.	
Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • If Yes, complete sections C, F and G. • If No, proceed to question C.2 and complete all remaining sections and questions in Part 1 	
C.2. Adopted land use plans.	
a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, identify the plan(s):	

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, identify the plan(s):	

e. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
<i>i.</i> Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site <input type="checkbox"/> Historic Building or District	
<i>ii.</i> Name: _____	
<i>iii.</i> Brief description of attributes on which listing is based: _____	
f. 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"/> Yes <input type="checkbox"/> No
g. Have additional archaeological or historic site(s) or resources been identified on the project site?	
If Yes:	
<i>i.</i> Describe possible resource(s): _____	
<i>ii.</i> Basis for identification: _____	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
<i>i.</i> Identify resource: _____	
<i>ii.</i> Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____	
<i>iii.</i> Distance between project and resource: _____ miles.	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
<i>i.</i> Identify the name of the river and its designation: _____	
<i>ii.</i> Is the activity consistent with development restrictions contained in 6NYCRR Part 666?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name _____ Town of Pembroke _____ Date _____ 1/3/19 _____

Signature Thomas Schunk Title Zoning Ordinance Officer