



GENESEE COUNTY PLANNING BOARD REFERRALS NOTICE OF FINAL ACTION

GCDP Referral ID

T-02-PEM-07-24

Review Date

7/11/2024

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

PEMBROKE, T.

PLANNING BOARD

Stacy Steiner

Special Use Permit

Special Use Permit to authorize the property to be used as a kennel to harbor six (6) or more dogs over six (6) months old for the purposes or providing protection to livestock at an existing single-family home.

Location
Zoning District

274 Main Rd. (NYS Rt. 5), Pembroke

Agricultural-Residential (AG-R) & Commercial (C) Districts

PLANNING BOARD RECOMMENDS:

APPROVAL

EXPLANATION:

The proposed variance should pose no significant county-wide or inter-community impact. It is recommended that 1) the Town Planning Board set a maximum number of dogs allowed on the property so the intensity of the proposed kennel use is clearly defined and established in any future approval and 2) that the applicant ensure Part 1 of the Environmental Assessment Form (EAF) is fully 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) , ☎!+ \$%



DEPARTMENT USE ONLY:
GCDP Referral # _____

*** GENESEE COUNTY *
PLANNING BOARD REFERRAL**

RECEIVED
Genesee County
Dept. of Planning
6/17/2024

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) _____
Address _____
City, State, Zip _____
Phone () - Ext. _____

2. APPLICANT INFORMATION

Name _____
Address _____
City, State, Zip _____
Phone () - Ext. _____ Email _____

MUNICIPALITY: City Town Village of _____

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 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 _____
- 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 _____

6. ENCLOSURES – Please enclose copy(s) of all appropriate items in regard to this referral

- | | | |
|---|--|--|
| <input type="checkbox"/> Local application | <input 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 _____ Title _____ Phone () - Ext. _____
Address, City, State, Zip _____ Email _____

Special Use Permit
Stacy J Steiner
274 Main Rd
Akron, 14001
716-200-8664

My home and farm are located on these 16 acres. I garden (vegetables and fruits), raise dairy goats, chickens and ducks. I will be expanding to sheep and pigs. All of this to offer as a CSA, community supported agriculture, venture once all is settled at my new home.

As NY is home to a variety of wildlife who may prey on my stock, my animals need protection. I utilize fencing and secure barns. However, by far the most valuable and effective tools are my guardian dogs.

The earliest evidence of the use of livestock guardian dogs may be traced back at least 9,000 years, in Greece. Livestock Guardian Dogs are used world wide to enable the successful farming alongside the conservation of wild land and its inhabitants (prey animals such as fox, owls, hawks, coyotes, wolves and bears). Without the use of LGDs, herds or flocks may be destroyed- ask me about my personal loss of more than a dozen birds in a single overnight attack. The saying, "worth their weight in gold," never rang more true for me than when, in broad daylight, a pair of stray pit bulls ran onto my property, making a beeline for my baby goats. My LGDs kept them at bay and they left.

I chose the Anatolian Shepherd, a breed developed in Turkey and used for over 2000 years. I chose this breed as they are less disturbing to the neighborhood (barking is the primary means by which they prevent attacks). I have been so impressed with these dogs and I know I could never do what I do without them.

I currently have three separate areas on my land. The dogs, of course, work best at least in pairs as the predators also often hunt in packs (coyotes and coywolves especially). I currently have 5 working dogs and two are more pet - my first Anatolian, Cedric, is semi-retired and watches the garden, poultry and baby goats. Alya, his daughter, suffers seizures so she is more of the house dog and also serves as a baby goat sitter. My others protect the adult goats and will also protect the sheep and pigs once they arrive.

All of my dogs are AKC, microchipped and currently registered with the town. As I registered them, I was advised that I needed to apply for a Special Use Permit.

If you have any questions, please let me know.

Thanks, God Bless and happy farming!

Stacy

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

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

DATE APPLIED FOR	6-17-24
APPLICATION NUMBER	155
REFERRED TO PLANNING	7-24
REFERRED TO ZBA	_____
PUBLIC HEARING REQ.	YES

APPLICANT <u>STACY STEINER</u>	STREET LOCATION # <u>274 MAIN RD</u>
ADDRESS <u>274 MAIN RD</u>	TAX MAP PARCEL # <u>18.-1-8.11</u>
<u>AKRON NY</u>	ZONING DISTRICT <u>R1 + A6 R15</u>
TELEPHONE # <u>716-200-8664</u>	SIZE OF PARCEL <u>16 ACRES</u>
	CORNER LOT <u>—</u>
PROPERTY OWNER (IF OTHER THAN ABOVE)	
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
<input type="checkbox"/> NEW CONSTRUCTION	_____
<input type="checkbox"/> ADDITION	_____
<input type="checkbox"/> SIGN	_____
<input type="checkbox"/> HOME OCCUPATION	DESCRIBE REASON FOR VARIANCE _____
<input type="checkbox"/> OTHER	_____

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

KENNEL FOR DOGS USED AS LIVESTOCK GUARDIANS.

- 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 STACY STEINER DATE 6-17-24

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

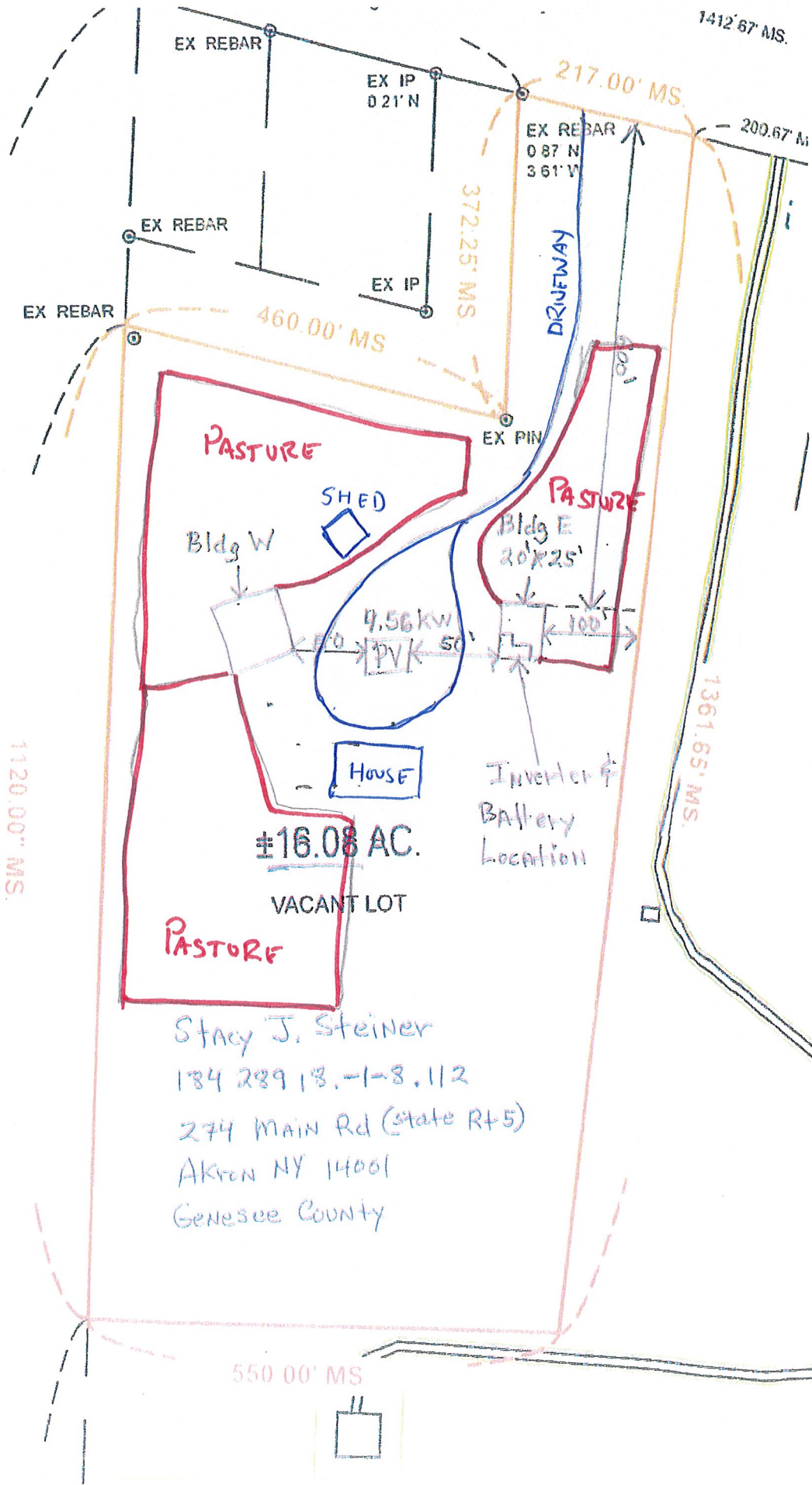
Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
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 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? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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? 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	YES	
	<input type="checkbox"/>	<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	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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? 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? 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"/>	
	<input 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 Agricultural/grasslands Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> 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 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, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
49. 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"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		



Stacy J. Steiner
 184 289 13. -1-8.112
 274 MAIN Rd (state Rt 5)
 AKRON NY 14001
 Genesee County

T-02-PEM-07-24

