



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID **T-01-STAF-1-22**
Review Date **1/13/2022**

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

STAFFORD, T.
PLANNING BOARD
Cathy Worthington
Site Plan Review
Site Plan Review to operate a home occupation (travel agency).

Location
Zoning District

7763 Byron Rd., Stafford
Agricultural-Residential (A-R) District

PLANNING BOARD DECISION

APPROVAL

EXPLANATION:

The proposed home occupation should pose no significant county-wide or inter-community impact.

Director

January 13, 2022

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-STAF-1-22



*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
12/28/2021

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) Stafford Planning Board
Address 8903 Route 237
City, State, Zip Stafford, NY 14143
Phone (585) 344 - 1544 Ext. _____

2. APPLICANT INFORMATION

Name Cathy Worthington
Address 7763 Batavia-Byron Road
City, State, Zip Byron, NY 14422
Phone (716) 308 - 7885 Ext. _____ Email cathyndale@gmail.com

MUNICIPALITY: City Town Village of Stafford

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 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 7763 Batavia-Byron Road, Byron, NY 14422
B. Nearest intersecting road Griswold Road
C. Tax Map Parcel Number 2.-1-31
D. Total area of the property 7.8 acres Area of property to be disturbed 0.0
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

C. Please describe the nature of this request Site plan approval of a home occupation for operation of a travel agency from the existing home at 7763 Batavia-Byron Road. Most work conducted on-line or off-site presentations or via Internet. On-line advertising, no signage. On-site meetings for individuals appt. only. Office approx 150 SF

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 checked="" type="checkbox"/> Photos |
| <input type="checkbox"/> Subdivision plot plans | <input type="checkbox"/> Elevation drawings | <input checked="" type="checkbox"/> Other: <u>Aerial photo from County Mapping</u> |
| <input type="checkbox"/> SEQR forms | <input type="checkbox"/> Agricultural data statement | <u>Description of operations.</u> |

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

Name William VanAlst Title Planning Board Chairman Phone (585) 233 - 6006 Ext. _____
Address, City, State, Zip 9107 Roanoke Road, Stafford, NY 14143 Email wvanalst@rochester.rr.com

TOWN OF STAFFORD
APPLICATION for APPEALS
and/or SITE PLAN APPROVAL

Check Appeal Number : _____
 663
 75
 Date : 12/9/21

OWNER
 Name : Cathy S WORTHINGTON
 Address : 7763 Bat. Byron Rd
Byron NY 14422
 Telephone # : 716-308-7885

APPLICANT (if other than owner)
 Name : Cathy Worthington
 Address : SAME
 Telephone # : _____

- Request to the Board of Appeals to appeal the Zoning Enforcement Officer's decision to DENY GRANT an application for a Zoning Permit Application Number _____ Dated _____.
- APPLICATION FOR : Use Variance Area Variance **SITE PLAN APPROVAL** Interpretation
- Address of Project Site : 7763 Bat. Byron Rd Byron NY 14422
 Tax Map Number : 2-1-31 Zoning District : AG-Res # 4
- Has a previous appeal been filed pertaining to this parcel? No
 Yes If yes, list Appeal No. _____ Date _____ Purpose of Request : _____

5. Justification for Request : General Response To operate small businesses
to have exp from my home location.
TRAVEL Agency (a LLC) and maybe a retail
gallet business. Both of these would be by appointments only

Cathy Worthington
 12/15/21

A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper. Address each of the statements listed on the back of the GOLD sheet which pertain to your specific appeal.

The Applicant shall submit with this appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams, neighborhood land use maps and any other material that will assist the Board in making a determination regarding this request.

CERTIFICATION : I hereby certify that I have read and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of an appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulating construction or performance of construction and/or use.

Cathy S Worthington
 Applicant's Signature

Owner's Signature (if other than applicant)

OFFICE USE ONLY

PROVISIONS of ZONING LAW APEALED:
 1. Article _____ Section _____
 Subsection _____ Paragraph _____
 state reason; _____
 2. Schedule A - state reason; _____

FEE COLLECTED: Date 12/9/21
 TOTAL FEE \$ 75 Check # 663
ACTION TAKEN: Date _____
 Approved Rejected
 By: _____ Chairman
 Board of Appeals Town Board
 Planning Board

Agricultural Data Statement

Date 12/9/2021

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.

Applicant

Owner if Different from Applicant

Name: Cathy S Worthington
 Address: 7763 Bat. Byron Rd
Byron, NY 14422

Name: _____
 Address: _____

1. Type of Application: Special Use Permit; Site Plan Approval; Use Variance;
(circle one or more) Subdivision Approval

2. Description of proposed project: Home office of my resident for
a Travel agency (LLC)

3. Location of project: Address: _____
 Tax Map Number (TMP) 2-1-31

4. Is this parcel within an Agricultural District? NO YES (Check with your local assessor if
 5. If YES, Agricultural District Number 4 you do not know)
 6. Is this parcel actively farmed? NO YES
 7. List all farm operations within 500 feet of your parcel. Attach additional sheets if necessary.

Name: Joseph Starowitz
 Address: 7678 Byron Rd
Byron, NY 14422
 Is this parcel actively farmed? NO YES

Name: _____
 Address: _____
 Is this parcel actively farmed? NO YES

Name: _____
 Address: _____
 Is this parcel actively farmed? NO YES

Name: _____
 Address: _____
 Is this parcel actively farmed? NO YES

Cathy S Worthington
 Signature of Applicant

 Signature of Owner (if other than applicant)

Reviewed by: William R Vandert
 Signature of Municipal Official

12/15/21
 Date

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.

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			
Name of Action or Project: TRAVEL AGENCY			
Project Location (describe, and attach a location map): Opening a small home office for TRAVEL AGENCY			
Project Location (describe, and attach a location map): 7763 Bat Byron Rd Byron, NY 14422			
Brief Description of Proposed Action: 1st TRAVEL AGENCY - to sell travel to group + individuals Appoint. only - online advertising No signage 2nd - Pallet Sales Business - online sales only - pick-up by Appointment only			
Name of Applicant or Sponsor: Cathy S WORTHINGTON		Telephone: 716-308-7885	
Address: 7763 Bat Byron Rd		E-Mail: cathyndale@gmail.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: Dept. of State (will bring copy to meeting)		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1.8 acres 0 acres 7.8 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <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 checked="" 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, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	N/A <input type="checkbox"/> <input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input checked="" type="checkbox"/>	YES <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? 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 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	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? 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: _____ <u>Approx. 3 acres of our 7.8 acres at rear of property</u> <u>is registered wetlands approx. 800' ft away</u>	NO <input type="checkbox"/> <input checked="" type="checkbox"/>	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:

Shoreline Forest Agricultural/grasslands Early mid-successional

Wetland Urban 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? If Yes, briefly describe:	<input checked="" 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 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: Cathy Swarthington Date: 12/14/21

Signature: _____ Title: _____

12/14/2021

To Bill + rest of Stafford Planning Board,

To better explain the businesses,

1- ~~Travel Agency~~ : I do 90% groups (no in person visits to my home) I go to groups location.

Any other ~~TRAVEL~~ Business is done via, ~~web~~ email, phone, or in person by Appointment only.

No signage by road. Advertising is done online, + word of mouth along with direct mail.

As for location - I have a home office in my home - off the Front Entrance -

This Agency is An LLC -

~~2- For the Parcel Business (Not sure about this one yet) would be online sales only + pickup of items by Appointment only.~~

~~items would be stored in our pole barn~~

~~No signage by road -~~

~~online advertising only -~~

~~This would be listed as A DBA under my current LLC for the agency -~~

Removed
12/15/21
Cathy
Worthington

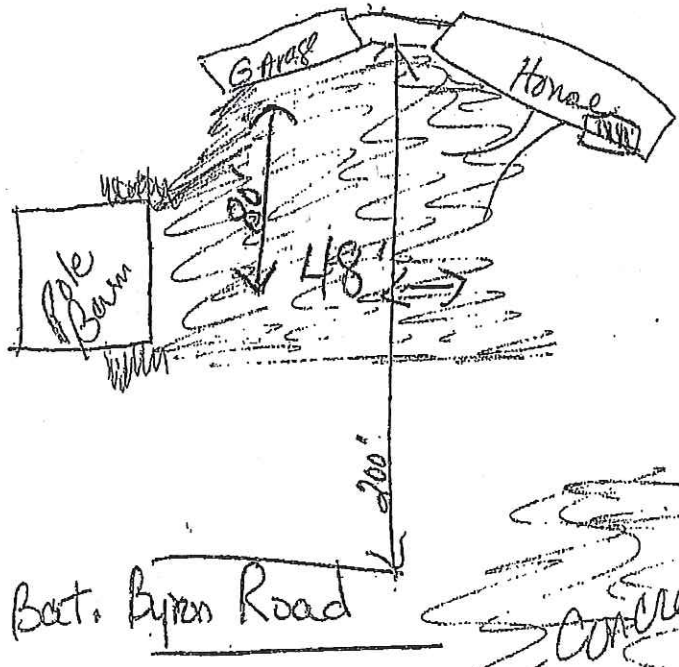
Hope this information helps -

716-308-7885 - Cathy Worthington 7763 BAY. Byron Rd Byron MI 48093

~~6072~~ = 91200

Worthington side may

in home office
||||

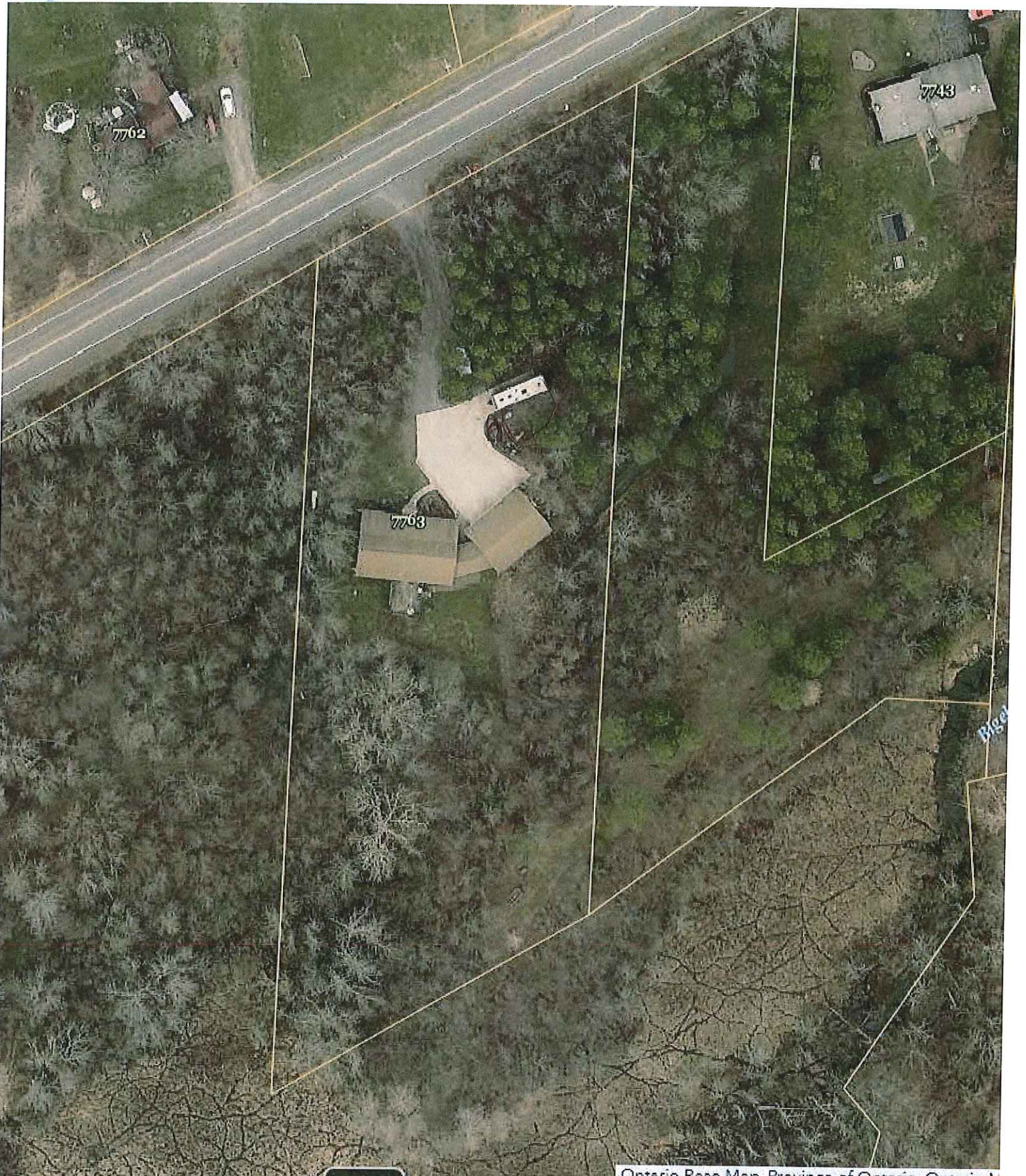


concrete

fort orange press



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www.fortorangepress.com
 800.777.3233 / 518.489.3233



7702

7703

7743

Ontario Base Map, Province of Ontario, Ontario M





FRONT OF HOME
OFFICE APPROX. 150 SF



FRONT OF GARAGE -
HOME IS AT RIGHT

T-01-STAF-1-22



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04/23/2018