



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-01-PEM-07-24

Review Date

7/11/2024

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

PEMBROKE, T.
PLANNING BOARD
Audrey Neyman
Special Use Permit
Special Use Permit and Site Plan Review to authorize automotive inspections and light duty automotive repair primarily operated within a detached garage of an existing single family home.

Location
Zoning District

1780 Main Rd. (NYS Rt. 5), Pembroke
Agricultural-Residential (AG-R) District

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

EXPLANATION:

The required modifications are that 1) the applicant must combine both parcels to comply with zoning requirements including the frontage and sideyard setback, and; 2) the applicant provide an updated plan that clearly indicates where all vehicle and equipment storage areas associated with the repair shop occur and any proposed screening, and; 3) that the applicant shall establish operating hours in a manner suitable to the Town Planning Board to limit excessive noise from disturbing abutters. With these required modifications, the proposed use should pose no significant county-wide or inter-community impact. It is recommended that 1) the applicant provide dense landscaping or fencing to help screen any outdoor equipment and parking areas resulting from the new use, and 2) that the applicant ensure the Environmental Assessment Form (EAF) is completed including all checkbox fields.

Senior Planner

July 11, 2024

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) , ☎!+ \$%

Clear Form

DEPARTMENT USE ONLY:

GCDP Referral # T-01-PEM-07-24



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
6/12/2024

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 Planning Board
Address 1145 Main Rd
City, State, Zip Corfu NY 14036
Phone (585) 599 - 1209 Ext. _____

2. APPLICANT INFORMATION

Name Audrey Neyman
Address 1780 Main Rd
City, State, Zip Corfu, New York 14036
Phone (716) 474 - 2902 Ext. _____ Email audreyneyman@gmail.com

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 checked="" type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: _____ | |

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

- A. Full Address 1780 Main Rd. Corfu ,NY 14036
- B. Nearest intersecting road Rt 5 and Boyce Rd.
- C. Tax Map Parcel Number 20.-1-15 and 20.-1-16.1 (updated by County Planning Dept.)
- D. Total area of the property 1.19 Acres Area of property to be disturbed 0
- E. Present zoning district(s) AG-Res

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 C3
- C. Please describe the nature of this request Automotive Inspections and light duty automotive repair.

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 type="checkbox"/> Agricultural data statement | |

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

Name James Wolbert Title CEO / ZEO Phone (585) 599 - 1209 Ext. _____
Address, City, State, Zip 1145 Main Rd. Corfu, NY 14036 Email zoning-codes@townofpembroke.org

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

APPLICATION FOR:	<input checked="" type="checkbox"/> ZONING APPEAL
<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 checked="" type="checkbox"/> SITE PLAN REVIEW

DATE APPLIED FOR	6-11-24
APPLICATION NUMBER	154
REFERRED TO PLANNING	7-24-24
REFERRED TO ZBA	
PUBLIC HEARING REQ.	YES

APPLICANT <u>ANDREY NEYMAN</u> ADDRESS <u>1780 MAIN RD</u> <u>CORFU, NY 14036</u> TELEPHONE # <u>(716) 474-2902</u> <u>andreyneyman@gmail.com</u>	STREET LOCATION # <u>1780 MAIN RD</u> TAX MAP PARCEL # <u>20-1-15</u> ZONING DISTRICT <u>AGR</u> SIZE OF PARCEL <u>1.19</u> ACRES CORNER LOT <u>NW</u>
PROPERTY OWNER (IF OTHER THAN ABOVE) NAME _____ ADDRESS _____ TELEPHONE # _____	CURRENT SET BACK OF BUILDING FRONT _____ REAR _____ SIDE _____

PERMIT OR VARIANCE FOR: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> SIGN <input type="checkbox"/> HOME OCCUPATION <input type="checkbox"/> OTHER	IF THIS APPLICATION IS FOR A VARIANCE PLEASE STATE THE SECTION OF THE ORDINANCE UNDER WHICH THE VARIANCE REQUESTED _____ DESCRIBE REASON FOR VARIANCE _____ _____ _____
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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 Automotive Inspection
and light duty automotive repair.

- 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 Andrey Neyman DATE 6/10/2024

\$ 150
 BA - 100
 CF - 50

SPECIAL USE PERMIT

THE PEMBROKE PLANNING BOARD AT A MEETING HELD ON _____ HAS HEREBY
(APPROVED) (DISAPPROVED) APPLICATION # _____ FOR A SPECIAL USE PERMIT TO
CONDUCT A _____ ON PROPERTY IDENTIFIED AS
TAX MAP # _____

THE FOLLOWING RESTRICTIONS HAVE BEEN IMPOSED AS A CONDITION OF APPROVAL

DATED _____ CHAIRMAN OF THE PLANNING BOARD _____
ZONING OFFICER _____

The applicant agrees to the Special Conditions imposed with approval _____
Signature

Dated _____

LAND SEPARATION PERMIT

THE PEMBROKE PLANNING BOARD AT A MEETING HELD ON _____ HAS HEREBY
(APPROVED) (DISAPPROVED) APPLICATION # _____ FOR A LAND SEPARATION FROM
PROPERTY IDENTIFIED AS TAX MAP # _____

**PLEASE NOTE: THIS PERMIT WILL NOT BE ISSUED UNTIL A SURVEY FOR THE NEWLY CREATED PARCEL IS
SUBMITTED TO THE TOWN CLERK.**

DATED _____ CHAIRMAN OF THE PLANNING BOARD _____

MYLAR RECEIVED (Date) _____ LETTER SENT TO APPLICANT FOR FILING WITH COUNTY (Date) _____
FILED WITH COUNTY (Date) _____

VARIANCE

ZONING BOARD OF APPEALS ONLY

THE PEMBROKE BOARD OF APPEALS AT A MEETING HELD ON _____ HAS HEREBY
(APPROVED) (DISAPPROVED) APPLICATION # _____ FOR (AN AREA) OR (A USE)
VARIANCE ON PROPERTY IDENTIFIED AS TAX MAP # _____
FOR THE FOLLOWING PURPOSE

THE FOLLOWING RESTRICTIONS HAVE BEEN IMPOSED AS A CONDITION OF APPROVAL

DATED _____ CHAIRMAN ZONING BOARD OF APPEALS _____

The applicant agrees to the Special Conditions imposed with approval _____
Signature

Dated _____

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.

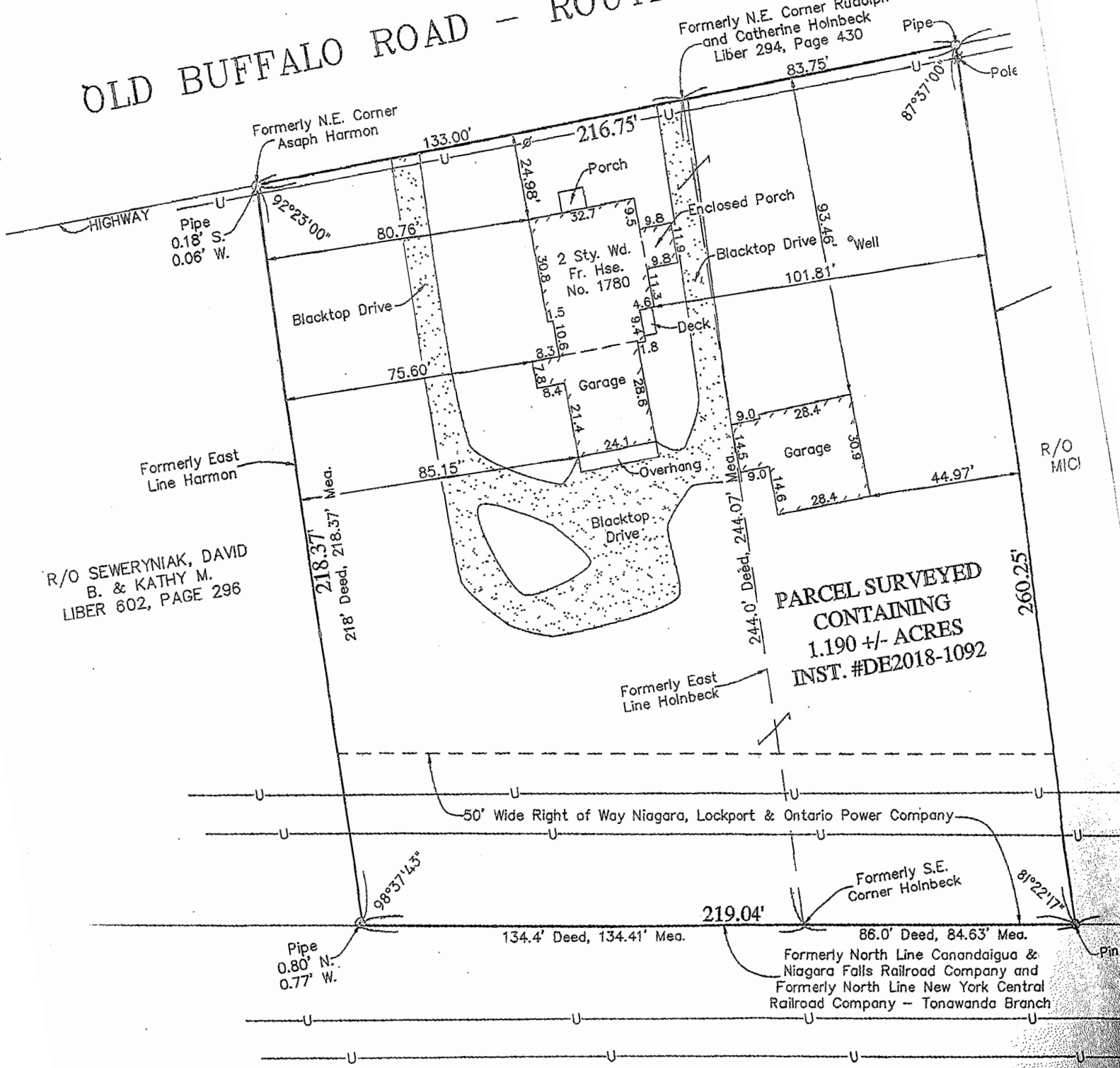
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
SUP NEYMAN Automotive inspection and repair			
Name of Action or Project: Special Use Permit and Site Plan Review			
Project Location (describe, and attach a location map): 1780 Main Rd			
Brief Description of Proposed Action: to obtain a SUP to do Automotive Inspections and light duty repairs			
Name of Applicant or Sponsor: Audrey Neyman		Telephone: 716-474-2902	
		E-Mail: Audreyneyman@gmail.com	
Address: 1780 Main Rd			
City/PO: Corfu		State: New York	Zip Code: 14036
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 government Agency? If Yes, list agency(s) name and permit or approval: Special Use Permit from the Pembroke Town Planning Board		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 1.19 acres			
b. Total acreage to be physically disturbed? _____ 0 acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 1.19 acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" 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 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 services available at or near the site of the proposed action?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. c. Are any pedestrian accommodations or bicycle routes available on or near the 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 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 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 checked="" 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?			
	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	
	<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 checked="" 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 plan?	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,	NO	YES
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
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 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 CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Audrey Neyman</u> Date: <u>6-11-2024</u>		
Signature: <u><i>Audrey Neyman</i></u> Title: <u>owner</u>		

OLD BUFFALO ROAD - ROUTE 5 (MAIN STREET)

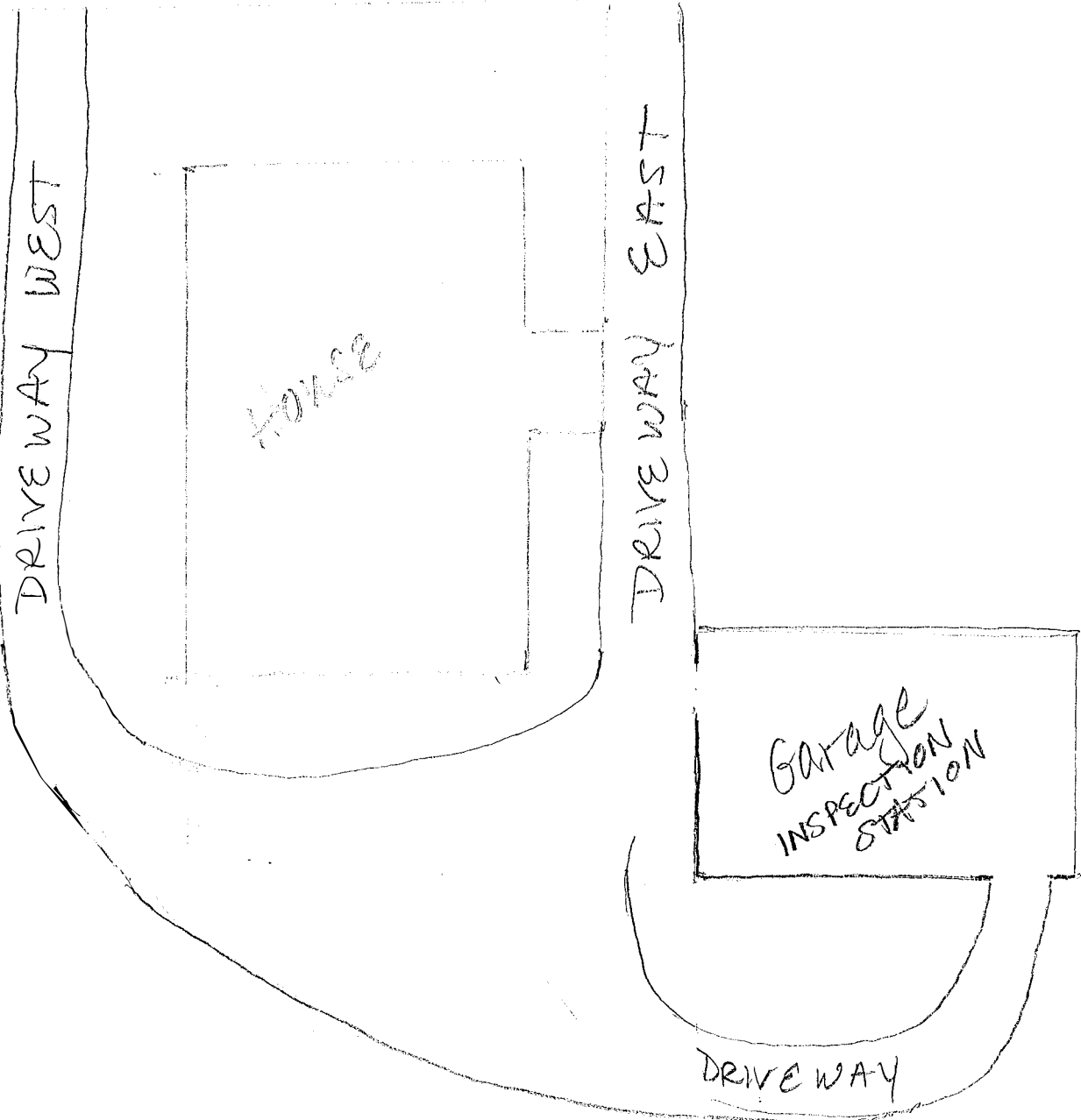


R/O SEWERYNIAK, DAVID
B. & KATHY M.
LIBER 802, PAGE 296

**PARCEL SURVEYED
CONTAINING
1.190 +/- ACRES
INST. #DE2018-1092**

OLD BUFFALO ROAD

ROUTE 5



T-01-PEM-07-24

