

## GENESEE COUNTY PLANNING BOARD REFERRALS

HOLLAND LAND OFFICE	NOTICE OF FINAL ACTION					
1802	GCDP Referral ID Review Date	T-01-STAF-02-23 2/9/2023				
Municipalitv Board Name Applicant's Name	STAFFORD, T. PLANNING BOARD Patrick & Crystal Acomb					
Referral Tvoe Variance(s)	Site Plan Review					
Description:	Site Plan Review to opera	te a retail farm store.				
Location	Location 6671 Main Rd. (NYS Rt. 5), Stafford					
Zoning District Agricultural-Residential (A-R) District						

PLANNING BOARD RECOMMENDS:

APPROVAL WITH MODIFICATION(S)

#### **EXPLANATION:**

The required modification is that the applicant obtains any required permit from NYS DOT for the driveway due to the change in use. With this required modification, the proposed farm store should pose no significant county-wide or inter-community impact. It is recommended that the applicant submits the attached application for 9-1-1 Address Verification to the Genesee County Sheriff's Office to ensure that an address is assigned to the store that meets Enhanced 9-1-1 standards.

February 9, 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

Batavia, NY 14020-9404 Phone: (585), %!+\$%



GCDP Referral # T-01-STAF-02-23



# \* GENESEE COUNTY \* PLANNING BOARD REFERRAL

RECEIVED Genesee County Dept. of Planning 1/26/2023

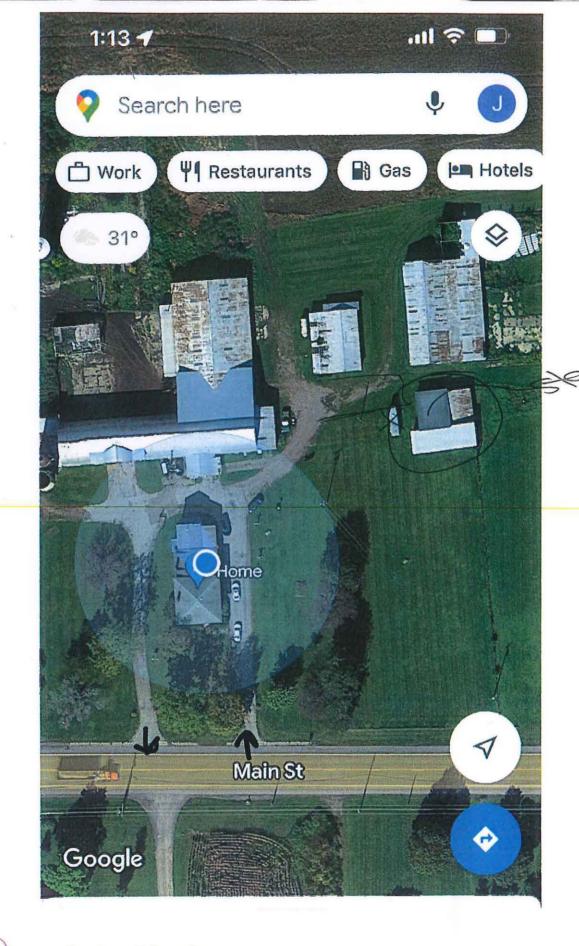
Required According to:

GENERAL MUNICIPAL LAW ARTICLE 12B, SECTION 239 L, M, N (Please answer ALL questions as fully as possible)

(Flea	se answer ALL questions as fully as possible)
1. REFERRING BOARD(S) INFORMATION	2. Applicant Information
Board(s) Stafford Planning Board	Name Patrick & Crystal Acomb
Address 8903 Route 237	Address 6671 East Main Road
City, State, Zip Stafford, NY 14143	City, State, Zip Stafford, NY 14143
Phone (585) 344 - 1554 Ext.	Phone (585) 478 - 6326 Ext. Email
MUNICIPALITY: City Town	Village of Stafford
3. TYPE OF REFERRAL: (Check all applicable	items)
Use Variance Special Use Permit	Zoning Map Change  Zoning Text Amendments  Comprehensive Plan/Update  Other:  Subdivision Proposal  Preliminary  Final
4. LOCATION OF THE REAL PROPERTY I	Pertaining to this Referral:
A. Full Address 6671 East Main Road,	Stafford, NY 14143
B. Nearest intersecting road Buckley Ro	ad
C. Tax Map Parcel Number 101-17.1	
D. Total area of the property 55.8 acres	Area of property to be disturbed 0.0
E. Present zoning district(s) Ag-Res	
■ NO YES If yes, give date an	ved by the Genesee County Planning Board?  d action taken  efer to the following section(s) of the present zoning ordinance and/or law
	. Cita plan approval for retail store on promises calling heaf products grown
•	st Site plan approval for retail store on-premises, selling beef products grown products from Western/Central NY as allowed under NYS Ag & Markets Law
on site and other sundry agricultural	products from western/central NT as allowed under NTS Ag & Markets Lav
<b>6. ENCLOSURES</b> – Please enclose copy(s) of a	all appropriate items in regard to this referral
■ Local application □ ■ Site plan □ Subdivision plot plans □	Zoning text/map amendments Location map or tax maps Elevation drawings Agricultural data statement  New or updated comprehensive plan Photos Other:
7. <u>CONTACT INFORMATION</u> of the person r	epresenting the community in filling out this form (required information)
Name William VanAlst	Title Chairman, Planning Board Phone (585) 233 -6006 Ext.
Address, City, State, Zip 9107 Roanoke Ro	ad, Stafford, NY 141143 Email wvanalst@rochester.rr.com

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	APPLICATION FOR ZONING	- PULL DING [ DEDNIT]	APPLICA	TION NUMBER: 01-23			
	TOWN OF STAFFOR	D, N. Y. 14143	APPL	CATION DATE: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
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	Address Address	The state of the s	Address:	CALE.			
	SPACE OF	Face of the second seco	<u>a</u> #				
	Phone #:555-458-	6396	Phone #:				
P	ROJECT SITE LOCATION:	Sque		Map # (TMP) /0-/-/7./			
San Park	NSTRUCTIONS. Using a bal	l point pen please fill ou	ut this application as	completely as possible Submit additional			
	INSTRUCTIONS: Using a ball point pen please fill out this application as completely as possible. Submit additional Attachment(s) [listed on the back of the Gold sheet] and the completed application to the Town Clerk. This application is NON-TRANSFERRABLE and is NOT a permit to commence work.						
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	Permit for: NEW CONSTRUCTION [	• • • • • • • • • • • • • • • • • • • •					
	Is this parcel?; A corner lot: YES	. 17					
	List the DIMENSIONS of the parcel:	Name of the second seco					
	What are the parcel setbacks [Ft.] fro						
	Total % of coverage of ALL building	(E) (D)		The state of the s			
•	Does this project require County Hea	8.00					
C	Is this parcel properly subdivided? N			•			
C	Do you give the Town VALID CONSI						
1	Name of Architect/Engineer		350	Telephone #			
-	Address						
			Tr.				
a	Name of Contractor(s)			1			
	Address	· · · · · · · · · · · · · · · · · · ·					
Œ	Estimated cost of the project?	[Substantiation ma	y be required] B Total I	welling units:			
a	PROPOSED PROJECT HEIGH			the proposed project and use:			
4				*			
	MUUSE						
	GARAGE		Sec.	Description +			
	ACCESSORY BUILDING		< 1	01			
	SWIMMING POOL			- p1715			
	DECK						
	COMMERCIAL/INDUSTRIAL						
12	OTHER			· · · · · · · · · · · · · · · · · · ·			
		TOTAL SQ. FT.		· ·			
				additional sheet(s) for more information ]			
I h	ereby certify that I have read the instruct	ions and examined this applica	ation and supporting attacha	kkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkkk			
All	provisons of laws and ordinances covering	this type of work or use will	be complied with whether	specified herein or not. The granting of a permit egulating construction or performance of construction.			
(		A any other state					
1	Signature - OWNER		Signatura	- APPLICANT (If different than owner)			
	Olghand Omizin	<u>F</u>	Oignature	THE BOSIN (II amoron manowner)			
Date							
KK	Action taken by Zoning Enforcement O			Menial: Schedule A			
1	Article Section Subsection			te plan review			
5	Z.E.O	Date of Action:	•	Zoning FEES:			
S	Signature		(4)	District:			
쁑	C.E.O. Signature	Date of Action:	**************************************				
OFFICE USE ONLY	Planning Bd.	Date of Action:	Approved -	Wetlands Building Flood Plain TOTAL 75			
-	Signature /		- CLERK Pink - C.E.O.	Pictures 'ac			
	COPY DISTRIBUTION	in mile L.E.V. Ganary	VLENN FINA C.E.U.	ANIA MLLFIANIII			

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### Latest in the area



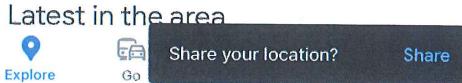














Latest in the area





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