



# GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-01-BYR-01-23**  
Review Date **1/12/2023**

Municipality	<b>BYRON, T.</b>
Board Name	<b>TOWN BOARD</b>
Applicant's Name	<b>Byron Town Board</b>
Referral Type	<b>Zoning Text Amendments</b>
Variance(s)	
Description:	<b>Zoning Text Amendment to remove a provision affecting retail uses in the C-1 Neighborhood Commercial District.</b>
Location	<b>Byron Neighborhood Commercial (C-1) District</b>
Zoning District	<b>Neighborhood Commercial (C-1) District</b>

**PLANNING BOARD RECOMMENDS:**  
**APPROVAL WITH MODIFICATION(S)**

**EXPLANATION:**  
The required modification is that the text proposed be amended to read "including but not limited to the following:" The word "not" was omitted. With this required modification, the proposed Zoning Text Amendments should pose no significant county-wide or inter-community impact.

Director

January 12, 2023

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-Byr-01-23

RECEIVED  
DEC 30 2022

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)

<b>1. REFERRING BOARD(S) INFORMATION</b>	<b>2. APPLICANT INFORMATION</b>
Board(s) <u>Byron Town Board</u>	Name <u>SAME</u>
Address <u>7082 Byron-holley Road</u>	Address _____
City, State, Zip <u>Byron , NY 14422</u>	City, State, Zip _____
Phone <u>(585) 548 -7123</u> Ext. _____	Phone ( ) - Ext. _____ Email _____

MUNICIPALITY:  City  Town  Village of Byron

**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 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 NA

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 Local Law ammending Article IX Section 9.05 of Byron Zoning Law [ Neighborhood Commercial District ] to eliminate the parking restriction to 4 vehicles

**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 type="checkbox"/> SEQR forms	<input type="checkbox"/> Agricultural data statement	

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

Name Paul S. Boylan Title Town Attorney Phone (585) 768 -8148 Ext. \_\_\_\_\_

Address, City, State, Zip P. O. Box 307 45 W Main St le Roy NY 14482 Email pboylan@boylanlawoffice.com

**PROPOSED LOCAL LAW NO. 1 OF 2023 AMENDING ARTICLE IX DISTRICT REGULATIONS SECTION 9.05 OF THE TOWN OF BYRON ZONING LAW REGARDING C-1 NEIGHBORHOOD COMMERCIAL DISTRICT:**

**Title: Proposed Local Law No. 1 of 2023 Amending Article IX District Regulations Section 9.05 of the Town of Byron Zoning Law Regarding C-1 Neighborhood Commercial District**

**ARTICLE IX DISTRICT REGULATIONS**

**Section 9.05 C-1 Neighborhood Commercial District**

(a) Intent.

(i) The purpose in creating the Neighborhood Commercial –I (C-1) District is to provide locations

where establishment may be appropriately located to serve frequent commercial and personal service needs of residents within convenient traveling distance. Other business uses which, in the opinion of the Planning Board, are similar in nature and scale to those permitted below.

(b) Permitted Principle Uses in a C-1 District.

(i) Retail business establishments which are clearly of a community service characteristic ~~that would not exceed six patrons or four vehicle~~ including but to limited to the following:

A **motion** was made by Councilman Felton to hold a Public Hearing on the Proposed Local Law No. 1 of 2023 to Amend Section 9.05 of the Town of Byron Zoning Law regarding C-1 Neighborhood Commercial District on January 11, 2023 at 7:00 p.m. at the Byron Town Hall. The motion was seconded by Councilman Zuber and carried with the following vote:

Vote:           Ayes: 4           Nays: 0

BOYLAN LAW OFFICE, LLP

ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 307, 45 WEST MAIN STREET  
LE ROY, NEW YORK 14482-0307  
(585) 768-8148 FAX (585) 768-7738

PAUL S. BOYLAN  
MARK S. BOYLAN

PAUL A. BOYLAN  
(1902-1997)  
LAURENCE W. BOYLAN  
(RETIRED)

December 21, 2022

Genesee County Department of Planning  
3837 West Main Street Road  
Batavia, NY 14020-9404

**Re: Town of Byron Referral**

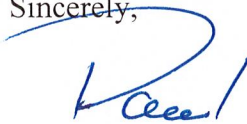
Dear Sir or Madam:



Enclosed herewith please find a Referral to the Genesee County Planning Board by the Town Board of the Town of Byron regarding an amendment to the Town of Byron Zoning Law.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Paul S. Boylan

PSB/bk  
Enclosures

## Short Environmental Assessment Form

### Part 1 - Project Information

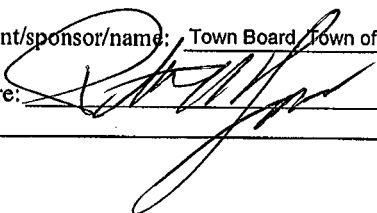
#### Instructions for Completing

**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.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project: AMENDMENT TO TOWN OF BYRON ZONING LAW			
Project Location (describe, and attach a location map): TOWN OF BYRON, GENESEE COUNTY, NY			
Brief Description of Proposed Action: ADOPTION OF LOCAL LAW TO AMEND TOWN OF BYRON ZONING LAW ARTICLE IX, SECTION 9.05(b) TO ELIMINATE THE LIMITATION OF SIX (6) PATRONS OR FOUR (4) VEHICLES.			
Name of Applicant or Sponsor: TOWN BOARD OF THE TOWN OF BYRON		Telephone: 585-548-7123	
Address: 7028 SOUTH BYRON		E-Mail: townclerk@byronny.com	
City/PO: BYRON		State: NY	Zip Code: 14422
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 government 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? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or 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?	NO	YES	N/A
	<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 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 type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input 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 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 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 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?	NO	YES	
	<input 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 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: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	

<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>		
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 type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input 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 type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
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:	NO	YES
_____	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
_____		
<p><b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor/name: <u>Town Board, Town of Byron</u>      Date: <u>January</u>, 2023</p> <p>Signature:       Title: <u>Supervisor</u></p>		