



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

GCDP Referral ID **T-04-PEM-7-16**

Review Date **7/14/2016**

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

PEMBROKE, T.
PLANNING BOARD
Brandon A. Alexander
Special Use Permit
Special Use Permit to convert a portion of a garage into an efficiency apartment.

Location
Zoning District

1660 Indian Falls Rd., Pembroke
Agricultural-Residential (A-R) District

PLANNING BOARD DECISION

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modification is that the applicant obtain documentation from the County Health Department regarding the adequacy of the existing septic system. With this required modification, the proposed efficiency apartment should pose no significant county-wide or inter-community impact.

Director

July 14, 2016

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-04-PEM-7-16

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Department of Planning
7/1/2016

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) Planning Board
Address 1145 Main Road
City, State, Zip Corfu, NY 14036
Phone (585) 599 - 4892 Ext. _____

2. APPLICANT INFORMATION

Name Brandon C. Alexander
Address 1660 Indian Falls Rd.
City, State, Zip Corfu, NY 14036
Phone (716) 703 - 1255 Ext. _____ Email _____

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 type="checkbox"/> Zoning Text Amendments | <input type="checkbox"/> Preliminary |
| <input checked="" 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 1660 Indian Falls Rd., Corfu, NY 14026
B. Nearest intersecting road Allegheny Rd./Rt 77 (nearest through road); Evergreen Dr. (nearest non-through road)
C. Tax Map Parcel Number 12.-1-67
D. Total area of the property 2.8 acre Area of property to be disturbed Less than 1/4 acre
E. Present zoning district(s) Agricultural/Residential

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
Section 402 B 1
C. Please describe the nature of this request Request to convert a portion of garage into an efficiency one bedroom apartment.

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

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Local application | <input type="checkbox"/> Zoning text/map amendments | <input type="checkbox"/> New or updated comprehensive plan |
| <input checked="" type="checkbox"/> Site plan | <input checked="" 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 | |

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

Name Diane M Denton Title Zoning Admin Secretary Phone (585) 762 - 4110 Ext. _____
Address, City, State, Zip 1145 Main Rd., Corfu, NY 14036 Email zoning-clerk@townofpembroke.org

TOWN OF PEMBROKE
1145 MAIN ROAD
CORFU, NEW YORK 14036
585-599-4892

APPLICATION FOR:		<u>ZONING APPEAL</u>
<input checked="" type="checkbox"/>	SPECIAL USE PERMIT	<input type="checkbox"/> LAND SEPARATION
<input type="checkbox"/>	TEMP. SPECIAL USE PERMIT	<input type="checkbox"/> SUB DIVISION
<input type="checkbox"/>	USE VARIANCE	<input type="checkbox"/> ZONE DISTRICT CHANGE
<input type="checkbox"/>	AREA VARIANCE	<input type="checkbox"/> SITE PLAN REVIEW

DATE APPLIED FOR	<u>6/15/16</u>
APPLICATION NUMBER	<u>16-00-16</u>
REFERRED TO PLANNING	<input type="checkbox"/>
REFERRED TO ZBA	<input checked="" type="checkbox"/>
PUBLIC HEARING REQ.	<input checked="" type="checkbox"/>

APPLICANT BRANDON C. Alexander
 ADDRESS 1666 Indian Falls Rd
Corfu, NY 14036
 TELEPHONE # C/o Robert Alexander
585-703-1255

STREET LOCATION # 1660 I.F. Rd.
 TAX MAP PARCEL # 12-1-67
 ZONING DISTRICT Ag R.
 SIZE OF PARCEL 2.8
 CORNER LOT _____

PROPERTY OWNER (IF OTHER THAN ABOVE)
 NAME _____
 ADDRESS _____
 TELEPHONE # _____

SMART GROWTH DEVELOPMENT AREA? _____
 CURRENT SET BACK OF BUILDING
 FRONT 223
 REAR 140
 SIDE 170

PERMIT OR VARIANCE FOR:	IF THIS APPLICATION IS FOR A VARIANCE PLEASE STATE THE SECTION OF THE ORDINANCE UNDER WHICH THE VARIANCE REQUESTED
<input type="checkbox"/> NEW CONSTRUCTION	_____
<input type="checkbox"/> ADDITION	_____
<input type="checkbox"/> SIGN	_____
<input type="checkbox"/> HOME OCCUPATION	DESCRIBE REASON FOR VARIANCE <u>Convert a portion of</u>
<input checked="" type="checkbox"/> OTHER	<u>garage to an efficiency APARTMENT</u>

DOES THIS PROJECT REQUIRE APPROVAL FROM THE FOLLOWING? CHECK THOSE THAT APPLY:

<input type="checkbox"/> GENESEE CO. HEALTH DEPARTMENT	<input type="checkbox"/> TOWN BOARD
<input type="checkbox"/> GENESEE CO. SOIL & WATER	<input type="checkbox"/> Z.B.A.
<input type="checkbox"/> DEPARTMENT OF TRANSPORTATION	<input checked="" type="checkbox"/> PLANNING BOARD
<input checked="" type="checkbox"/> COUNTY PLANNING DEPARTMENT	<input checked="" type="checkbox"/> PUBLIC HEARING
<input type="checkbox"/> D.E.C.	

DESCRIPTION OF PROPOSED PROJECT OR REASON FOR PERMIT REQUEST

Convert a portion of garage to a one bedroom apartment for wife & myself

- INSTRUCTIONS FOR COMPLETING THIS APPLICATION:
1. INCLUDE SITE SKETCH PLAN, PREFERABLY A LAND SURVEY WITH CURRENT AND PROPOSED SET BACKS.
 2. IF APPLICANT IS NOT THE OWNER OF THE LAND ON WHICH THE PROPOSED PROJECT IS LOCATED, THEY ARE THEN REQUIRED TO OBTAIN WRITTEN PERMISSION FROM THE LAND OWNER FOR THE PROJECT.
 3. A SEQR FORM (EAF) MUST BE INCLUDED WITH THE APPLICATION.
 4. APPLICANT OR REPRESENTATIVE SHOULD ATTEND PLANNING BOARD AND/OR ZBA MEETING.

NOTE: IF THE REQUEST IS FOR A USE OR AREA VARIANCE, THE PLANNING BOARD'S ONLY ACTION WILL BE TO MAKE A RECOMMENDATION TO THE ZONING BOARD OF APPEALS FOR APPROVAL OR DISAPPROVAL.

APPLICANT SIGNATURE Brandon C. Alexander DATE 6/15/16

617.20
Appendix B
Short Environmental Assessment Form

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			
Use Vertical Special Use Permit			
Name of Action or Project: <u>1660 Indian Falls Rd.</u>			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: <u>I wish to convert a portion of my 40' x 90' garage into a efficiency apartment for my parents I am in the United States marine Corps having served 8 deployments in U.S. 5 tours in IRAQ and 3 in Afghanistan, over 7 1/2 in Battle in Special operations. I plan on returning to our homestead at 1660 Indian Falls Rd.</u>			
Name of Applicant or Sponsor: <u>Brandon Alexander</u>		Telephone:	
		E-Mail:	
Address: <u>1660 Indian Falls Rd</u>			
City/PO: <u>Cortu NY</u>		State:	Zip Code: <u>14036</u>
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 type="checkbox"/> YES <input checked="" type="checkbox"/>
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:			NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		<u>2.8</u> acres	
b. Total acreage to be physically disturbed?		<u>less 1/4</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>16</u> acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Consistent with the adopted comprehensive plan?	<input 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 checked="" 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: _____			NO	YES
			<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 service(s) available at or near the site of the proposed action?			<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?			<input checked="" type="checkbox"/>	<input 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: _____			NO	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____			NO	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____			NO	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?			NO	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Is the proposed action located in an archeological sensitive area?			<input checked="" type="checkbox"/>	<input 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? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____			<input type="checkbox"/>	<input type="checkbox"/>
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban				
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?			NO	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?			NO	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			NO	YES
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Brandon C Alexander</u>		Date: <u>June 15, 2016</u>
Signature: <u>Brandon C. Alexander</u>		

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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

Town of Pembroke
Agricultural Data Statement

Application # 16-06-01

Date

INSTRUCTIONS: This Form must be completed for any application for a Special Use Permit, Site Plan Approval, Use Variance or a Subdivision Approval, requiring municipal review, that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag. & Markets Certified Agricultural District.

Brandon Alexander
Applicant Name
1660 Indian Falls Rd
Address
Corfu N.Y. 14036

Owner if Different than Applicant

Address

1. Type of Application: Special Use Permit Site Plan Approval
Use Variance: Subdivision Approval
2. Description of proposed project: convert a portion of garage to a one bedroom efficiency apartment
3. Location of project: 1660 I.F. Rd Tax Map # 12-1-67
4. Is this project within an Agricultural District? No Yes
5. If yes, Agricultural District Number 2
6. Is this property actively farmed? No Yes
7. List all farm operations within 500 feet of your property, (Attach additional sheets if necessary)

N/A
Applicant Name

Address

N/A
Applicant Name

Address

N/A
Applicant Name

Address

N/A
Applicant Name

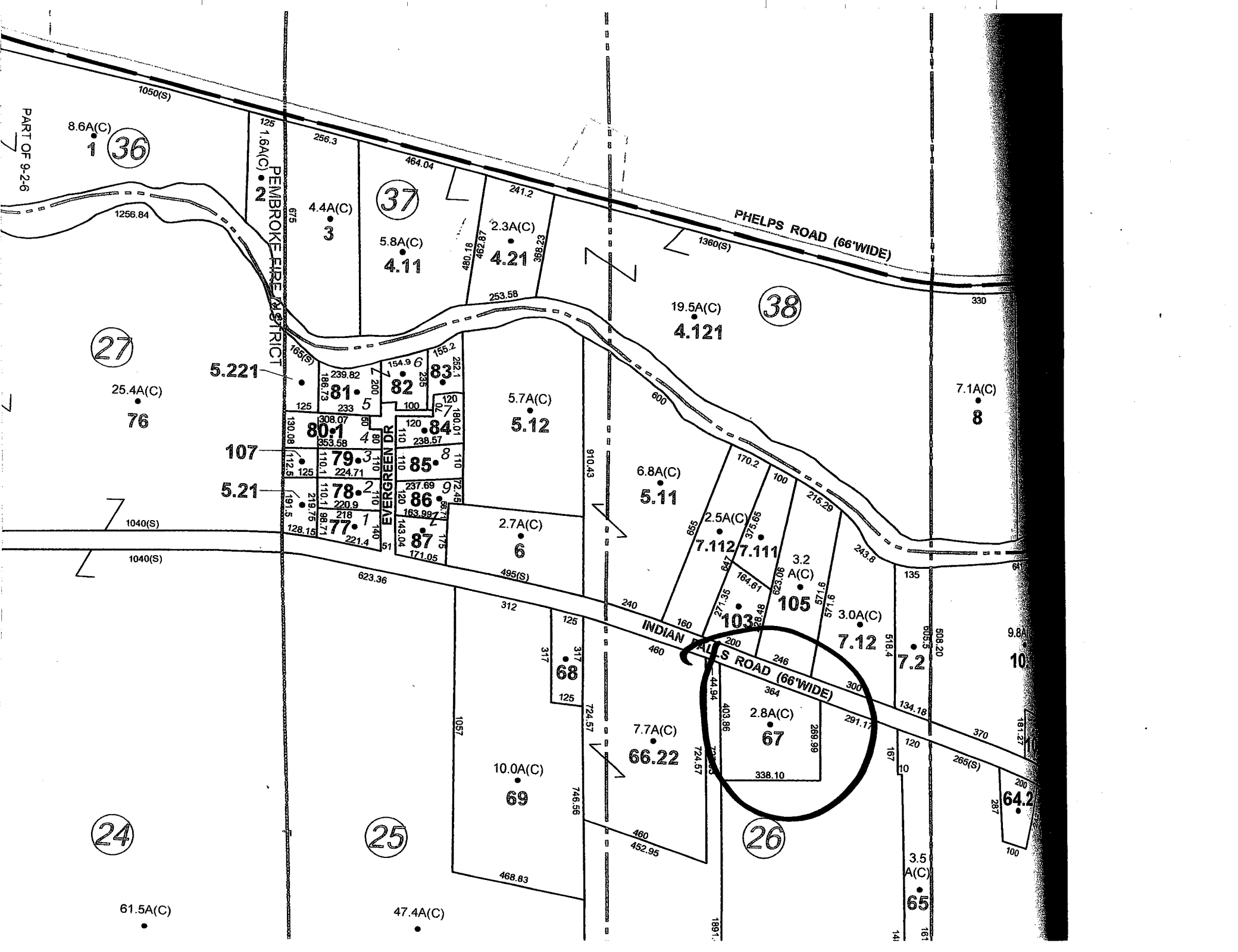
Address

X Brandon Alexander
Signature of Applicant

Signature of Owner (if other than Applicant)

Reviewed by Cheryl R. D. ZEO Date 6/15/16
Signature of Municipal Official

Note to referral Agency: County review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.



PART OF 9-2-6

8.6A(C)
i 36

1050(S)

125
16A(C)
2
PEMBROKE FIRE DISTRICT

256.3

37

4.4A(C)
3

5.8A(C)
4.11

241.2

2.3A(C)
4.21

PHELPS ROAD (66' WIDE)

19.5A(C)
4.121

38

27

25.4A(C)
76

5.221

81
82
83
84

5.7A(C)
5.12

107

80
79
85
86
87

6.8A(C)
5.11

5.21

78
77

2.7A(C)
6

2.5A(C)
7.112
7.111

1040(S)

1040(S)

623.36

INDIAN FALLS ROAD (66' WIDE)

103
105

3.2
A(C)
105
7.12

312

68

7.7A(C)
66.22

26

2.8A(C)
67

24

61.5A(C)

25

47.4A(C)

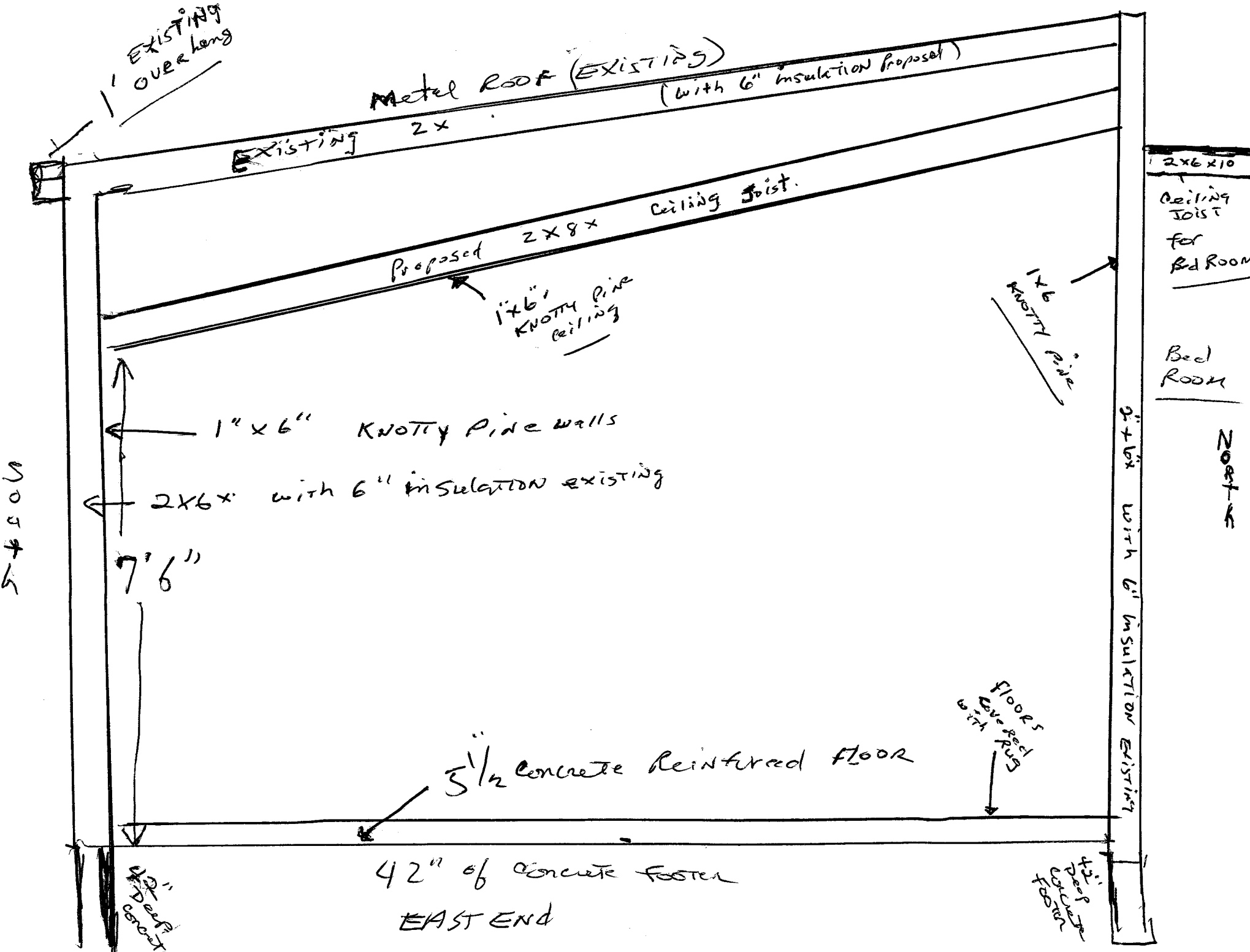
10.0A(C)
69

3.5
A(C)
65

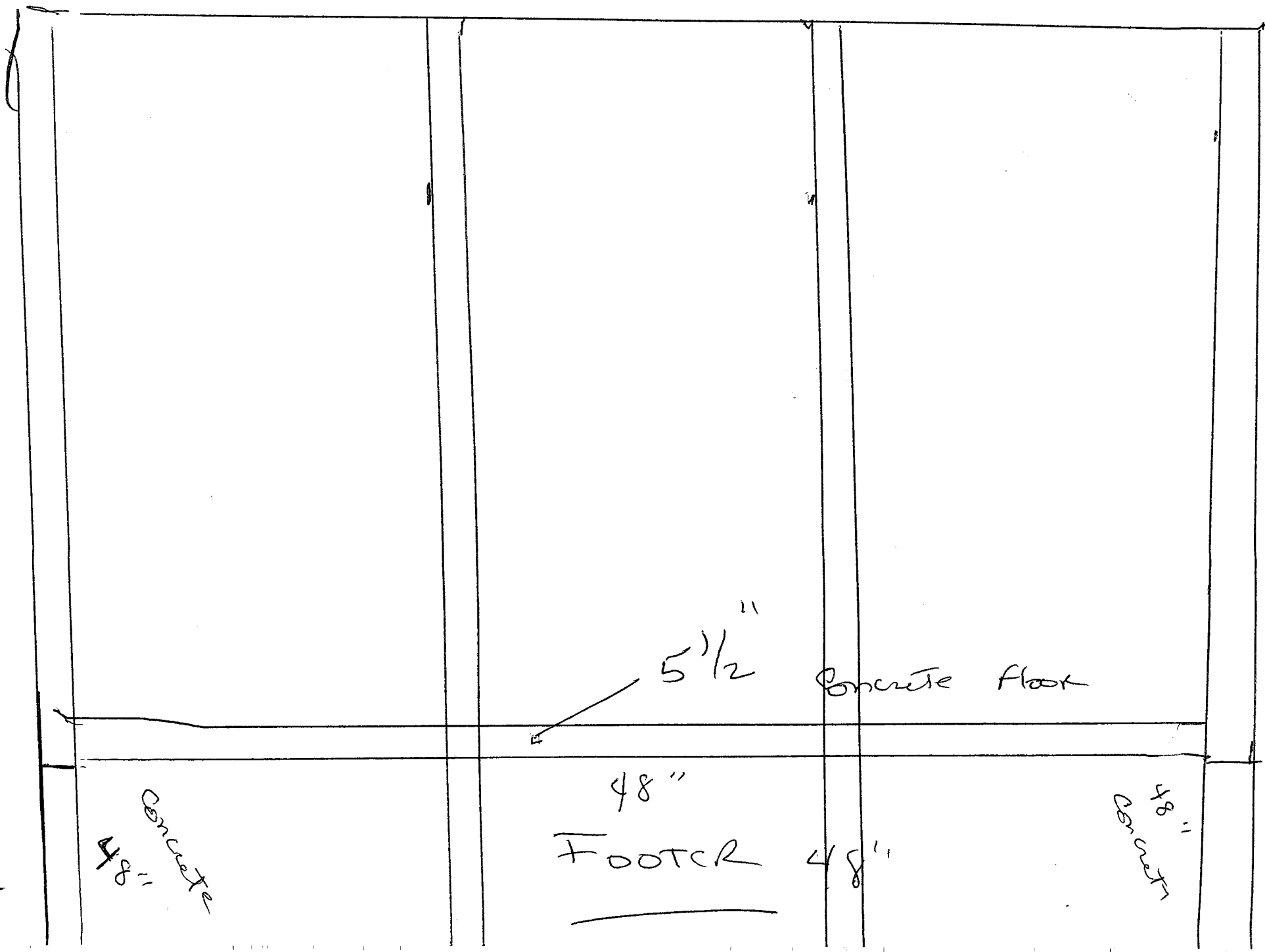
64.2

468.83

141
161



South Wall



14 July 2016

To: Genesee County Planning Board
From: GySgt Brandon C. Alexander
Subject: Request to receive the authority to convert an existing structure into an efficiency apartment for family use.

Dear members of the Genesee County planning board,

I respectfully request approval of a variance to convert the back half of my existing garage into an efficiency apartment for family use at my property located at 1660 Indian falls Rd. Corfu NY. I am currently serving in the United States Marine Corps and deployed eight times, five to Iraq and three to Afghanistan. Upon completion of my time on active duty I will be returning to the property. This property has been in my family's ownership since 1975 and I desire it to remain for generations to come. Additionally the property has served and will continue to serve as land where the family can reside in close accord to support new and older generations until they pass. This has been our plan since we purchased the property over 40 years ago. My grandmothers were cared for there until they passed.

Due to my parent's current physical ailments and fiscal constraints it is not possible for them to purchase another property. My father is a Vietnam Veteran who is currently recovering from Cancer, and is disabled. My Mother has degenerative discs in here spine and severe throat problems as well as had her thyroid removed. These conditions limit their ability to maintain a house or property. Because of this situation I humbly request that I am allowed to convert the back half of my 8 bay garage into an efficiency apartment.

Respectfully,
Brandon C Alexander
GySgt USMC
1660 Indian Falls Rd.
Corfu, NY. 14036
585-703-1255

T-04-PEM-7-16



04/20/2016

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