



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

GCDP Referral ID **T-09-PEM-9-16**

Review Date **9/8/2016**

Municipality
Board Name
Applicant's Name

PEMBROKE, T.

PLANNING BOARD

Zachary Landis

Referral Type
Variance(s)
Description:

Special Use Permit

Special Use Permit to operate a home occupation (clothing sales) in 408 sq. ft. of an existing single-family home's garage.

Location
Zoning District

602 Cohocton Rd., Pembroke

Agricultural-Residential (A-R) District

PLANNING BOARD DECISION

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modification is that any signage propose shall be no larger than 4 sq. ft. per the Town's Zoning Law. With this required modification, the proposed home occupation should pose no significant county-wide or inter-community impact.

Director

September 8, 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-09-PEM-9-16

RECEIVED
Genesee County
Dept. of Planning
8/26/2016



*** 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

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

2. APPLICANT INFORMATION

Name Zachary Landis
Address 602 Cohocton Rd.
City, State, Zip Corfu, NY 14036
Phone (716) 984-5757 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 | <input type="checkbox"/> 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 checked="" type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: _____ | |

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

- A. Full Address 602 Cohocton Rd.
- B. Nearest intersecting road Lake Rd.
- C. Tax Map Parcel Number 22.-1-16.112
- D. Total area of the property 7.1 acres Area of property to be disturbed _____
- 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 708 B. 1. and 2. Section 402 B. 2 Section 511
- C. Please describe the nature of this request To use 408 sq. ft of garage as office space and to sell clothing for a Home Occupation business

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 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 Road, Corfu, NY 14036 Email Zoning-Clerk@townofpembroke.org

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

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

DATE APPLIED FOR	<u>8/22/16</u>
APPLICATION NUMBER	<u>16-08-09</u>
REFERRED TO PLANNING	<input checked="" type="checkbox"/>
REFERRED TO ZBA	_____
PUBLIC HEARING REQ.	<input checked="" type="checkbox"/>

APPLICANT <u>ZACHARY LANDIS</u>	STREET LOCATION # <u>602 Cohocton Rd</u>
ADDRESS <u>602 COHOCTON RD</u>	TAX MAP PARCEL # <u>22-1-16-112</u>
<u>CORFU NY 14036</u>	ZONING DISTRICT <u>Ag Rd.</u>
TELEPHONE # <u>(716) 984-5757</u>	SIZE OF PARCEL <u>7 acres</u>
	CORNER LOT <u>NO</u>
PROPERTY OWNER (IF OTHER THAN ABOVE)	SMART GROWTH DEVELOPMENT AREA? <u>Y / N</u>
NAME _____	CURRENT SET BACK OF BUILDING
ADDRESS _____	FRONT _____
	REAR _____
TELEPHONE # _____	SIDE _____

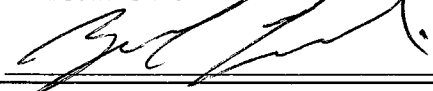
PERMIT OR VARIANCE FOR:	IF THIS APPLICATION IS FOR A VARIANCE PLEASE STATE THE SECTION OF THE ORDINANCE UNDER WHICH THE VARIANCE REQUESTED
_____ NEW CONSTRUCTION	_____
_____ ADDITION	_____
_____ SIGN	_____
<input checked="" type="checkbox"/> HOME OCCUPATION	DESCRIBE REASON FOR VARIANCE <u>We will be operating a home based business that sells online or with 10-20 hours per month in home sales.</u>
_____ OTHER	_____

DOES THIS PROJECT REQUIRE APPROVAL FROM THE FOLLOWING? CHECK THOSE THAT APPLY:	
_____ GENESEE CO. HEALTH DEPARTMENT	_____ TOWN BOARD
_____ GENESEE CO. SOIL & WATER	_____ Z.B.A.
_____ DEPARTMENT OF TRANSPORTATION	<input checked="" type="checkbox"/> PLANNING BOARD
<input checked="" type="checkbox"/> COUNTY PLANNING DEPARTMENT	_____ PUBLIC HEARING
_____ D.E.C.	

DESCRIPTION OF PROPOSED PROJECT OR REASON FOR PERMIT REQUEST
<u>We will use the 408 sq ft of our garage as office space and to sell clothing for our home business</u>

- 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 <u></u>	DATE <u>8/24/16</u>
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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			
Name of Action or Project: <i>Home based business</i>			
Project Location (describe, and attach a location map): <i>In the office of our house.</i>			
Brief Description of Proposed Action: <i>Use the garage in our house as an office for a home based business</i>			
Name of Applicant or Sponsor: <i>Zachary Landis</i>		Telephone: <i>716 984 5757</i>	
		E-Mail: <i>ZLANDIS@GMAIL.COM</i>	
Address: <i>602 CONOCTON RD</i>			
City/PO: <i>CORFU</i>		State: <i>NY</i>	Zip Code: <i>14036</i>
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 governmental Agency? If Yes, list agency(s) name and permit or approval:		NO <input type="checkbox"/>	YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		<u><i>7.1</i></u> acres	
b. Total acreage to be physically disturbed?		<u><i>0</i></u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u><i>7.1</i></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 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 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 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"/>	
	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<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? 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: _____	NO	YES	
	<input checked="" 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 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 type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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>Zachary LANDIS</u>	Date: <u>8/21/16</u>	
Signature: <u>[Signature]</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 # _____

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.

<u>Zachary Landis</u> Applicant Name
<u>602 Conocton Rd</u> Address <u>Corfu NY 14036</u>

_____ 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: Use garage as a home office for a home based business

3. Location of project: 602 Conocton Rd Tax Map # 22-1-16.112

4. Is this project within an Agricultural District? No Yes
5. If yes, Agricultural District Number _____
6. Is this property actively farmed? No Yes
7. List all farm operations within 500 feet of your property, (Attach additional sheets if necessary)

_____ Applicant Name
_____ Address

_____ Applicant Name
_____ Address

_____ Applicant Name
_____ Address

_____ Applicant Name
_____ Address

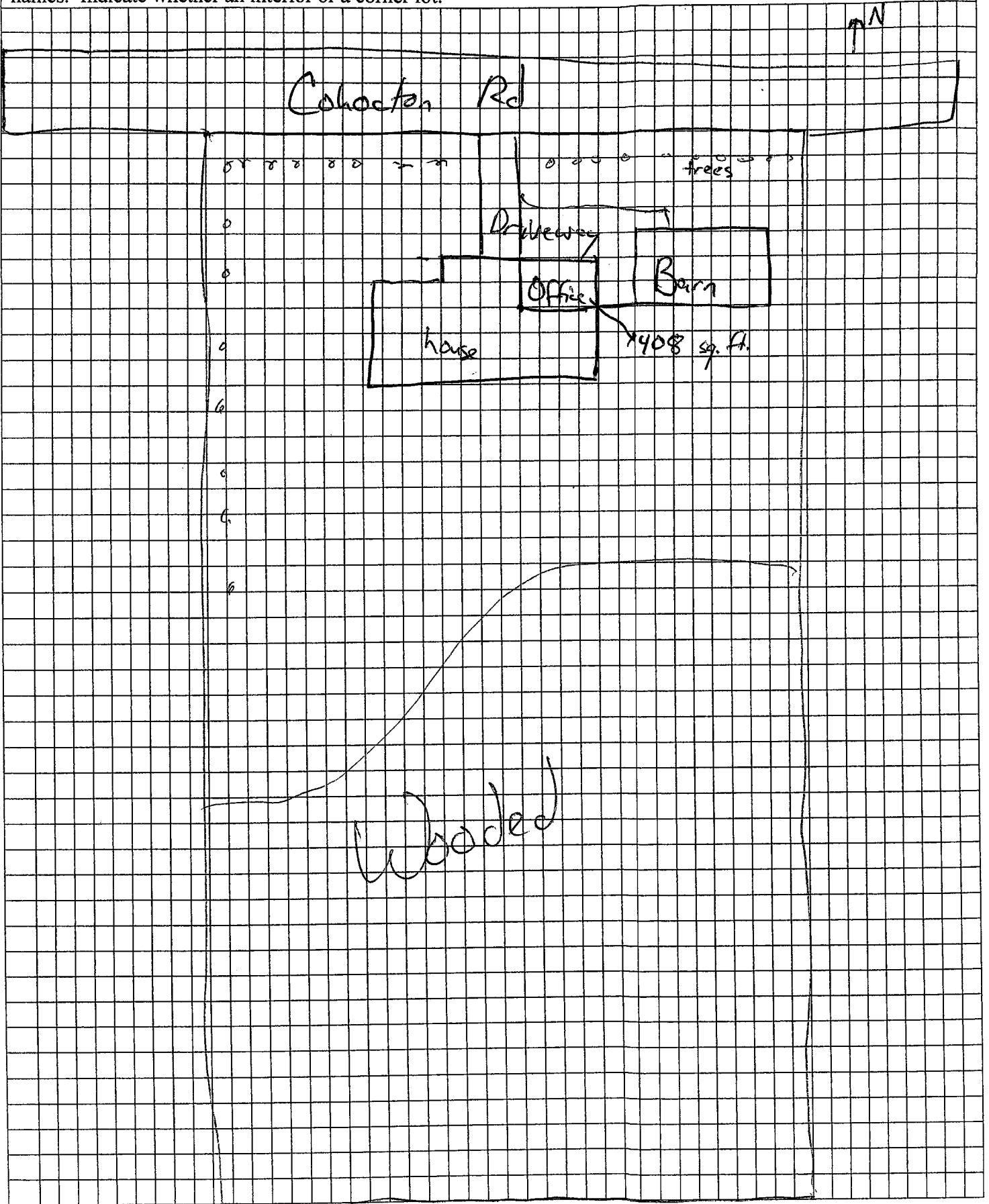
Signature of Applicant *Zachary Landis*
 Reviewed by *Charles R...*
 Signature of Municipal Official

Signature of Owner (if other than Applicant) _____
 Date 8/22/16

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.

Plot Diagram

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all yard dimensions from property lines. Give indentifying information or deed description, show street names and adjacent property owner names. Indicate whether an interior or a corner lot.



T-09-PEM-9-16



04/27/2016

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