



**GENESEE COUNTY PLANNING BOARD
ZONING REFERRALS NOTICE OF FINAL
ACTION**

GCDP Referral ID **T-01-PEM-1-17**

Review Date **1/12/2017**

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

PEMBROKE, T.

TOWN BOARD

Pembroke Town Board

Zoning Text Amendments

Zoning Text Amendment to amend the permitted uses within the Agricultural (AG), Agricultural-Residential (AG-R), Limited Commercial (LC), and Commercial (C) Districts by defining and allowing Animal Care and Training Facility.

Location
Zoning District

Town of Pembroke

Various Zoning Districts

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed Zoning Text Amendments should pose no significant county-wide or inter-community impact.

Director

January 12, 2017

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
Phone: (585) 815-7901

DEPARTMENT USE ONLY:
GCDP Referral # T-01-PEM-1-17



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

Clear Form

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

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

2. APPLICANT INFORMATION

Name SAME
Address _____
City, State, Zip _____
Phone _____ Email _____

RECEIVED
Genesee County
Dept. of Planning
1/3/2017

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 Town Wide in AG, AG-R, LC, and C-Districts
- 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 Addition of Animal Care & Training Facility as an allowed use with SUP in AG, AG-R, and LC-Districts. Addition of Animal Care & Training Facility as an allowed use in C-District.

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 checked="" 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 Planning Chairman Phone (585) 993-2163
Address, City, State, Zip 1145 Main Road, Corfu, NY, 14036 Email tschneiderpem@gmail.com

Town of Pembroke Zoning Law Text Change January 2017

Add to SECTION 106 DEFINITIONS

Animal Care & Training Facility: Primary or Accessory Use where domestic (for example, dogs and cats) animals are temporarily present for non-medical care (grooming or training programs) such as, but not limited to, dog obedience; companion, seeing-eye, or rescue instruction, agility or competitive skills activities (hunting, retrieving, racing). This definition excludes facilities for the boarding or breeding of animals.

Add to SECTION 401 AGRICULTURAL DISTRICT – AG

B. Uses Requiring Special Use Permit

10. *Animal Care & Training Facility*

Add to SECTION 402 AGRICULTURAL-RESIDENTIAL DISTRICT – AG-R

B. Uses Requiring Special Use Permit

21. *Animal Care & Training Facility*

Add to SECTION 405 LIMITED COMMERCIAL DISTRICT - LC

B. Uses Requiring Special Use Permit

22. *Animal Care & Training Facility*

Add to SECTION 406 COMMERCIAL DISTRICT - C

A. Permitted Uses

11. *Animal Care & Training Facility*

**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: Town of Pembroke Zoning Amendment 1 of 2017		
Project Location (describe, and attach a general location map): Town wide use addition to AG, AG-R, LC, & C districts		
Brief Description of Proposed Action (include purpose or need): Add Animal Care & Training Facility as a use allowed with a SUP in AG, AG-R, & LC-Districts. Add Animal Care & Training Facility as an allowed use in C-District. Definition of use to be added Animal Care & Training Facility: Primary or Accessory Use where domestic (for example, dogs and cats) animals are temporarily present for non-medical care (grooming or training programs) such as, but not limited to, dog obedience; companion, seeing-eye, or rescue instruction, agility or competitive skills activities (hunting, retrieving, racing). This definition excludes facilities for the boarding or breeding of animals.		
Name of Applicant/Sponsor: Town of Pembroke Town Board		Telephone: 585 599-4892
		E-Mail: tschneiderpem@gmail.com
Address: 1145 Main Road		
City/PO: Corfu	State: NY	Zip Code: 14036
Project Contact (if not same as sponsor; give name and title/role): Thomas Schneider - Planning Board Chairman		Telephone: 585 993-2163
		E-Mail: tschneiderpem@gmail.com
Address: Same		
City/PO:	State:	Zip Code:
Property Owner (if not same as sponsor):		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	Town of Pembroke - Town Board	
b. City, Town or Village <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Planning Board or Commission	Town of Pembroke - Planning Board	Recommendation for change made 12/28/16
c. City Council, Town or <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Village Zoning Board of Appeals		
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Genesee County Planning Board	
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
h. Federal agencies <input type="checkbox"/> Yes <input checked="" 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 Thomas Schneider Date 1/2/17

Signature _____ Title Planning Board Chairman